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Form

990Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**

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

OMB No. 1545-0047

2013
Open to Public Inspection**A For the 2013 calendar year, or tax year beginning****, and ending****B Check if applicable**

- ☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

C Name of organization**DOTHAN RESCUE MISSION, INC.****Doing Business As**

Number and street (or P O box if mail is not delivered to street address)

PO BOX 6691

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

DOTHAN**AL 36302-6691****F Name and address of principal officer****BRADLEY HARDY****PO BOX 6691****DOTHAN****AL 36302-6691****D Employer identification number****63-0772354****E Telephone number****334-794-4637****G Gross receipts \$ 1,445,241****H(a) Is this a group return for subordinates?** ☐ Yes ☒ No**H(b) Are all subordinates included?** ☐ Yes ☐ No

If "No," attach a list (see instructions)

I Tax-exempt status☒ 501(c)(3) ☐ 501(c) () (insert no) ☐ 4947(a)(1) or ☐ 527**J Website** **www.dothanrescuemission.com****H(c) Group exemption number****K Form of organization** ☒ Corporation ☐ Trust ☐ Association ☐ Other**L Year of formation****M State of legal domicile****Part I Summary**

Activities & Governance	1 Briefly describe the organization's mission or most significant activities	TO SPREAD THE GOOD NEWS OF SALVATION THROUGH CHRIST BY SERVING THE NEEDS OF THE POOR, ADDICTED, AND HOMELESS; SO THAT LIVES MAY BE CHANGED THROUGH REDEMPTION, RECOVERY & RE-ENTRY BACK INTO SOCIETY.	
	2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	18
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	18
	5 Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	41
	6 Total number of volunteers (estimate if necessary)	6	100
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
7b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	163,491	138,839
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	20,372	19,476
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,232	4,068
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	352,083	473,438
	12	537,178	635,821
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	22,134	19,042
	14 Benefits paid to or for members (Part IX, column (A), line 4)	3,640	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	268,317	303,207
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25)	38,167	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	279,029	257,961
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	573,120	580,210	
19 Revenue less expenses Subtract line 18 from line 12	-35,942	55,611	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	1,471,571	1,505,551
	22 Net assets or fund balances Subtract line 21 from line 20	51,383	29,752
		1,420,188	1,475,799

Part II Signature Block

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

Sign Here

Signature of officer

Date

BRADLEY HARDY**EXECUTIVE DIRECTOR**

Type or print name and title

Paid**Preparer Use Only**

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if PTIN

George C. McClintock, CPA

George C. McClintock, CPA

05/13/14

self-employed

P01391496

Firm's name **MCCLINTOCK, NELSON & ASSOCIATES, P.C.**Firm's EIN **63-1012714**Firm's address **3646 W MAIN ST**Phone no **334-793-1414****DOTHAN, AL 36305-1048**

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

DAA

Form 990 (2013)

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

☒ **X****1** Briefly describe the organization's mission

TO SPREAD THE GOOD NEWS OF SALVATION THROUGH CHRIST BY SERVING THE NEEDS OF THE POOR, ADDICTED, AND HOMELESS; SO THAT LIVES MAY BE CHANGED THROUGH REDEMPTION, RECOVERY & RE-ENTRY BACK INTO SOCIETY.

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 ☒ **X** No

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

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

If "Yes," describe these changes on Schedule O

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 \$ **106,476** including grants of \$) (Revenue \$)
WCHP - 60-bed men's facility used to house homeless men; includes an educational space for training homeless clients for them to integrate themselves back into society

4b (Code) (Expenses \$ **43,155** including grants of \$) (Revenue \$)
WOMEN'S SHELTER - 20-bed facility used to house homeless women

4c (Code) (Expenses \$ **30,722** including grants of \$) (Revenue \$)
FAMILY LODGE - facility consisting of 4 apartments used to house homeless families. This lodge provides a means to keep families together during a stressful event.

4d Other program services (Describe in Schedule O)(Expenses \$ **54,462** including grants of \$ **19,042**) (Revenue \$)**4e** Total program service expenses **234,815**

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9 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		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		X
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII		X
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		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
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		X
15 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		X
16 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		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck 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.		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
3b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.		
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)?		X
4b	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?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
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?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	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?		
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
7d	If "Yes," indicate the number of Forms 8282 filed during the year.		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
10a	Initiation fees and capital contributions included on Part VIII, line 12.		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter:		
11a	Gross income from members or shareholders.		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
13b	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.		
13c	Enter the amount of reserves on hand.		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

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
1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O	18	
b Enter the number of voting members included in line 1a, above, who are independent	18	
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3	X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5	X
6 Did the organization have members or stockholders?	6	X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	8a	X
b Each committee with authority to act on behalf of the governing body?	8b	X
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	X

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed ► **None**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ Own website ☐ Another's website ☐ Upon request ☐ 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 ► **DOTHAN RESCUE** **PO BOX 6691**

DOTHAN**AL 36302****334-794-4637**

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck 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 organizations 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) Bradley Hardy Ex. Director	40.00 0.00	X						58,765	0	16,132
(2) See Attached List	0.00 0.00			X				0	0	0
(3)										
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										

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			
(12)										
(13)										
(14)										
(15)										
(16)										
(17)										
(18)										
(19)										
1b Sub-total								58,765		16,132
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								58,765		16,132

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in 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
3		X
4		X
5		X

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

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

Part VIII Statement of RevenueCheck 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
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e	19,476			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	119,363			
	g Noncash contributions included in lines 1a-1f \$					
	h Total. Add lines 1a-1f		138,839			
Program Service Revenue	2a Contributions from City-Proje	Busn. Code	19,476	19,476		
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f		19,476			
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		4,068	4,068	
4 Income from investment of tax-exempt bond proceeds						
5 Royalties						
6a Gross rents		(i) Real (ii) Personal				
b Less rental exps						
c Rental inc or (loss)						
d Net rental income or (loss)						
7a Gross amount from sales of assets other than inventory		(i) Securities (ii) Other				
b Less cost or other basis & sales exps						
c Gain or (loss)						
d Net gain or (loss)						
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18		a	95,337			
b Less direct expenses		b	21,476			
c Net income or (loss) from fundraising events			73,861			73,861
9a Gross income from gaming activities. See Part IV, line 19		a				
b Less direct expenses		b				
c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances		a	1,172,571			
b Less cost of goods sold	b	787,944				
c Net income or (loss) from sales of inventory		384,627			384,627	
Miscellaneous Revenue		Busn. Code				
11a Other income		14,950	14,950			
b						
c						
d All other revenue						
e Total. Add lines 11a-11d		14,950				
12 Total revenue. See instructions		635,821	38,494	0	458,488	

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
1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21				
2 Grants and other assistance to individuals in the U S See Part IV, line 22	19,042	19,042		
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	74,897	22,900	51,997	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	171,154	81,567	71,727	17,860
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	34,474	21,873	12,601	
10 Payroll taxes	22,682	8,172	13,081	1,429
11 Fees for services (non-employees).				
a Management				
b Legal				
c Accounting	8,321		8,321	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12 Advertising and promotion	26,193		7,315	18,878
13 Office expenses	14,175	5,613	8,562	
14 Information technology				
15 Royalties				
16 Occupancy	60,477	35,487	24,990	
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	5,527		5,527	
20 Interest	1,416		1,416	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	81,030	31,421	49,609	
23 Insurance				
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a FOOD PURCHASES	12,124		12,124	
b TELEPHONE	11,860	2,478	9,382	
c VEHICLE & TRAVEL	10,438		10,438	
d EQUIPMENT R & M	9,456		9,456	
e All other expenses	16,944	6,262	10,682	
25 Total functional expenses. Add lines 1 through 24e	580,210	234,815	307,228	38,167
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest bearing	40,982	1	34,291
	2 Savings and temporary cash investments	92,476	2	173,038
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 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		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 2,279,963		
	b Less accumulated depreciation	10b 982,826	1,337,028	10c 1,297,137
	11 Investments—publicly traded securities		11	
	12 Investments—other securities See Part IV, line 11		12	
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets		14	
15 Other assets See Part IV, line 11	1,085	15	1,085	
16 Total assets. Add lines 1 through 15 (must equal line 34)	1,471,571	16	1,505,551	
Liabilities	17 Accounts payable and accrued expenses	3,407	17	2,938
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 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		22	
	23 Secured mortgages and notes payable to unrelated third parties	47,976	23	26,814
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	51,383	26	29,752
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here ☐ and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets		27	
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here ☒ and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund	11,100	31	11,100
	32 Retained earnings, endowment, accumulated income, or other funds	1,409,088	32	1,464,699
33 Total net assets or fund balances	1,420,188	33	1,475,799	
34 Total liabilities and net assets/fund balances	1,471,571	34	1,505,551	

Part XI Reconciliation of Net AssetsCheck 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	635,821
2	Total expenses (must equal Part IX, column (A), line 25)	2	580,210
3	Revenue less expenses Subtract line 2 from line 1	3	55,611
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,420,188
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	
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,475,799

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

	Yes	No
1 Accounting method used to prepare the Form 990 ☐ Cash ☐ Accrual ☒ Other MODIFIED CASH 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	X	
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		X
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?		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ.

▶ 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
Inspection**

Name of the organization

DOTHAN RESCUE MISSION, INC.

Employer identification number

63-0772354**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?
- (ii) A family member of a person described in (i) above?
- (iii) A 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s)

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

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

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

Schedule A (Form 990 or 990-EZ) 2013

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.")	192,268	216,472	212,588	163,491	138,839	923,658
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 Total. Add lines 1 through 3	192,268	216,472	212,588	163,491	138,839	923,658
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)						95,478
6 Public support. Subtract line 5 from line 4						828,180

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	192,268	216,472	212,588	163,491	138,839	923,658
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	9,017	5,377	565	99	190	15,248
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.)	40,024	34,558	54,058	46,198	14,950	189,788
11 Total support. Add lines 7 through 10						1,128,694
12 Gross receipts from related activities, etc. (see instructions)					12	38,494

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	73.38%
15 Public support percentage from 2012 Schedule A, Part II, line 14	15	52.08%
16a 33 1/3% support test—2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ☒		
b 33 1/3% support test—2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ☐		
17a 10%-facts-and-circumstances test—2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ☐		
b 10%-facts-and-circumstances test—2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ☐		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ☐		

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

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ☐						

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	%

- 19a** **33 1/3% support tests—2013.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐
- b** **33 1/3% support tests—2012.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐
- 20** **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

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)**Part II, Line 10 - Other Income Detail**

MISCELLANEOUS INCOME	\$	189,788
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**SCHEDULE D
(Form 990)**Department of the Treasury
Internal Revenue Service

Name of the organization

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

▶ Attach to Form 990.

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013**Open to Public
Inspection**

Employer identification number

DOTHAN RESCUE MISSION, INC.**63-0772354****Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 6

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		☐ Yes ☐ No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		☐ Yes ☐ No

Part II Conservation Easements.

Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)	
☐ Preservation of land for public use (e.g., recreation or education)	☐ Preservation of an historically important land area
☐ Protection of natural habitat	☐ Preservation of a certified historic structure
☐ Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year	
a Total number of conservation easements	Held at the End of the Tax Year
b Total acreage restricted by conservation easements	2a
c Number of conservation easements on a certified historic structure included in (a)	2b
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2c
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶	2d
4 Number of states where property subject to conservation easement is located ▶	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?	☐ Yes ☐ No
6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶	
7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$	
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	☐ Yes ☐ No
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements	

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items	
b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items	
(i) Revenues included in Form 990, Part VIII, line 1	▶ \$
(ii) Assets included in Form 990, Part X	▶ \$
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items	
a Revenues included in Form 990, Part VIII, line 1	▶ \$
b Assets included in Form 990, Part X	▶ \$

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

- ☐ **a** Public exhibition
☐ **b** Scholarly research
☐ **c** Preservation for future generations
☐ **d** Loan or exchange programs
☐ **e** Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table

- c** Beginning balance
d Additions during the year
e Distributions during the year
f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☐

Part V Endowment Funds.

Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

- a** Board designated or quasi-endowment ☐ %
b Permanent endowment ☐ %
c Temporarily restricted endowment ☐ %
 The percentages in lines 2a, 2b, and 2c should equal 100%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

- (i)** unrelated organizations
(ii) related organizations

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

	Yes	No
3a(i)		
3a(ii)		
3b		

4 Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		80,641		80,641
b Buildings		1,805,061	646,566	1,158,495
c Leasehold improvements				
d Equipment		394,261	336,260	58,001
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c)) ☐ **1,297,137**

Part VII Investments—Other Securities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12.) ►		

Part VIII Investments—Program Related.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13.) ►		

Part IX Other Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) ►	

Part X Other Liabilities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ►	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☐

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a

1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5	

Part XIII Supplemental Information

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

Part XIII Supplemental Information (continued)

**SCHEDULE G
(Form 990 or 990-EZ)**Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information Regarding Fundraising or Gaming ActivitiesComplete 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.

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

OMB No 1545-0047

2013Open to Public
Inspection**DOTHAN RESCUE MISSION, INC.**

Employer identification number

63-0772354**Part I Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17
Form 990-EZ filers are not required to complete this part**1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a** ☐ Mail solicitations **e** ☐ Solicitation of non-government grants
- b** ☐ Internet and email solicitations **f** ☐ Solicitation of government grants
- c** ☐ Phone solicitations **g** ☐ Special fundraising events
- d** ☐ In-person solicitations

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees
or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?☐ Yes ☐ No**b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be
compensated at least \$5,000 by the organization

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						

3 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

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<u>DUCK DYNASTY FU</u>		<u>None</u>	(add col (a) through col (c))
		(event type)	(event type)	(total number)	
Revenue	1 Gross receipts	95,337			95,337
	2 Less Contributions				
	3 Gross income (line 1 minus line 2)	95,337			95,337
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	2,056			2,056
	7 Food and beverages	3,760			3,760
	8 Entertainment	15,028			15,028
	9 Other direct expenses	632			632
	10 Direct expense summary. Add lines 4 through 9 in column (d)				21,476
11 Net income summary. Subtract line 10 from line 3, column (d)				73,861	

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ☐ No %	☐ Yes ☐ No %	☐ Yes ☐ No %	
7 Direct expense summary. Add lines 2 through 5 in column (d)					
8 Net gaming income summary. Subtract line 7 from line 1, column (d)					

9 Enter the state(s) in which the organization operates gaming activities

a Is the organization licensed to operate gaming activities in each of these states?

☐ Yes ☐ No

b If "No," explain

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

☐ Yes ☐ No

b If "Yes," explain

- 11** Does the organization operate gaming activities with nonmembers? ☐ Yes ☐ No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13** Indicate the percentage of gaming activity operated in
- | | | |
|--------------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ►

Address ►

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No
- b** If "Yes," enter the amount of gaming revenue received by the organization ► \$ and the amount of gaming revenue retained by the third party ► \$
- c** If "Yes," enter name and address of the third party

Name ►

Address ►

16 Gaming manager information

Name ►

Gaming manager compensation ► \$

Description of services provided ►

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No
- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

**SCHEDULE I
(Form 990)****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.

OMB No. 1545-0047

2013**Open to Public
Inspection**Department of the Treasury
Internal Revenue Service▶ Attach to Form 990.
▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

Employer identification number

DOTHAN RESCUE MISSION, INC.**63-0772354****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?**2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States☐ Yes ☒ No**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)								

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.

DAA

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 Utility bills for needy		19,042			
2					
3					
4					
5					
6					
7					
Part IV	Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information				

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZComplete 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****DOTHAN RESCUE MISSION, INC.**

Employer identification number

63-0772354

Form 990, Part I, Line 6

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

Form 990, Part III, Line 4d - All Other Accomplishment

PROJECT CARE - UTILITY BILLS FOR ELDERLY AND UNDERPRIVILEGED
CLEARING HOUSE - PROVIDING FINANCIAL AID TO NEEDY FAMILIES

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

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

Tax Asset Detail 3/01/14 - 3/31/14

Asset	d	Property Description	Date In Service	Tax Cost	Sec 179 Exp Current = c	Tax Bonus Amt	Tax Prior Depreciation	Tax Current Depreciation	Tax End Depr	Tax Net Book Value	Tax Method	Tax Period
Group: Buildings & Improvements												
11		Women's Shelter building	10/01/87	20,945	0	0	20,945	0	20,945	0	S/L	200
12		Fence for Women's Shelter	12/08/87	450	0	0	450	0	450	0	S/L	60
13		Security system - W S	12/08/87	537	0	0	537	0	537	0	S/L	60
14		Remodeling - Women's Shelter	12/08/87	10,713	0	0	10,713	0	10,713	0	S/L	60
16		Remodeling - Store #1	11/10/87	6,300	0	0	6,300	0	6,300	0	S/L	200
17		Remodeling - W S	1/04/88	1,011	0	0	1,011	0	1,011	0	S/L	60
18		Remodeling - W S	5/30/88	5,627	0	0	5,627	0	5,627	0	S/L	60
19		Remodeling - W S	7/08/88	2,918	0	0	2,918	0	2,918	0	S/L	60
20		Roof - Women's Shelter	9/30/88	5,100	0	0	5,100	0	5,100	0	S/L	60
21		Building - Store #2	12/15/88	60,000	0	0	48,864	162	49,026	10,974	S/L	310
22		Building - Store #2	12/04/89	20,404	0	0	15,959	55	16,014	4,390	S/L	310
23		Building & remodeling	5/01/91	90,046	0	0	66,327	242	66,569	23,477	S/L	310
24		Store remodeling	1/08/92	9,031	0	0	9,031	0	9,031	0	S/L	60
25		Store remodeling	1/31/92	1,980	0	0	1,980	0	1,980	0	S/L	60
26		Store remodeling	2/03/92	772	0	0	772	0	772	0	S/L	60
27		Store remodeling	2/07/92	11,372	0	0	11,372	0	11,372	0	S/L	60
28		Store remodeling	3/06/92	308	0	0	308	0	308	0	S/L	60
29		Store remodeling	4/17/92	4,742	0	0	4,742	0	4,742	0	S/L	60
30		Roof repair	5/04/92	689	0	0	689	0	689	0	S/L	60
31		Store remodeling	5/04/92	2,752	0	0	2,752	0	2,752	0	S/L	60
32		Re-roof office	4/27/93	1,430	0	0	1,430	0	1,430	0	S/L	60
35		Rack/table repair	12/12/94	395	0	0	395	0	395	0	S/L	50
36		Chapel building	11/01/97	249,097	0	0	101,713	519	102,232	146,865	S/L	400
38		New floor	11/17/99	23,900	0	0	22,705	132	22,837	1,063	S/L	150
39		Paved parking lot	6/21/99	1,123	0	0	1,098	6	1,104	19	S/L	150
135		Men's lodge building	5/30/02	276,863	0	0	83,710	591	84,301	192,562	S/L	390
136		Office building	5/30/02	158,943	0	0	48,056	340	48,396	110,547	S/L	390
137		Women's Shelter building	5/30/02	198,863	0	0	60,126	425	60,551	138,312	S/L	390
211		Carpet	2/20/13	5,390	0	2,695	3,465	48	3,513	1,877	200DB	70
Buildings & Improvements				1,171,701	0c	2,695	539,095	2,520	541,615	630,086		
Group: Buildings - WCHP												
188		Northstar Engineering	1/10/11	2,538	0	0	203	6	209	2,329	S/L	390
189		Ramsey, Baxley	1/10/11	1,606	0	0	129	3	132	1,474	S/L	390
190		Engineered Systems	1/10/11	262,189	0	0	21,009	560	21,569	240,620	S/L	390
191		Engineered Systems	1/10/11	224,811	0	0	18,014	480	18,494	206,317	S/L	390
192		Ramsey, Baxley	1/10/11	30,563	0	0	2,449	65	2,514	28,049	S/L	390
Buildings - WCHP				521,707	0c	0	41,804	1,114	42,918	478,789		
Group: Equipment												
115		Security system - chapel	11/11/97	715	0	0	715	0	715	0	S/L	70
116		Walk-in freezer - chapel	11/11/97	4,796	0	0	4,796	0	4,796	0	S/L	70
117		Telephone system	12/02/97	500	0	0	500	0	500	0	S/L	50
123		Surveillance equipment	6/19/02	2,495	0	748	2,495	0	2,495	0	200DB	70
124		surveillance equipment	7/12/02	210	0	63	210	0	210	0	200DB	70

Asset Id	Property Description	Date In Service	Tax Cost	Sec 179 Exp Current = c	Tax Bonus Amt	Tax Prior Depreciation	Tax Current Depreciation	Tax End Depr	Tax Net Book Value	Tax Method	Tax Period
Group: Equipment (continued)											
126	surveillance equipment	7/23/02	124	0	37	124	0	124	0	200DB	70
127	Pressure washer	8/13/02	300	0	90	300	0	300	0	200DB	70
128	Surveillance equipment	8/13/02	700	0	210	700	0	700	0	200DB	70
129	Telephone system	8/30/02	1,000	0	300	1,000	0	1,000	0	200DB	50
130	Cable system for internet service	9/05/02	635	0	191	635	0	635	0	200DB	50
131	Telephone system-office	9/05/02	4,090	0	1,227	4,090	0	4,090	0	200DB	50
134	Handtruck	12/19/02	453	0	136	453	0	453	0	200DB	70
148	2 Cash Registers	12/19/05	1,100	0	0	1,100	0	1,100	0	200DB	70
181	New Stove	11/26/08	3,669	0	1,835	3,451	13	3,464	205	200DB	70
182	Dishwasher	11/04/09	2,150	0	1,075	1,896	8	1,904	246	200DB	70
206	Bob Woodall A/C Systems	2/07/12	41,750	0	20,875	24,199	149	24,348	17,402	150DB	150
207	Security System	3/19/12	7,000	0	3,500	4,057	25	4,082	2,918	150DB	150
209	New Compressor	5/09/12	4,725	0	2,363	3,347	35	3,382	1,343	200DB	70
	Equipment		76,412	0c	32,650	54,068	230	54,298	22,114		
Group: F & F - Store 3											
197	Racks & Shelves	5/04/11	6,580	0	6,580	6,580	0	6,580	0	200DB	70
198	Racks & Shelves	5/05/11	4,225	0	4,225	4,225	0	4,225	0	200DB	70
199	Security System	6/08/11	4,824	0	4,824	4,824	0	4,824	0	200DB	70
201	Sign	6/08/11	2,750	0	2,750	2,750	0	2,750	0	200DB	70
203	Gondola units & racks	6/13/11	8,088	0	8,088	8,088	0	8,088	0	200DB	70
	F & F - Store 3		26,467	0c	26,467	26,467	0	26,467	0		
Group: Furniture & Fixtures											
33	Pot rack - kitchen	5/04/93	450	0	0	450	0	450	0	S/L	50
34	Refrigerator - W S	7/16/93	474	0	0	474	0	474	0	S/L	50
37	Computer printer	1/31/94	240	0	0	240	0	240	0	S/L	50
59			0	0	0	0	0	0	0		00
60	Adding machine	5/20/80	53	0	0	53	0	53	0	S/L	30
61	2 file cabinets	12/12/80	95	0	0	95	0	95	0	S/L	30
62	Kitchen stove	6/26/81	1,272	0	0	1,272	0	1,272	0	S/L	50
63	Copier	2/01/84	1,797	0	0	1,797	0	1,797	0	S/L	50
64	Fans	4/01/84	315	0	0	315	0	315	0	S/L	50
65	Fans	5/01/84	500	0	0	500	0	500	0	S/L	50
66	Drapes	2/01/85	300	0	0	300	0	300	0	S/L	50
67	Cash register	9/01/85	317	0	0	317	0	317	0	S/L	50
68	Vacuum cleaner	10/01/85	150	0	0	150	0	150	0	S/L	50
69	Filter Queen	1/03/86	150	0	0	150	0	150	0	S/L	50
70	Crine copier	1/09/86	422	0	0	422	0	422	0	S/L	50
71	Cooler	2/18/86	500	0	0	500	0	500	0	S/L	50
72	Cooler	4/09/86	1,000	0	0	1,000	0	1,000	0	S/L	50
73	Cooler	5/06/86	1,000	0	0	1,000	0	1,000	0	S/L	50
74	Walk-in refrigerator	6/04/86	800	0	0	800	0	800	0	S/L	50
75	Security system	9/11/86	700	0	0	700	0	700	0	S/L	50
76	Cash register	9/14/87	227	0	0	227	0	227	0	S/L	50
77	Computer	3/18/88	2,033	0	0	2,033	0	2,033	0	S/L	70

Asset #	Property Description	Date In Service	Tax Cost	Sec 179 Exp Current = c	Tax Bonus Amt	Tax Prior Depreciation	Tax Current Depreciation	Tax End Depr	Tax Net Book Value	Tax Method	Tax Period
Group: Furniture & Fixtures (continued)											
78	Cash Register	7/31/90	1,257	0	0	1,257	0	1,257	0	S/L	50
79	Typewriter	8/01/83	47	0	0	47	0	47	0	S/L	50
80	Typewriter	2/07/92	399	0	0	399	0	399	0	S/L	50
81	Refrigerator - M.S	3/09/92	2,300	0	0	2,300	0	2,300	0	S/L	50
82	Blinds - store	9/30/92	523	0	0	523	0	523	0	S/L	50
83	Commercial freezer - M S	3/08/93	3,493	0	0	3,493	0	3,493	0	S/L	50
84	Work table	4/06/93	189	0	0	189	0	189	0	S/L	50
85	Fax machine	2/04/94	375	0	0	375	0	375	0	S/L	50
86	Computer monitor	11/21/94	325	0	0	325	0	325	0	S/L	50
87	Weed eater	8/15/95	124	0	0	124	0	124	0	S/L	70
88	Air conditioner	8/03/95	710	0	0	710	0	710	0	S/L	70
89	Safe	8/29/95	198	0	0	198	0	198	0	S/L	100
90	TV-VCR	1/10/95	339	0	0	339	0	339	0	S/L	50
91	Vacuum cleaner	4/01/95	160	0	0	160	0	160	0	S/L	50
92	Time clock	6/01/95	163	0	0	163	0	163	0	S/L	50
93	Air conditioner	10/01/96	1,582	0	0	1,582	0	1,582	0	200DB	50
94	Printer	1/21/97	550	0	0	550	0	550	0	S/L	50
95	Air conditioner	8/12/97	2,000	0	0	2,000	0	2,000	0	S/L	70
96	Computer program	1/19/99	1,285	0	0	1,285	0	1,285	0	S/L	50
97	Copier	3/04/99	1,216	0	0	1,216	0	1,216	0	S/L	70
98	Chairs - chapel	5/10/99	1,160	0	0	1,160	0	1,160	0	S/L	70
99	Table - chapel	6/21/99	380	0	0	380	0	380	0	S/L	70
100	Paper folding machine	2/07/00	501	0	0	501	0	501	0	S/L	70
101	(3) secretary desks	11/06/01	1,978	0	0	1,978	0	1,978	0	S/L	70
102	Executive desk	11/06/01	977	0	0	977	0	977	0	S/L	70
103	Conference table	11/06/01	449	0	0	449	0	449	0	S/L	70
104	(4) side chairs	11/06/01	607	0	0	607	0	607	0	S/L	70
105	(8) armchairs	11/06/01	875	0	0	875	0	875	0	S/L	70
106	Bookcase	12/03/01	248	0	0	248	0	248	0	S/L	70
107	(10) chairs	12/03/01	1,290	0	0	1,290	0	1,290	0	S/L	70
108	(4) desk chairs	12/03/01	516	0	0	516	0	516	0	S/L	70
109	Refrigerator-office	12/11/01	140	0	0	140	0	140	0	S/L	50
110	Refrigerator-Men's lodge	12/11/01	140	0	0	140	0	140	0	S/L	50
111	Microwave-Office	12/11/01	70	0	0	70	0	70	0	S/L	50
112	Microwave-Women's shelter	12/11/01	70	0	0	70	0	70	0	S/L	50
113	air conditioner	5/04/01	4,000	0	0	4,000	0	4,000	0	S/L	50
114	Vacuum cleaners (2)	7/11/01	649	0	0	649	0	649	0	S/L	50
120	Office computer	3/01/02	891	0	267	891	0	891	0	200DB	50
121	Ice Machine-Chapel	5/01/02	1,250	0	375	1,250	0	1,250	0	200DB	70
122	(3) Calculators	5/29/02	255	0	77	255	0	255	0	200DB	50
125	display case	7/23/02	200	0	60	200	0	200	0	200DB	70
132	Washer and dryer-women's shelter	11/20/02	498	0	149	498	0	498	0	200DB	70
133	(2) TV's and VCR for surveillance	12/18/02	569	0	171	569	0	569	0	200DB	50
138	VCR (difference in one returned)	2/25/03	35	0	11	35	0	35	0	200DB	50
139	Telephone headsets	2/25/03	247	0	74	247	0	247	0	200DB	50
140	Shredder	3/10/03	224	0	67	224	0	224	0	200DB	70
141	Store eqmt - racks	3/21/03	4,013	0	1,204	4,013	0	4,013	0	200DB	70
142	Office Equipment	1/30/04	755	0	378	755	0	755	0	200DB	50
143	Office Equipment	4/01/04	967	0	483	967	0	967	0	200DB	50

Asset	d	Property Description	Date In Service	Tax Cost	Sec 179 Exp Current = c	Tax Bonus Amt	Tax Prior Depreciation	Tax Current Depreciation	Tax End Depr	Tax Net Book Value	Tax Method	Tax Period
Group: Furniture & Fixtures (continued)												
144		Air Conditioner	7/02/04	7,700	0	3,850	7,700	0	7,700	0	200DB	70
145		Bob Woodall - A/C Unit	6/22/05	1,100	0	0	1,100	0	1,100	0	200DB	70
149		Casual Corner	1/05/06	550	0	0	550	0	550	0	200DB	70
150		Mi Fred Store Fixtures	10/05/06	10,094	0	0	10,094	0	10,094	0	200DB	70
151		Wiregrass Systems	10/05/06	3,299	0	0	3,299	0	3,299	0	200DB	70
156		H & S Telecommunications	11/16/06	3,006	0	0	3,006	0	3,006	0	200DB	70
157		Signs Etc.	11/16/06	5,540	0	0	5,540	0	5,540	0	200DB	70
158		Wiregrass Systems	11/16/06	3,615	0	0	3,615	0	3,615	0	200DB	70
159		Platinum Plus	11/22/06	2,240	0	0	2,240	0	2,240	0	200DB	70
160		Signs Etc	11/30/06	397	0	0	397	0	397	0	200DB	70
167		Platinum Plus - FFE	12/14/06	2,240	0	0	2,240	0	2,240	0	200DB	70
170		Rand	1/25/07	2,616	0	0	2,538	20	2,558	58	200DB	70
174		Blocker H & C	8/09/07	600	0	0	582	5	587	13	200DB	70
175		Blocker H & C	8/30/07	600	0	0	582	5	587	13	200DB	70
177		Computer	1/30/08	977	0	489	977	0	977	0	200DB	50
178		Sams Small Engines	3/24/08	2,999	0	1,500	2,821	11	2,832	167	200DB	70
180		Washer & Dryers (6)	6/19/08	4,050	0	2,025	3,809	15	3,824	226	200DB	70
183		Gondola & Shelves (Store #2)	5/13/10	5,182	0	2,591	4,411	19	4,430	752	200DB	70
184		4-way racks & rails - Store #2	5/13/10	4,294	0	2,147	3,655	16	3,671	623	200DB	70
185		TSI - reversible slatwell shelf (Store	5/13/10	387	0	194	329	2	331	56	200DB	70
193		Camera System	11/16/10	2,662	0	2,662	2,662	0	2,662	0	200DB	70
194		Camera System - Store #2	11/16/10	2,662	0	2,662	2,662	0	2,662	0	200DB	70
202		Washer & Dryer	6/13/11	1,107	0	1,107	1,107	0	1,107	0	200DB	70
208		Lawn Mower	5/22/12	4,589	0	2,295	3,251	34	3,285	1,304	200DB	70
210		Computer	9/12/12	840	0	420	652	7	659	181	200DB	50
212		Office chairs	3/04/13	590	0	295	379	6	385	205	200DB	70
213		Register Counter/Cabinet	9/12/13	1,018	0	509	602	11	613	405	200DB	70
214		Shelving (Store #1)	9/12/13	1,362	0	681	806	14	820	542	200DB	70
215		Display Unit (Store #1)	9/12/13	448	0	224	257	5	262	186	200DB	70
216		End Cap Unit (Store #1)	9/12/13	249	0	125	143	3	146	103	200DB	70
217		Soundboard & Speakers	10/30/13	450	0	225	251	7	258	192	200DB	50
220		Baler	2/12/14	7,650	0c	0	99	100	199	7,451	200DB	70
Furniture & Fixtures				139,097	0c	27,317	126,340	280	126,620	12,477		
Group: Furniture & Fixtures-WCHP												
186		Beds for H/P	1/10/11	30,990	0	30,990	30,990	0	30,990	0	200DB	70
187		Beds for H/P (1/2)	10/22/10	30,990	0	19,696	20,234	269	20,503	10,487	200DB	70
195		Tables & Chairs	1/10/11	1,709	0	1,709	1,709	0	1,709	0	200DB	70
196		Greg Wilson - constructing beds	11/08/10	3,000	0	1,907	1,959	26	1,985	1,015	200DB	70
200		Sign	6/08/11	2,750	0	2,750	2,750	0	2,750	0	200DB	70
204		Industrial Freezer	1/11/12	4,089	0	2,045	2,897	30	2,927	1,162	200DB	70
205		Industrial Refrigerator	1/11/12	3,199	0	1,600	2,266	24	2,290	909	200DB	70
Furniture & Fixtures-WCHP				76,727	0c	60,697	62,805	349	63,154	13,573		

Tax Asset Detail 3/01/14 - 3/31/14

Asset Id	Property Description	Date In Service	Tax Cost	Sec 179 Exp Current = c	Tax Bonus Amt	Tax Depreciation	Tax Current Depreciation	Tax End Depr	Tax Net Book Value	Tax Method	Tax Period
Group: Land											
1	Land - men's shelter	1/01/79	1,000	0	0	0	0	0	1,000	Memo	500
2	Land - office	1/01/85	4,000	0	0	0	0	0	4,000	Memo	500
3	Land	12/15/88	15,000	0	0	0	0	0	15,000	Memo	500
4	Land - store	4/30/91	15,000	0	0	0	0	0	15,000	Memo	500
5	Land - store	7/01/91	15,000	0	0	0	0	0	15,000	Memo	500
6	Land - 275 S. St. Andrews	2/16/96	7,500	0	0	0	0	0	7,500	Memo	500
7	Land - Appletree St	4/09/96	2,586	0	0	0	0	0	2,586	Memo	500
8	257-B S. St. Andrews	7/31/00	3,500	0	0	0	0	0	3,500	Memo	500
9	104 S. Appletree St	7/31/00	6,000	0	0	0	0	0	6,000	Memo	500
10	Land for Women's Shelter	10/01/87	11,055	0	0	0	0	0	11,055	Memo	500
	Land		80,641	0c	0	0	0	0	80,641		
Group: Leasehold Imp. - Store											
152	Bill Harris (sheetrock)	10/13/06	2,472	0	0	467	6	473	1,999	S/L	390
153	Roger Cobb Painting	10/19/06	6,240	0	0	1,180	13	1,193	5,047	S/L	390
154	Flooring Central	10/19/06	7,696	0	0	1,455	17	1,472	6,224	S/L	390
155	Allied Acoustics (ceiling)	10/25/06	3,100	0	0	586	7	593	2,507	S/L	390
161	Roger Cobb Painting	11/02/06	1,800	0	0	337	3	340	1,460	S/L	390
162	SE Construction	11/02/06	750	0	0	140	2	142	608	S/L	390
163	Circle City Glass	11/02/06	530	0	0	99	1	100	430	S/L	390
164	Mark Merritt H & C	11/02/06	470	0	0	88	1	89	381	S/L	390
165	Flooring Central	11/16/06	712	0	0	133	2	135	577	S/L	390
166	B & K Construction	11/30/06	8,323	0	0	1,556	18	1,574	6,749	S/L	390
168	H & S Telecommunications	12/07/06	470	0	0	228	3	231	239	S/L	150
171	Signs Etc	2/22/07	9,800	0	0	4,356	54	4,410	5,390	S/L	150
172	Smith's Inc	6/06/07	5,933	0	0	2,637	33	2,670	3,263	S/L	150
173	Smiths Inc.	7/25/07	5,933	0	0	2,637	33	2,670	3,263	S/L	150
	Leasehold Imp. - Store		54,229	0c	0	15,899	193	16,092	38,137		
Group: Leasehold Improvements											
40	Leasehold improvements	3/01/84	10,649	0	0	10,649	0	10,649	0	S/L	60
41	Couch Concrete	2/16/87	580	0	0	580	0	580	0	S/L	60
42	West Building	2/20/87	222	0	0	222	0	222	0	S/L	60
43	Brewton Material	3/10/87	775	0	0	775	0	775	0	S/L	60
44	Cherokee Construction	11/02/89	10,000	0	0	10,000	0	10,000	0	S/L	60
45	Conerstone Remodeling	3/31/90	425	0	0	425	0	425	0	S/L	60
46	Conerstone Remodeling	3/29/90	3,000	0	0	3,000	0	3,000	0	S/L	60
47	Conerstone Remodeling	4/17/90	1,659	0	0	1,659	0	1,659	0	S/L	60
48	Conerstone Remodeling	5/11/90	960	0	0	960	0	960	0	S/L	60
49	Carpet - store	11/01/91	3,348	0	0	3,348	0	3,348	0	S/L	60
50	Air conditioner - store	11/01/91	5,608	0	0	5,608	0	5,608	0	S/L	60
51	Carpet - office	8/31/91	1,084	0	0	1,084	0	1,084	0	S/L	60
52	Exhaust fans - store	1/14/92	126	0	0	126	0	126	0	S/L	60
53	Carpet/vinyl flooring	1/22/92	2,635	0	0	2,635	0	2,635	0	S/L	60
54	Roll-up door & locks	2/03/92	493	0	0	493	0	493	0	S/L	60
55	Floor covering	3/06/92	128	0	0	128	0	128	0	S/L	60

Tax Asset Detail 3/01/14 - 3/31/14

Asset Id	Property Description	Date In Service	Tax Cost	Sec 179 Exp Current = c	Tax Bonus Amt	Tax Prior Depreciation	Tax Current Depreciation	Tax End Depr	Tax Net Book Value	Tax Method	Tax Period
Group: Leasehold Improvements (continued)											
56	Sign	1/31/92	106	0	0	0	0	106	0	S/L	50
57	New roof - store	1/03/95	13,750	0	0	13,750	0	13,750	0	S/L	100
58	Miscellaneous	11/30/82	1,876	0	0	1,876	0	1,876	0	S/L	50
	Leasehold Improvements		57,424	0c	0	57,424	0	57,424	0		
Group: Transportation Equipment											
118	1990 Dodge Van	5/11/90	14,791	0	0	14,791	0	14,791	0	S/L	50
146	New Truck	3/18/05	17,900	0	0	17,900	0	17,900	0	200DB	50
147	2000 Chevy Van (donated)	12/30/05	10,000	0	0	10,000	0	10,000	0	200DB	50
169	Van (donated)	9/15/06	6,500	0	0	6,500	0	6,500	0	200DB	50
176	92 Oldsmobile (donated)	12/31/07	1,600	0	0	1,600	0	1,600	0	200DB	50
179	Trailer	5/08/08	785	0	393	785	0	785	0	200DB	50
218	2007 Isuzu Van	10/22/13	15,558	0	7,779	8,660	247	8,907	6,651	200DB	50
219	2004 Int'l Van	10/22/13	16,074	0	8,037	8,948	254	9,202	6,872	200DB	50
	Transportation Equipment		83,208	0c	16,209	69,184	501	69,685	13,523		
	Grand Total		2,287,613	0c	166,035	993,086	5,187	998,273	1,289,340		

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