

CITY COUNCIL MEMBERS

Vanessa Fleisch, Mayor
Kim Learnard – Mayor Pro-tem
Phil Prebor – Post 1
Mike King, Post 2
Terry Ernst – Post 4

City Council of Peachtree City

REVISED AGENDA

June 15, 2017

7:00 p.m.

- I. Call to Order
- II. Pledge of Allegiance
- III. Announcements, Awards, Special Recognition
VFW Post 9949 & American Legion Post 50 Presentations – Outstanding Boy Scout Award,
Patrick Kelly (Starr's Mill High School)
- IV. Public Comment
- V. Agenda Changes
- VI. Minutes
June 6, 2017, Special Called Meeting Minutes
- VII. Consent Agenda
 - 1. Consider Modifications to Fee Schedule – Fire Department
 - 2. Consider Amendments to Purchasing Ordinance
 - 3. Consider Non-Profit Funding Request – Fayette Senior Services
 - 4. Consider Non-Profit Funding Request – Promise Place
 - 5. Consider FY 2017 Budget Amendment – Acceptance of GDOT Funds
- VIII. Old Agenda Items
- IX. New Agenda Items
 - 06-17-02 Consider Modifications to Fee Schedule – Planning & Zoning, Engineering, Building
(Mike Warrix)
 - 06-17-03 Consider Modifications to Personnel Policy – Sick Leave Due to Passage of Georgia
Kin Care Law (Ellece Brown)
 - 06-17-04 Consider Bids for Seal Coating of Kedron Fieldhouse and Two Fire Stations
(Dave Borkowski)
 - 06-17-05 Consider Amendment to Land Development – Replatting of Residential Lots**
(Mike Warrix)
- X. Council/Staff Topics
Update of Drake Field Concept Plan
- XI. Executive Session
- XII. Adjourn

This agenda is subject to change at any time up to 24-hours prior to the scheduled meeting

CITY OF PEACHTREE CITY

INTEROFFICE MEMORANDUM

TO: Mayor and City Council

VIA: Jonathan N. Rorie, City Manager

FROM: Michael Warrix, AICP
Planning and Development Director

DATE: June 12, 2017

REQUEST: Amendment to Land Development Ordinance Section 407 – Replatting process
Restrict subdivision of lots below average lot size in a neighborhood
June 15, 2017 City Council Agenda

Background

Several neighborhoods in Peachtree City were developed into larger lots than the minimum required size of the zoning district. In order to protect the stability of existing established neighborhoods, the proposed ordinance restricts subdividing lots into smaller than average size.

Summary

1. The proposed ordinance does not allow a property to be subdivided into two or more smaller lots unless the resulting lots are equal to or greater in size than the lots created in the original subdivision. This includes both the lot area and the lot width.
2. The existing lot is included in the calculation for establishing the average lot size.
3. The average lot size includes only lots in the same zoning district.
4. 'Subdivision' is defined as the phase and subdivision of the original lot.
5. This does not restrict the subdivision of property that has not been previously subdivided into an 'approved subdivision'. As an example, this does not restrict the subdivision of property that may have been divided among family members at one point in history, but is now being developed into a traditional 'approved subdivision'.

Recommendation

The recommendation is to adopt the amended ordinance Section 407 of the Land Development Ordinance as proposed by staff.

AN ORDINANCE TO AMEND ARTICLE IV, SECTION 407, OF THE PEACHTREE CITY LAND DEVELOPMENT ORDINANCE TO PROVIDE FOR THE REQUIREMENTS FOR REPLATTING LOTS WITHIN RESIDENTIAL SUBDIVISIONS; TO REPEAL CONFLICTING ORDINANCES; TO PROVIDE FOR SEVERABILITY; AND FOR OTHER PURPOSES.

NOW THEREFORE, BE IT AND IT IS HEREBY ORDAINED BY THE CITY COUNCIL OF THE CITY OF PEACHTREE CITY, GEORGIA, THAT:

Section 1. Article IV, Section 407, of the Land Development Ordinance of the City of Peachtree City, Georgia, as amended, is hereby further amended and is to be codified as follows:

Section 407. Replatting Process

- (a) Replatting shall follow that process as outlined in Section 406 of the Peachtree City Land Development Ordinance. If the manifest purpose of a replatting is to circumvent the terms and conditions of this ordinance, that replatting shall not be approved.
- (b) The subdivision of existing platted lots or lots of record in an approved subdivision within a residential zoning district shall meet the following requirements in addition to the criteria in subsection (a) above:
 - (1) No resulting lot shall be smaller than the average lot width and lot area or size of existing platted lots that are located within the same subdivision and zoning district. The existing platted lots that are to be subdivided shall be included in this calculation of the average minimum lot width and lot area or size.
 - (2) Any existing platted lots under a single unity of title occupied by a principal residential structure and accessory uses and structures occupying more than one lot within a single-family residential zoning district shall for the purposes of this Section 407 and paragraph (b)(1) above be considered as one (1) lot. Any subdivision of the lot shall require that any newly created lots conform to paragraph (b)(1) above.

Section 2. All ordinances or parts thereof which conflict with the provisions of this ordinance are, to the extent of such conflict and except as hereinafter provided, hereby repealed.

Section 3. Should any provision of this ordinance be declared invalid by a Court of competent jurisdiction, such decision shall not affect the validity of this ordinance as a whole or any provision thereof other than the provisions specifically declared to be invalid. The City Council declares that it would have passed this ordinance and each subsection, sentence, clause and

phrase thereof, irrespective of the fact that any one or more subsections, sentences, clauses or phrases may be declared invalid.

Section 4. This ordinance shall be in full force and effect upon its official adoption by the City Council.

This _____ day of _____ 2017.

Vanessa Fleisch, Mayor

Attest: _____
Betsy Tyler, City Clerk

CITY COUNCIL MEMBERS

Vanessa Fleisch, Mayor
Kim Learnard – Mayor Pro-tem
Phil Prebor – Post 1
Mike King, Post 2
Terry Ernst – Post 4

**City Council of Peachtree City
Agenda
June 15, 2017
7:00 p.m.**

- I. Call to Order**
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City Council of Peachtree City
Special Called Meeting Minutes
June 6, 2017
7:00 p.m.

The Mayor and Council of Peachtree City met in a special called meeting on Tuesday, June 6, 2017. Mayor Vanessa Fleisch called the meeting to order at 6:30 p.m. Others attending: Mike King, Kim Learnard, and Phil Prebor. Terry Ernst was out of town

Minutes

May 2, 2017, Retreat Workshop Minutes

May 18, 2017, Regular Meeting Minutes

King moved to approve the May 2, 2017, Retreat workshop minutes and the May 18, 2017, regular meeting minutes as written. Prebor seconded. Motion carried unanimously.

Consent Agenda

- 1. Consider Stormwater Maintenance Agreement – Hoshizaki**
- 2. Consider FY 2017 Budget Amendment – Tree Removal & Organic Material Grinding**
- 3. Consider Cancellation of July 6 Council Meeting**

Learnard moved to approve Consent Agenda items 1, 2, and 3. King seconded. Motion carried unanimously.

New Agenda Items

**06-17-01 Consider Special Use Permit in General Industrial (GI) Zoning for Dog Kennel,
261 Tiger Way**

Senior Planner Robin Cailloux addressed Council, saying that the applicant, Royal Bed & Biscuit, LLC, had applied for a Special Use Permit for 261 Tiger Way for use as a kennel and boarding facility. The property was zoned GI and surrounded by GI, General Commercial (GC) and Open Space (OS). Kennels were not permitted in GI zoning; however, approved uses in Limited Industrial (LI) zoning could apply for a Special Use Permit so they could be located in GI zoning. An existing welding business and a motor repair business were adjacent to the property.

To apply a Special Use Permit, an applicant must occupy an existing building, the use must fit the development standards on the property (20 parking spaces required; 23 spaces located on parcel), use must be in conformance with the Comprehensive Plan (industrial use within Industrial Park, use of vacant building reduced tax burden), the use must be operated in a manner compatible with the surrounding land uses and overall character of the immediate area, the use must promote and protect the public interest or general welfare of City residents, and the use must be permitted in the LI zoning district. Cailloux noted there was a similar doggie day care located in the Industrial Park.

Cailloux continued that Council could impose conditions on the Special Use Permit, such as hours of operation, noise, lighting, or conditions of expansion. Council could also specify time limits, expiration dates, periodic reviews, and/or renewal of the permit. Unless otherwise specified, the Special Use Permit renewed annually automatically. The permit would expire if the property was noncompliant. If the use was discontinued for one year, the Special Use Permit would expire.

Cailloux said the applicant was at the meeting and could answer any operational questions.

King said Council had received a couple of e-mails against the proposals that afternoon. Historically, Council had listened to the people adjacent to the property regarding any kind of change in a neighborhood/area. Council needed to hear the objections. King asked if a public

hearing could be held prior to voting on the request. City Attorney Ted Meeker said there should be a motion to continue the agenda item to July 20.

King moved to continue New Agenda item 06-17-01, the Special Use Permit for the dog kennel at 261 Tiger Way, until the July 20 meeting. Prebor seconded. Motion carried unanimously.

There being no further business, Learnard moved to adjourn. King seconded. Motion carried unanimously. The meeting adjourned at 6:36 p.m.

Pamela Dufresne, Deputy City Clerk

Vanessa Fleisch, Mayor

CITY OF PEACHTREE CITY

INTEROFFICE MEMORANDUM

TO: Mayor and City Council

VIA: Jonathan Rorie, City Manager 
Paul Salvatore, Director of Financial Services 

FROM: Joe O'Connor, Fire Chief 

DATE: May 12, 2017

SUBJECT: Request to Amend Fire Department Fees

RECOMMENDATION:

Staff requests the Mayor and City Council adopt the following Fee Schedule.

DISCUSSION:

The Fire Department has compared our current fee schedule with those of our neighboring agencies and recommend the following fee schedule be adopted effective October 1st, 2017.

EMS Fees	Current	Proposed	
ALS Treat and Release	\$125.00	\$125.00	Unchanged
Ambulance - Basic Life Support Transport Fee	\$550.00	\$750.00	Increased by \$200
Ambulance - Advanced Life Support 1 Transport Fee	\$625.00	\$825.00	Increased by \$200
Ambulance - Advanced Life Support 2 Transport Fee	\$675.00	\$900.00	Increased by \$225
Ambulance - Transport Loaded Mileage	\$10/mile	\$10/mile	Unchanged
Helicopter Assistance	\$200.00	no charge	Decreased by \$200
Fire Fees			
False Alarm - 3x in 24 hours	up to \$250, up to \$100 for each additional	up to \$250, up to \$100 for each additional	Unchanged
False Alarm - 4th in a year	up to \$250 for 4th and each additional	up to \$250 for 4th and each additional	Unchanged
Failure to provide key holders	up to \$100	up to \$100	Unchanged
Refusal of key holder to respond	up to \$250	up to \$250	Unchanged

Fire Marshal Fees			
Building Permit Plan Review	\$0.015/sq ft, min \$150	\$0.015/sq ft, min \$150	Unchanged
Automatic Fire Sprinkler Plan Review	\$150.00	\$150.00	Unchanged
Fire Alarm Plan Review	\$150.00	\$150.00	Unchanged
Other System Plan Review	\$150.00	\$150.00	Unchanged
Construction Site 80% Inspection	No Charge	No Charge	Unchanged
Construction Site 100% Inspection	No Charge	No Charge	Unchanged
Construction Site 100% Follow Up	\$75.00	\$75.00	Unchanged
Construction Site 100% Follow Up (#2)	\$100.00	\$100.00	Unchanged
Construction Site 100% Follow Up (#3)	\$150.00	\$150.00	Unchanged
Blasting Permit	\$100.00	\$100.00	Unchanged
Annual Inspection	No Charge	No Charge	Unchanged
Annual Inspection, follow up	No Charge	No Charge	Unchanged
Annual Inspection, follow up 2nd	\$50.00	\$50.00	Unchanged
Annual Inspection, follow up 3rd	\$75.00	\$100.00	Increased by \$25
Certificate of Compliance	\$100.00	Restructured Below	
Certificate of Compliance - Basic		\$50.00	Decreased by \$50
Sprinkler Certification Without Flow Test	new	\$25.00	Increased by \$25
Sprinkler Flow Test	new	\$50.00	Increased by \$50
Alarm Certification Without Alarm Test	new	\$25.00	Increased by \$25
Alarm Test	new	\$50.00	Increased by \$50
Hood System Balloon/Flameout Test	new	\$50.00	Increased by \$50
Other System Test - (Paint Booth/Clean Agent System)	new	\$50.00	Increased by \$50
Underground Piping Pressure Test	new	\$25.00	Increased by \$25
Above Ground Sprinkler Plumbing Pressure Test	new	\$25.00	Increased by \$25
Certificate of Compliance - (Re-issue)	\$50.00	\$50.00	Unchanged
Blasting (for a period of up to 30 days)	\$100.00	\$100.00	Unchanged
Pyrotechnics / Fireworks Event	\$500.00	\$500.00	Unchanged
Fire Training Grounds			
Live Fire Training* **	\$25/student (\$500 daily max)	\$25/student (\$500 daily max)	Unchanged
Pump Test Facility* **	\$50/apparatus	\$50/apparatus	Unchanged
(* not assessed to Mutual Aid Departments)			
(** services in kind may be exchanged)			

BUDGET IMPACT:

If adopted, related budget projections for FY 2018 will be adjusted to reflect the anticipated increase in revenue.

CITY OF PEACHTREE CITY

INTEROFFICE MEMORANDUM

TO: Mayor & Council Members

FROM: Jonathan Rorie, City Manager 

DATE: June 9, 2016

SUBJECT: Consider Purchasing Ordinance Amendment – Written Quotes, Emergency Purchases, and Property Disposal
June 15, 2016, City Council Meeting

Recommendation

That Council approve the amendments to the Purchasing Ordinance.

Discussion

In May, staff previewed proposed changes to the Peachtree City Purchasing Ordinance to facilitate the timely implementation of upcoming projects. As you may recall, the current ordinance requires staff to issue Requests for Proposal (RFPs) or obtain sealed bids for projects over \$40,000. State law requires municipalities to have RFPs or sealed bids for projects over \$100,000.

Staff is proposing modifying the ordinance to allow for comparative written quotes for projects from \$40,000 to \$100,000, but still requiring final approval by the Mayor and Council. This will help to streamline the process in many of the repetitive projects pending in the coming years while still ensuring competitive pricing and input by Council for the larger expenditures.

Budget Impact

This item will have no direct budgetary impact but will improve efficiencies in contracting projects in the \$40,000 to \$100,000 price-range.

AN ORDINANCE TO AMEND THE CODE OF ORDINANCES OF THE CITY OF PEACHTREE CITY, GEORGIA, AS AMENDED, SO AS TO PROVIDE FOR BIDS AND PRICE QUOTATIONS; TO PROVIDE FOR SEVERABILITY; TO REPEAL CONFLICTING ORDINANCES; TO ESTABLISH AN EFFECTIVE DATE; AND FOR OTHER PURPOSES.

NOW THEREFORE, BE IT AND IT IS HEREBY ORDAINED BY THE CITY COUNCIL OF THE CITY OF PEACHTREE CITY, GEORGIA, THAT:

Section 1. Chapter 34, Finance, Article II, Fiscal Control, Division 4, Purchasing Procedures, Sections 34-117 Bids/price quotations, as amended, is hereby further amended to read and to be codified as follows:

Sec. 34-117. - Bids/price quotations.

Except for expenditures involving contracts for professional services or performances at concerts and events at the Frederick Brown Jr. Amphitheater, the following dollar amounts shall be applied in determining the process to be used in obtaining bids/price quotations:

- (1) Up to \$1,000.00—Department selection with final approval by division director/chief or his/her designee.
- (12) Less than ~~\$540,000.00~~—Comparative written or verbal quotes/pricing such as internet searches, verbal quotes, etc. with final approval by chief administrative officer or his/her designee if over \$1,000.00.
- (2) ~~\$5,000.00 and over but less than \$40,000.00—Three written quotes with final approval by chief administrative officer or his/her designee.~~
- (3) \$40,000.00 and over but less than \$100,000.00—Comparative written quotes/pricing with final approval by mayor and council.
- (4) ~~\$401000,000.00 and over, with the exception of gasoline and diesel fuel purchases handled as in subsection (2) above—Sealed bids or Request for Proposals with final approval by mayor and council. as provided in section 36-117.~~

Section 2. All ordinances or parts thereof which conflict with the provisions of this ordinance are, to the extent of such conflict and except as hereinafter provided, hereby repealed.

Section 3. Should any provision of this ordinance be declared invalid by a Court of competent jurisdiction, such decision shall not affect the validity of this ordinance as a whole or any provision thereof other than the provisions specifically declared to be invalid. The City Council declares that it would have passed this ordinance and each subsection, sentence, clause and phrase thereof, irrespective of the fact that any one or more subsections, sentences, clauses or phrases may be declared invalid.

Section 4. This ordinance shall be in full force and effect upon its official adoption by the City Council.

This _____ day of _____ 2017.

Vanessa Fleisch, Mayor

Attest: _____
City Clerk

CITY OF PEACHTREE CITY

INTEROFFICE MEMORANDUM

TO: Mayor and Council

FROM: Jonathan N. Rorie, City Manager 

DATE: May 11, 2017

SUBJECT: Non-Profit Funding Request – Fayette Senior Services
June 15, 2017 Consent Agenda - City Council Meeting

Recommendation:

That Council considers approval of this request for non-profit funding for Fayette Senior Services for the FY2018 budget year.

Discussion:

For the past several years, Council has approved funding support of Fayette Senior Services in accordance with CAR 8-3 (attached). As required in CAR 8-3, Fayette Senior Services has included with their request, a copy of their latest completed Form 990 (attached). Per the terms of the policy, Fayette Senior Services provides services to our seniors that the City does not provide. Fayette Senior Services has provided services to Fayette County Seniors since 1978. These services meet the basic needs of some of our residents in the form of home delivered meals, non-emergency medical transportation and in-home services to residents of Fayette County. Fayette Senior Services served 800 clients last fiscal year with 275-300 of those clients being in Peachtree City.

Attached is the request for funding for the FY2018 budget. The request is for \$15,000.00, to continue to provide social services. Should Council approve this request, both the City and Fayette Senior Services must sign an agreement indicating what services are provided.

Budget Impact:

This item will have a budgetary impact of \$15,000.00 to account 100-1505-572020, which will be included in the proposed FY2018 Budget to be presented, pending Council approval of the request.

Attachment (s)

**CAR 8-3 City Council Funding for Non-Profit
Organizations in Fayette County**

CAR 8-3

OPR: City Hall
4/00 (Amended 02/09)

Purpose	Section	I
Policy		II

I. Purpose

The Purpose of this regulation is to establish a policy for consistent response to requests for donations on behalf of non-profit organizations, including public schools, in Fayette County.

II. Policy

While the City of Peachtree City has no financial responsibility to assist non-profit organizations, including public schools, with funding or providing labor, there have been requests in the past for this assistance, and it is anticipated that there may be requests in the future. In an effort to ensure consistency, fairness, and compliance with anti-gratuities laws, the following guidelines have been established:

- A. Council will budget no more than \$25,000 annually for all non-profit funding.
- B. The City would assume no liability for any project for which the City provides funding and/or labor.
- C. Services provided to Peachtree City residents by a non-profit organization shall be addressed in a contract between the City of Peachtree City and the organization.
- D. Non-Profit Organizations

1. Basic Needs

As a general rule, funding for non-profit organizations serving Fayette County should be provided by the Fayette County Commission to ensure that Peachtree City residents are not subject to double payment through their municipal and County taxes. However, Council reserves the right to make contributions to non-profit organizations that provide services that meet the basic needs (food, shelter, protection) of Peachtree City residents based upon the merit of the request. Requests for funding for non-profit organizations that provide basic needs shall not require matching funds but such requests shall be prorated based upon the total annual budget of the organization and the percentage of Peachtree City residents served by the organization in comparison to the total number of people they serve. The amount of funding provided shall be the lesser of the amount requested, the amount of the annual budget used to serve Peachtree City residents based on the percentage of Peachtree City residents served, or \$7,500.00. The percentage of Peachtree City residents served will be based on the total number of residents and non-residents served for the 12-month period ending with the month prior to the month in which the request is made. These funds, once identified, will be budgeted for annually, upon written request by the organization that would be subject to prorated allocation as noted above.

2. General Needs

Should Council approve a funding request for an organization that provides for general needs (other than food, shelter and protection), a dollar for dollar match up to a limit of \$5,000 in funding/labor may be provided as a match to any non-government funding provided to the organization. If the organization serves people other than Peachtree City residents, request shall be prorated based upon the percentage of Peachtree City residents served in comparison to the total population served. The amount of funding provided shall be the lesser of the actual amount requested, the amount of the annual budget used to serve Peachtree City residents based on the percentage of Peachtree City residents served, or \$5,000.00. The percentage of Peachtree City residents served will be based on the total number of residents and non-residents served for the 12-month period ending with the month prior to the month in which the request is made. Requests from a non-profit organization in the General Needs category will be considered no more often than every five years.

3. Public Schools

- a. Each request for funding/labor will be considered by the Peachtree City Recreation Commission, who will forward a recommendation to the City Council for final decision.
 - b. Council will evaluate each request and make a decision based on the merit of the request.
 - c. No more than one request, per school, will be considered in any five consecutive year period.
 - d. Only Fayette County public schools whose attendance boundaries include Peachtree City will be eligible for consideration.
 - e. Requests for funding/labor must be for enhancements to playgrounds and playing fields only. Any playground/playing field for which the City makes a contribution must be made available for use by City residents when not being used by the school. A formal agreement with the School Board would be required.
 - f. Should Council approve a funding request, a dollar for dollar match up to a limit of \$5,000 in funding/labor may be provided as a match to any funding provided by the school or any school organization (i.e. booster club). All funding requests must be submitted by June 1.
- E. All requests for funding must be made using the attached form. 501c3 non-profit organizations should include a copy of the previous calendar year form 990. Other non-profits should attach a copy of their current fiscal year budget.
- F. The City Council will have final approval on all funding requests. All funding requests must be submitted to and approved by Council by June 1 for consideration for funding in the next fiscal year budget.
- G. In emergency situations (a sudden, urgent, need for help or relief, created by some unexpected financial event), the City Council may vote to provide funding outside of the provisions above from the Council Contingency Fund. Adherence to anti-gratuities requirements would still apply.

APPROVED:

Mayor and Councilmembers



**Funding Request
For Non-Profit Organizations**

Organization Information:

Organization Name: Fayette Senior Services, Inc. (FSS)
Address: 4 Center Drive, Fayetteville, GA 30214
Phone #: 770-461-0813 Fax #: 770-461-2448
Contact Person: Nancy Meaders
Title: President + CEO

Financial Information:

Total Annual Budget: \$1.569
Total Clients Served Annually: 800
Peachtree City Residents Served Annually: 275 - 300

Funding Request Information:

Funding Amount Requested: \$15,000.⁰⁰
Funding Use(s): social services, (i.e. meal, transportation)
Additional Information on Organization/Services: FSS provides meals on wheels, non-emergency medical transportation & in-home services to residents of Fayette County.

REQUIRED ATTACHMENTS: 501c3 non-profit organizations must provide a copy of the previous calendar year form 990. Other non-profits must provide a current fiscal year budget.

Date **Council** **Amount**
Submitted: _____ **Approval Date:** _____ **Approved:** _____



May 11, 2017

Mr. John Rorie
City Manager
151 Willowbend Road
Peachtree City, GA 30269

RE: FY18 Request for Funding

Dear Mr. Rorie:

Fayette Senior Services, Inc. respectfully submits a request for funding assistance from the City of Peachtree City for the period July 1, 2017 through June 30, 2018 in exchange for social services provided to residents of Peachtree City.

In order to continue providing the same level of services that are essential to the health and well-being of Fayette County's rapidly growing aging population, Fayette Senior Services asks for a continuation of support in the amount of \$15,000. This support plays a significant role in our capacity to meet the current demand for essential services as established under the Older Americans Act. Many of these services are a lifeline to our seniors who need assistance with obtaining basic needs such as food, transportation and personal care services such as help with bathing and dressing. Enclosed are the Workload Indicators for Social Services for Peachtree City. The total amount of persons served represents 33% of our overall client base.

We sincerely appreciate the long-time support of the Peachtree City and look forward to a continued partnership and the cooperative efforts to make a meaningful difference in the lives of Fayette County seniors.

Sincerely,

Nancy Meaders
President & CEO

WORKLOAD INDICATORS FOR SOCIAL SVCS	FY-2017	FY-2018 Projected
HOME DELIVERED MEALS		
Total Number of Meals Provided	54,637	55,000
Actual cost per unit of service	\$5.00	\$5.08
Number of clients	234	262
CONGREGATE MEALS		
Total Number of Meals Provided	5,457	7,559
Cost per unit of service	\$9.56	\$10.00
Number of clients	48	55
PERSONNEL CARE/HOMEMAKER SVCS		
Total number of hours of svc provided	3,773	3,243
Cost per unit of service	\$22.48	\$22.50
Number of clients	65	60
TRANSPORTATION		
Number of one-way trips	19,069	21,000
Cost per unit of service	\$16.50	\$16.50
Number of clients	419	450
CASE MANAGEMENT SERVICES		
Number of hours of service provided	1,246	1,046
Cost per unit of service	\$63.91	\$64.00
RESPIRE SERVICES		
Number of hours of service provided	1,339	728
Cost per unit of service	\$22.48	\$22.50
Number of clients	11	8

OMB No. 1545-0047

2015**Open to Public
Inspection**Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except 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.**A For the 2015 calendar year, or tax year beginning** 07/01/15 , **and ending** 06/30/16**B** Check if applicable:☐ Address change☐ Name change☐ Initial return☐ Final return/
terminated☐ Amended return☐ Application pending**C** Name of organization

FAYETTE SENIOR SERVICES, INC.

Doing business as

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

4 CENTER DRIVE

Room/suite

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

FAYETTEVILLE

GA 30214

D Employer identification number

58-1364158

E Telephone number

770-461-0813

G Gross receipts \$ 1,729,533**F** Name and address of principal officer:

NANCY MEADERS

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.FAYSS.ORG**H(c)** Group exemption number ▶**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation: 1982**M** State of legal domicile: GA**Part I Summary**

Activities & Governance	1 Briefly describe the organization's mission or most significant activities:		
	TO ADVANCE THE EMOTIONAL, SOCIAL, AND PHYSICAL WELL-BEING OF OLDER ADULTS THROUGH THE MANAGEMENT AND DELIVERY OF SERVICES THAT IMPROVE QUALITY OF LIFE AND FOSTER INDEPENDENT LIVING WITH DIGNITY AND RESPECT.		
	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	12
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	12
	5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	45
	6 Total number of volunteers (estimate if necessary)	6	331
Revenue	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0
	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	1,012,155	1,132,975
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	552,993	571,313
Expenses	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	4,636	3,053
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	84,675	19,005
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,654,459	1,726,346
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0
	16a Professional fundraising fees (Part IX, column (A), line 11e)	769,305	807,913
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 14,256		0
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,004,059	984,021
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,773,364	1,791,934
	19 Revenue less expenses. Subtract line 18 from line 12	-118,905	-65,588
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)	1,273,716	1,159,196
	22 Net assets or fund balances. Subtract line 21 from line 20	148,282	100,996
		1,125,434	1,058,200

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	
	NANCY MEADERS		PRESIDENT	
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check ☐ if PTIN self-employed
	David A. Nelms, C.P.A.	David A. Nelms, C.P.A.		P00400911
	Firm's name ▶ BROWN, NELMS & Co., CPAs	Firm's EIN ▶ 58-1737336		
	Firm's address ▶ 300 Finance Avenue Peachtree City, GA 30269-6848	Phone no. 770-461-5502		

May the IRS discuss this return with the preparer shown above? (see instructions) ☐ Yes ☒ NoFor Paperwork Reduction Act Notice, see the separate instructions.
DAAForm **990** (2015)

Form 990 (2015) FAYETTE SENIOR SERVICES, INC.

58-1364158

Page 2

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☐**1** Briefly describe the organization's mission:

TO ADVANCE THE EMOTIONAL, SOCIAL, AND PHYSICAL WELL-BEING OF OLDER ADULTS
THROUGH THE MANAGEMENT AND DELIVERY OF SERVICES THAT IMPROVE QUALITY OF
LIFE AND FOSTER INDEPENDENT LIVING WITH DIGNITY AND RESPECT.

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

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

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code:) (Expenses \$ 1,655,987 including grants of \$) (Revenue \$ 571,313)

ELDERLY CARE SERVICES - PROGRAM PROVIDES INFORMATION AND
REFERRAL SERVICES, CONGREGATE MEALS, HOME DELIVERED
MEALS, TRANSPORTATION, COMMUNITY CARE AND IN-HOME
SERVICES FOR ELDERLY PERSONS IN THE COMMUNITY.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)**4c** (Code:) (Expenses \$ including grants of \$) (Revenue \$)**4d** Other program services (Describe in Schedule O.)

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

4e Total program service expenses ▶ 1,655,987

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
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?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic 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 or for domestic individuals 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), 501(c)(4), and 501(c)(29) 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 "Yes," 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	1a 17	
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c X	
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 45	
b 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)	2b X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7 Organizations that may receive deductible contributions under section 170(c).		
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	
d If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9 Sponsoring organizations maintaining donor advised funds.		
a Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on Part VIII, line 12	10a	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11 Section 501(c)(12) organizations. Enter:		
a Gross income from members or shareholders	11a	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.		
a 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.	13a	
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c Enter the amount of reserves on hand	13c	
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

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

	1a	12	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.		12		
b Enter the number of voting members included in line 1a, above, who are independent	1b	12		
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?	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?	X	
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		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	X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		X
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13 Did the organization have a written whistleblower policy?	X	
14 Did the organization have a written document retention and destruction policy?	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	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).	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?		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?		

Section C. Disclosure

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

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, address, and telephone number of the person who possesses the organization's books and records: ►
 NANCY MEADERS 4 CENTER DRIVE
 FAYETTEVILLE GA 30214 770-461-0813

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 organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) CHRIS MALLON	2.00									
CHAIRMAN	0.00	X						0	0	0
(2) MARTHA TEAL	3.00									
SECRETARY	0.00	X						0	0	0
(3) BOB TRUITT	2.00									
VICE CHAIRMAN	0.00	X						0	0	0
(4) MARK GRAY	2.00									
TREASURER	0.00	X						0	0	0
(5) EMILY POOLE	2.00									
BOARD MEMBER	0.00	X						0	0	0
(6) BASEAN JACKSON	2.00									
BOARD MEMBER	0.00	X						0	0	0
(7) KIM SCHNOES	2.00									
BOARD MEMBER	0.00	X						0	0	0
(8) PETE HARVEY	2.00									
BOARD MEMBER	0.00	X						0	0	0
(9) BOB REEVES	2.00									
BOARD MEMBER	0.00	X						0	0	0
(10) BRENDA GOINS	2.00									
BOARD MEMBER	0.00	X						0	0	0
(11) CAROL DAVIS	2.00									
BOARD MEMBER	0.00	X						0	0	0

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) JIM MCCULLOUGH	2.00									
BOARD MEMBER	0.00	X						0	0	0
(13) NANCY MEADERS	40.00									
PRESIDENT	0.00			X				84,192	0	0
1b Sub-total								84,192		
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								84,192		

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

3 Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
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
OPEN HAND ATLANTA ATLANTA GA 30384	176 OTTLEY DRIVE NE PROVIDES MEALS	147,696

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 **1**

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	918,430			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	214,545			
	g Noncash contributions included in lines 1a-1f: \$		69,331			
	h Total. Add lines 1a-1f		1,132,975			
Program Service Revenue	2a Center Fees	Busn. Code	432,759	432,759		
	b Transportation		62,759	62,759		
	c Home Delivered Meals		37,496	37,496		
	d Congregate Program		20,837	20,837		
	e 40060 Multi-Purpose Building		13,180	13,180		
	f All other program service revenue		4,282	4,282		
	g Total. Add lines 2a-2f		571,313			
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		6,240	6,240	
4 Income from investment of tax-exempt bond proceeds						
5 Royalties						
		(i) Real (ii) Personal				
6a Gross rents						
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.			3,187			
c Gain or (loss)			-3,187			
d Net gain or (loss)			-3,187	-3,187		
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18		a	16,571			
b Less: direct expenses		b				
c Net income or (loss) from fundraising events			16,571			16,571
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				
b Less: cost of goods sold		b				
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Busn. Code				
11a 43000 Other Income		1,600	1,600			
b Donations - Building Expansio		522	522			
c Vendor Compensation		312	312			
d All other revenue						
e Total. Add lines 11a-11d		2,434				
12 Total revenue. See instructions.		1,726,346	576,800	0	16,571	

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 domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	84,192	63,144	8,419	12,629
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	662,415	597,436	64,979	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	61,306	55,175	6,131	
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	32,014	28,813	3,201	
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				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	37,911	34,120	3,791	
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	92,231	83,008	9,223	
23 Insurance	51,413	46,272	5,141	
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 MEALS	273,489	273,489		
b CONTRACT EXPENSE	262,037	262,037		
c SUPPLIES	109,888	97,435	10,826	1,627
d MAINTENANCE	43,232	38,909	4,323	
e All other expenses	81,806	76,149	5,657	
25 Total functional expenses. Add lines 1 through 24e	1,791,934	1,655,987	121,691	14,256
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	229,077	1	187,492
	2 Savings and temporary cash investments	431,442	2	320,786
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	85,112	4	76,553
	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 1,180,394		
	b Less: accumulated depreciation	10b 870,241	306,346	10c 310,153
	11 Investments—publicly traded securities	221,739	11	264,212
	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		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	1,273,716	16	1,159,196	
Liabilities	17 Accounts payable and accrued expenses	87,083	17	28,295
	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		23	
	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	61,199	25	72,701
	26 Total liabilities. Add lines 17 through 25	148,282	26	100,996
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	248,328	27	325,697
	28 Temporarily restricted net assets	877,106	28	732,503
	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		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	1,125,434	33	1,058,200
34 Total liabilities and net assets/fund balances	1,273,716	34	1,159,196	

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	1,726,346
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,791,934
3	Revenue less expenses. Subtract line 2 from line 1	3	-65,588
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,125,434
5	Net unrealized gains (losses) on investments	5	-1,646
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	1,058,200

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 _____ 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.	X	
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

2015

 Open to Public
 Inspection

Name of the organization

FAYETTE SENIOR SERVICES, INC.

Employer identification number

58-1364158

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 (Form 990 or 990-EZ).)
- 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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations _____
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

DAA

Schedule A (Form 990 or 990-EZ) 2015

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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,019,211	1,099,209	984,931	1,012,155	1,132,975	5,248,481
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	12,000	12,000	12,000	12,000	12,000	60,000
4 Total. Add lines 1 through 3	1,031,211	1,111,209	996,931	1,024,155	1,144,975	5,308,481
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.						5,308,481

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4	1,031,211	1,111,209	996,931	1,024,155	1,144,975	5,308,481
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	7,353	3,930	3,344	4,991	6,239	25,857
9 Net income from unrelated business activities, whether or not the business is regularly carried on	56,069	36,444	38,473	10,511	15,571	157,068
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	33,340					33,340
11 Total support. Add lines 7 through 10						5,524,746
12 Gross receipts from related activities, etc. (see instructions)					12	579,987
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 2015 (line 6, column (f) divided by line 11, column (f))	14	96.09 %
15 Public support percentage from 2014 Schedule A, Part II, line 14	15	95.53 %
16a 33 1/3% support test—2015. 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—2014. 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—2015. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ☐		
b 10%-facts-and-circumstances test—2014. 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 VI 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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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 VI.)						
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 2015 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests—2015.** 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—2014.** 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 Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.		
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

Part IV Supporting Organizations (continued)**11** Has the organization accepted a gift or contribution from any of the following persons?

- a** A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?
- b** A family member of a person described in (a) above?
- c** A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in **Part VI**.

	Yes	No
11a		
11b		
11c		

Section B. Type I Supporting Organizations

- 1** Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in **Part VI** how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
- 2** Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in **Part VI** how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

	Yes	No
1		
2		

Section C. Type II Supporting Organizations

- 1** Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in **Part VI** how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).

	Yes	No
1		

Section D. All Type III Supporting Organizations

- 1** Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?
- 2** Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in **Part VI** how the organization maintained a close and continuous working relationship with the supported organization(s).
- 3** By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in **Part VI** the role the organization's supported organizations played in this regard.

	Yes	No
1		
2		
3		

Section E. Type III Functionally-Integrated Supporting Organizations

- 1** Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):
- a** ☐ The organization satisfied the Activities Test. Complete **line 2** below.
- b** ☐ The organization is the parent of each of its supported organizations. Complete **line 3** below.
- c** ☐ The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions).

2 Activities Test. Answer (a) and (b) below.

- a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI** identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b** Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in **Part VI** the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3** Parent of Supported Organizations. Answer (a) and (b) below.
- a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in **Part VI**.
- b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in **Part VI** the role played by the organization in this regard.

	Yes	No
2a		
2b		
3a		
3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year	
1	Amounts paid to supported organizations to accomplish exempt purposes		
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity		
3	Administrative expenses paid to accomplish exempt purposes of supported organizations		
4	Amounts paid to acquire exempt-use assets		
5	Qualified set-aside amounts (prior IRS approval required)		
6	Other distributions (describe in Part VI). See instructions.		
7	Total annual distributions. Add lines 1 through 6.		
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.		
9	Distributable amount for 2015 from Section C, line 6		
10	Line 8 amount divided by Line 9 amount		

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2015:			
a			
b			
c			
d From 2013			
e From 2014			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2015 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 Excess distributions carryover to 2016. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c Excess from 2013			
d Excess from 2014			
e Excess from 2015			

Schedule A (Form 990 or 990-EZ) 2015

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Part II, Line 10 - Other Income Detail

GIFTS IN KIND	\$	31,025
VENDORS COMP	\$	240
MISCELLANEOUS REVENUE	\$	2,075

Schedule B
(Form 990, 990-EZ,
or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

OMB No. 1545-0047

2015

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

Name of the organization

Employer identification number

FAYETTE SENIOR SERVICES, INC.

58-1364158

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 501(c)(3) (enter number) organization

☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation

☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- ☒ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Name of organization

FAYETTE SENIOR SERVICES, INC.

Employer identification number

58-1364158

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	UNITED WAY OF METROPOLITAN ATLANTA 100 EDGEWOOD AVENUE NE ATLANTA GA 30303	\$ 24,270	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
2	ATLANTA REGIONAL COMMISSION 40 COURTLAND ST. NE ATLANTA GA 30303	\$ 456,624	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
3	FAYETTE COUNTY BOARD OF COMMISSIONER 140 STONEWALL AVENUE SUITE 100 FAYETTEVILLE GA 30214	\$ 194,556	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
4	CITY OF PEACHTREE CITY 151 WILLOWBEND ROAD PEACHTREE CITY GA 30269	\$ 197,000	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
5	CLOTHES LESS TRAVELED 459 HWY. 74S PEACHTREE CITY GA 30269	\$ 48,910	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
6	TECHSOUP 435 BRANNAN STREET, SUITE 100 SAN FRANCISCO CA 94107	\$ 56,142	Person ☐ Payroll ☐ Noncash ☒ (Complete Part II for noncash contributions.)

Name of organization

FAYETTE SENIOR SERVICES, INC.

Employer identification number

58-1364158

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

[illegible]

**SCHEDULE D
(Form 990)**Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**▶ Complete if the organization answered "Yes" on 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

2015**Open to Public
Inspection**

Name of the organization

FAYETTE SENIOR SERVICES, INC.

Employer identification number

58-1364158

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	1	
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year	223	
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" on 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 a 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.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶

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, handling of violations, and enforcing conservation easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, 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" on 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) Revenue included on 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 Revenue included on 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" on 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:

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☐ Yes ☐ No

Part V Endowment Funds.

Complete if the organization answered "Yes" on 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 on 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" on line 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" on 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				
b Buildings				
c Leasehold improvements		286,643	124,282	162,361
d Equipment		292,102	266,142	25,960
e Other		601,649	479,817	121,832
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				310,153

Part VII Investments—Other Securities.

Complete if the organization answered "Yes" on 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" on 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" on 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" on 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) 24100 Employee Benefits Payable	29,152
(3) 23210 Accrued Payroll	28,140
(4) Long term capital lease	5,750
(5) 23212 Lease Liability	3,361
(6) Payroll Liabilities:State Withholdin	2,267
(7) Payroll Liabilities	2,247
(8) *Sales Tax Payable	888
(9) Payroll Liabilities:SUTA	870
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►	
	72,701

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" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	1,726,346
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) 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	1,726,346
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	1,726,346

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

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

1	Total expenses and losses per audited financial statements		1	1,791,934
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	1,791,934
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	1,791,934

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 X - Other Liabilities Continued

Description	Book Value
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Garden Fund	26
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Schedule D (Form 990) 2015 FAYETTE SENIOR SERVICES, INC.

58-1364158

Page 5

Part XIII Supplemental Information (continued)

**SCHEDULE G
(Form 990 or 990-EZ)****Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on 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

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

FAYETTE SENIOR SERVICES, INC.

Employer identification number

58-1364158

Part I**Fundraising Activities.** Complete if the organization answered "Yes" on 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" on 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
		PROJECT LOVE (event type)	(event type)	None (total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	14,711			14,711
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)	14,711			14,711
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary. Add lines 4 through 9 in column (d)				
	11 Net income summary. Subtract line 10 from line 3, column (d)				14,711

Part III Gaming. Complete if the organization answered "Yes" on 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 conducts gaming activities:

a Is the organization licensed to conduct 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:

Schedule G (Form 990 or 990-EZ) 2015

FAYETTE SENIOR SERVICES, INC.

58-1364158

Page 3

- 11 Does the organization conduct 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 conducted 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 provide any additional information (see instructions).

**SCHEDULE M
(Form 990)****Noncash Contributions**

OMB No. 1545-0047

2015**Open To Public
Inspection**Department of the Treasury
Internal Revenue Service

- Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
 ► Attach to Form 990.
 ► Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

FAYETTE SENIOR SERVICES, INC.

Employer identification number

58-1364158

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art — Works of art				
2 Art — Historical treasures				
3 Art — Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		645	DONOR DETERMINED FMV
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities — Publicly traded				
10 Securities — Closely held stock				
11 Securities — Partnership, LLC, or trust interests				
12 Securities — Miscellaneous				
13 Qualified conservation contribution — Historic structures				
14 Qualified conservation contribution — Other				
15 Real estate — Residential				
16 Real estate — Commercial				
17 Real estate — Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies	X	1	544	DONOR DETERMINED FMV
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► (COMPUTER SUPPLY)	X	1	56,142	ESTIMATED RETAIL PRICES
26 Other ► (RENT - GIK)	X	1	12,000	DONOR DETERMINED FMV
27 Other ► ()				
28 Other ► ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

	Yes	No
30a		X
31		X
32a		X

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If "Yes," describe in Part II.

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

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

Schedule M (Form 990) (2015)

Part II

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2015**Open to Public
Inspection**

Name of the organization

FAYETTE SENIOR SERVICES, INC.

Employer identification number

58-1364158

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990

990 RETURN IS REVIEWED BY FINANCIAL OFFICER AND THE BOARD OF DIRECTORS ON
AN ANNUAL BASIS.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy

ALL PARTIES ARE NOTIFIED ANNUALLY REGARDING THE CONFLICT OF INTEREST
POLICY.

Form 990, Part VI, Line 15a - Compensation Process for Top Official

ALL COMPENSATION IS REVIEWED ON AN ANNUAL BASIS.

Form 990, Part VI, Line 15b - Compensation Process for Officers

ALL COMPENSATION IS REVIEWED ON AN ANNUAL BASIS.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation

Upon Request.

Form **4562**Department of the Treasury
Internal Revenue Service (99)**Depreciation and Amortization**

(Including Information on Listed Property)

▶ Attach to your tax return.

▶ Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.

OMB No. 1545-0172

2015Attachment
Sequence No. **179**

Name(s) shown on return

FAYETTE SENIOR SERVICES, INC.

Identifying number

58-1364158

Business or activity to which this form relates

Indirect Depreciation

Part I Election To Expense Certain Property Under Section 179**Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	500,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,000,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2014 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2016. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	92,230

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2015	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

Section B—Assets Placed in Service During 2015 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2015 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	92,230
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2015)

DAA

There are no amounts for Page 2

CITY OF PEACHTREE CITY

INTEROFFICE MEMORANDUM

TO: Mayor and Council

FROM: Jonathan N. Rorie, City Manager 

DATE: May 11, 2017

SUBJECT: Non-Profit Funding Request – Promise Place
June 15, 2017 Consent Agenda - City Council Meeting

Recommendation:

That Council provide direction on the amount of non-profit funding for Promise Place to include in the FY 2018 budget.

Discussion:

For the past several years, Council has approved funding in support of Promise Place in accordance with CAR 8-3 (attached). As required in CAR 8-3, Promise Place has included with their request, a copy of their latest Form 990 (attached). Per the terms of the policy, Promise Place provides services the City does not, that meet the basic needs of some of our residents who are victims of domestic violence, including emergency shelter, support groups, assistance in obtaining emergency protective orders, and in providing domestic violence and teen dating education programs at McIntosh High School. Promise Place serves 2,213 clients annually with 84 clients being in Peachtree City.

Attached is the request from Promise Place Executive Director Vanessa Wilkins for the annual amount of \$10,000 to support the ongoing efforts of the organization. The requested amount meets the terms of the policy.

Budget Impact:

This item will have a budgetary impact of \$10,000, which will be included in the proposed FY 2018 budget, pending Council approval of the request.

Attachment (s)

**CAR 8-3 City Council Funding for Non-Profit
Organizations in Fayette County**

CAR 8-3

OPR: City Hall
4/00 (Amended 02/09)

Purpose	Section	I
Policy		II

I. Purpose

The Purpose of this regulation is to establish a policy for consistent response to requests for donations on behalf of non-profit organizations, including public schools, in Fayette County.

II. Policy

While the City of Peachtree City has no financial responsibility to assist non-profit organizations, including public schools, with funding or providing labor, there have been requests in the past for this assistance, and it is anticipated that there may be requests in the future. In an effort to ensure consistency, fairness, and compliance with anti-gratuities laws, the following guidelines have been established:

- A. Council will budget no more than \$25,000 annually for all non-profit funding.
- B. The City would assume no liability for any project for which the City provides funding and/or labor.
- C. Services provided to Peachtree City residents by a non-profit organization shall be addressed in a contract between the City of Peachtree City and the organization.
- D. Non-Profit Organizations

1. Basic Needs

As a general rule, funding for non-profit organizations serving Fayette County should be provided by the Fayette County Commission to ensure that Peachtree City residents are not subject to double payment through their municipal and County taxes. However, Council reserves the right to make contributions to non-profit organizations that provide services that meet the basic needs (food, shelter, protection) of Peachtree City residents based upon the merit of the request. Requests for funding for non-profit organizations that provide basic needs shall not require matching funds but such requests shall be prorated based upon the total annual budget of the organization and the percentage of Peachtree City residents served by the organization in comparison to the total number of people they serve. The amount of funding provided shall be the lesser of the amount requested, the amount of the annual budget used to serve Peachtree City residents based on the percentage of Peachtree City residents served, or \$7,500.00. The percentage of Peachtree City residents served will be based on the total number of residents and non-residents served for the 12-month period ending with the month prior to the month in which the request is made. These funds, once identified, will be budgeted for annually, upon written request by the organization that would be subject to prorated allocation as noted above.

2. General Needs

Should Council approve a funding request for an organization that provides for general needs (other than food, shelter and protection), a dollar for dollar match up to a limit of \$5,000 in funding/labor may be provided as a match to any non-government funding provided to the organization. If the organization serves people other than Peachtree City residents, request shall be prorated based upon the percentage of Peachtree City residents served in comparison to the total population served. The amount of funding provided shall be the lesser of the actual amount requested, the amount of the annual budget used to serve Peachtree City residents based on the percentage of Peachtree City residents served, or \$5,000.00. The percentage of Peachtree City residents served will be based on the total number of residents and non-residents served for the 12-month period ending with the month prior to the month in which the request is made. Requests from a non-profit organization in the General Needs category will be considered no more often than every five years.

3. Public Schools

- a. Each request for funding/labor will be considered by the Peachtree City Recreation Commission, who will forward a recommendation to the City Council for final decision.
 - b. Council will evaluate each request and make a decision based on the merit of the request.
 - c. No more than one request, per school, will be considered in any five consecutive year period.
 - d. Only Fayette County public schools whose attendance boundaries include Peachtree City will be eligible for consideration.
 - e. Requests for funding/labor must be for enhancements to playgrounds and playing fields only. Any playground/playing field for which the City makes a contribution must be made available for use by City residents when not being used by the school. A formal agreement with the School Board would be required.
 - f. Should Council approve a funding request, a dollar for dollar match up to a limit of \$5,000 in funding/labor may be provided as a match to any funding provided by the school or any school organization (i.e. booster club). All funding requests must be submitted by June 1.
- E. All requests for funding must be made using the attached form. 501c3 non-profit organizations should include a copy of the previous calendar year form 990. Other non-profits should attach a copy of their current fiscal year budget.
- F. The City Council will have final approval on all funding requests. All funding requests must be submitted to and approved by Council by June 1 for consideration for funding in the next fiscal year budget.
- G. In emergency situations (a sudden, urgent, need for help or relief, created by some unexpected financial event), the City Council may vote to provide funding outside of the provisions above from the Council Contingency Fund. Adherence to anti-gratuities requirements would still apply.

APPROVED:

Mayor and Councilmembers



**Funding Request
For Non-Profit Organizations**

Organization Information:

Organization Name: Fayette County Council on Domestic Violence
Address: P.O. Box 854, Fayetteville, GA 30214
Phone #: 770/461-3839 Fax #: _____
Contact Person: Vanessa Wilkins
Title: Executive Director

Financial Information:

Total Annual Budget: \$641,666.00
Total Clients Served Annually: 2,293
Peachtree City Residents Served Annually: 84

Funding Request Information:

Funding Amount Requested: \$10,000.00
Funding Use(s): To provide domestic violence services to residents of Peachtree City
Additional Information on Organization/Services: Promise Place provides crisis services and emergency shelter for victims of domestic violence in Peachtree City. We also provide legal advocacy and a teen dating violence prevention program at McIntosh High School.

REQUIRED ATTACHMENTS: 501c3 non-profit organizations must provide a copy of the previous calendar year form 990. Other non-profits must provide a current fiscal year budget.

Date **Council** **Amount**
Submitted: _____ **Approval Date:** _____ **Approved:** _____



P.O. Box 854 • Fayetteville, GA 30214 • Telephone (770) 461-3839 • Fax (770) 460-6591

April 29th, 2017

Peachtree City
151 Willowbend Rd
Peachtree City, Ga 30269

Dear Peachtree City Council:

The Fayette County Council on Domestic Violence, Inc. d/b/a Promise Place wishes to take this opportunity to thank Peachtree City for its continued support of our organization. In 2016, Promise Place provided intervention services to 2,293 victims of domestic violence. Of those clients, 335 were Fayette county residents with 84 clients residing in Peachtree City. In addition, Promise Place provided shelter to 21 women and 27 children from Peachtree City. 63 women attended our support groups in Peachtree City. 135 victims of domestic violence were provided legal advocacy in Fayette county with 51 of these residing in Peachtree City. Our Teen Dating Violence Prevention program reached 408 students and our domestic violence awareness events were presented to 97 community members.

<u>Prevention/Awareness Services</u>	<u>Participants</u>	<u>No. of PTC</u>
Teen Dating Violence Prevention Program	2,162	408
Community Awareness Presentations	348	97

Promise Place collaborates with the Peachtree City Police Department as well as the other law enforcement agencies in Fayette County to ensure that domestic violence victims are given our information at the time of a violent incident and that police officers are able to contact us for assistance. We believe that this is an important service because when we are able to assist DV victims in escaping violent homes, we help reduce the number of 911 calls to officers, alleviating their volume of calls and reducing the danger to them in responding to DV calls. In 2017, Promise Place received a total of 1,580 calls to our emergency hotline. 88 of those calls were from victims of domestic violence in Peachtree City.

Our domestic violence shelter provides immediate safety for victims of domestic violence and their children. Promise Place provides services and resources for the families while in shelter to maintain their safety until it is safe for them to resume life on their own. Promise Place provides for all emergency needs while the women and children are in shelter. Promise Place pays for all utilities, security and maintenance costs and must keep the facility staffed 24 hours a day year round. Additionally, Promise



"Where Domestic
Violence Ends"

P.O. Box 854 • Fayetteville, GA 30214 • Telephone (770) 461-3839 • Fax (770) 460-6591

Place provides counseling services and many other programs to both the victim and her children as they heal from the trauma that they have experienced.

Because of your continuing support, Promise Place is making a difference in the lives of abused women and their children in Peachtree City. To help continue this much needed service, we are requesting \$10,000.00 from the FY2018 Annual Budget's designated funds for nonprofit organizations. We hope that the Peachtree City Council will continue to support us in our work and grant our request in the amount of \$10,000.00.

Sincerely,

Vanessa Wilkins
Executive Director

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

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

2015
Open to Public
Inspection**A** For the 2015 calendar year, or tax year beginning **07/01/15**, and ending **06/30/16**

B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Final return/terminated ☐ Amended return ☐ Application pending	C Name of organization FAYETTE COUNTY COUNCIL ON DOMESTIC VIOLENCE, INC. Doing business as PROMISE PLACE Number and street (or P.O. box if mail is not delivered to street address) P.O. BOX 854 Room/suite City or town, state or province, country, and ZIP or foreign postal code FAYETTEVILLE GA 30214		D Employer identification number 58-1826445
	F Name and address of principal officer: MARY CARR 230 OXFORD LANE FAYETTEVILLE GA 30215		E Telephone number 770-461-3839
	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		G Gross receipts \$ 609,745
	J Website: www.promiseplace.org		H(c) Group exemption number
K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other			L Year of formation: 1989 M State of legal domicile: GA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: PROVIDE ASSISTANCE TO VICTIMS OF DOMESTIC VIOLENCE AND THEIR CHILDREN IN FOUR COUNTIES IN CENTRAL GEORGIA THROUGH EDUCATION, REFERRALS, AND SUPPORT SERVICES TO AID VICTIMS IN EXPLORING THEIR OPTIONS.		
	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	11
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	11
	5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	27
	6 Total number of volunteers (estimate if necessary)	6	0
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b 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)	528,393	487,495
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	78,673	77,780
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	54,514	44,470
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	661,580	609,745
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	421,789	445,021
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 6,282		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	290,821	209,612
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	712,610	654,633
Net Assets or Fund Balances	19 Revenue less expenses. Subtract line 18 from line 12	-51,030	-44,888
	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	499,412	453,252
	22 Net assets or fund balances. Subtract line 21 from line 20	303,124	322,471
		196,288	130,781

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 MARY CARR Type or print name and title TREASURER		Date	
Paid Preparer Use Only	Print/Type preparer's name JOHN R MUNDY, CPA	Preparer's signature JOHN R MUNDY, CPA	Date 11/03/16	Check ☐ if self-employed PTIN P00325949
	Firm's name ▶ Baker & Mundy, LLC PO Box 2929		Firm's EIN ▶ 48-1289088	
	Firm's address ▶ Cleveland, GA 30528-0052		Phone no. 706-865-7796	

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2015)

DAA

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☐**1** Briefly describe the organization's mission:

PROVIDE ASSISTANCE TO VICTIMS OF DOMESTIC VIOLENCE AND THEIR CHILDREN IN FOUR COUNTIES IN CENTRAL GEORGIA THROUGH EDUCATION, REFERRALS, AND SUPPORT SERVICES TO AID VICTIMS IN EXPLORING THEIR OPTIONS.

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

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

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ **588,679** including grants of \$) (Revenue \$)
PROVIDE ASSISTANCE TO VICTIMS OF DOMESTIC VIOLENCE AND THEIR CHILDREN IN FOUR COUNTIES IN CENTRAL GEORGIA THROUGH EDUCATION, REFERRALS, AND SUPPORT SERVICES TO AID VICTIMS IN EXPLORING THEIR OPTIONS.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O.)(Expenses \$ **0** including grants of \$) (Revenue \$)**4e** Total program service expenses **588,679**

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
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?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic 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 or for domestic individuals 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), 501(c)(4), and 501(c)(29) 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 "Yes," 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	1a 0		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0		
c 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	2a 27		
b 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
b 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
b If "Yes," enter the name of the foreign country: ► See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			X
c 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
b 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).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?			
b If "Yes," did the organization notify the donor of the value of the goods or services provided?			
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			
d If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			
h 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. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			
9 Sponsoring organizations maintaining donor advised funds.			
a Did the sponsoring organization make any taxable distributions under section 4966?			
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders	11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?			
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a 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.			
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		
c Enter the amount of reserves on hand	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?			X
b 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

	1a	11	1b	11	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.		11				
b Enter the number of voting members included in line 1a, above, who are independent			1b	11		
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	15b	X
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	X
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its 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 ► **GA**

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, address, and telephone number of the person who possesses the organization's books and records: ►

VICKY FARRAGUT
FAYETTEVILLE

P.O. BOX 854

GA 30214

770-461-3839

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 organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MARY CARR	5.00									
TREASURER	0.00	X		X				0	0	0
(2) ANNIE SINGH QUERN	5.00									
DIRECTOR	0.00	X						0	0	0
(3) DELORES EPPS	5.00									
VICE CHAIR	0.00	X		X				0	0	0
(4) VENIS SIMS	5.00									
SECRETARY	0.00	X		X				0	0	0
(5) ALEX PEREZ-SANDI	5.00									
CHAIR	0.00	X		X				0	0	0
(6) ADAM GLENDYE	5.00									
DIRECTOR	0.00	X						0	0	0
(7) AARON WRIGHT	5.00									
DIRECTOR	0.00	X						0	0	0
(8) ROSALIND HENDERSON	5.00									
DIRECTOR	0.00	X						0	0	0
(9) ADRIENNE JOHNSON	5.00									
DIRECTOR	0.00	X						0	0	0
(10) MONICA LACOURLY	5.00									
DIRECTOR	0.00	X						0	0	0
(11) VANESSA MOTTLEY	40.00									
EXEC. DIRECTOR					X			44,151		

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 ☐

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	44,151	39,736	4,415	
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	332,646	299,381	33,265	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	40,333	30,250	10,083	
10 Payroll taxes	27,891	25,102	2,789	
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	4,500	4,500		
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	1,406	1,406		
13 Office expenses	19,509	10,582	2,645	6,282
14 Information technology				
15 Royalties				
16 Occupancy	7,400	7,400		
17 Travel	18,776	18,776		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,641	1,641		
20 Interest	14,532	12,497	2,035	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	21,339	20,524	815	
23 Insurance	12,578	10,805	1,773	
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 CLIENT ASSISTANCE	38,381	38,381		
b UTILITIES	34,667	34,667		
c TELEPHONE	16,333	14,700	1,633	
d FOOD & HOUSE SUPPLIES	12,818	12,818		
e All other expenses	5,732	5,513	219	
25 Total functional expenses. Add lines 1 through 24e	654,633	588,679	59,672	6,282
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	34,036	1	11,366
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	37,604	3	32,014
	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	704	9	773
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 695,394		
	b Less: accumulated depreciation	10b 286,595	425,856	10c 408,799
	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	912	14	
	15 Other assets. See Part IV, line 11	300	15	300
16 Total assets. Add lines 1 through 15 (must equal line 34)	499,412	16	453,252	
Liabilities	17 Accounts payable and accrued expenses	23,528	17	41,084
	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	279,596	23	281,387
	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	303,124	26	322,471
	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		196,288	27	130,781
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			31	
32 Retained earnings, endowment, accumulated income, or other funds			32	
33 Total net assets or fund balances		196,288	33	130,781
34 Total liabilities and net assets/fund balances		499,412	34	453,252

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	609,745
2	Total expenses (must equal Part IX, column (A), line 25)	2	654,633
3	Revenue less expenses. Subtract line 2 from line 1	3	-44,888
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	196,288
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	-20,619
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	130,781

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 _____ 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.	X	
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.

OMB No. 1545-0047

2015Open to Public
Inspection▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization

**FAYETTE COUNTY COUNCIL ON DOMESTIC
VIOLENCE, INC.**

Employer identification number

58-1826445**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 (Form 990 or 990-EZ).)
- 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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	513,213	626,572	673,222	528,393	487,495	2,828,895
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	513,213	626,572	673,222	528,393	487,495	2,828,895
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.						2,828,895

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4	513,213	626,572	673,222	528,393	487,495	2,828,895
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	7					7
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 VI.)						
11 Total support. Add lines 7 through 10						2,828,902
12 Gross receipts from related activities, etc. (see instructions)					12	122,250
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 2015 (line 6, column (f) divided by line 11, column (f))	14	100.00 %
15 Public support percentage from 2014 Schedule A, Part II, line 14	15	100.00 %
16a 33 1/3% support test—2015. 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—2014. 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—2015. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► ☐		
b 10%-facts-and-circumstances test—2014. 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 VI 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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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 VI.)						
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 2015 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	%
19a 33 1/3% support tests—2015. 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—2014. 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 Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.		
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		

Section E. Type III Functionally-Integrated Supporting Organizations

- 1** Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):
- a** ☐ The organization satisfied the Activities Test. Complete **line 2** below.
- b** ☐ The organization is the parent of each of its supported organizations. Complete **line 3** below.
- c** ☐ The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions).

2 Activities Test. **Answer (a) and (b) below.**

	Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI .		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year	
1	Amounts paid to supported organizations to accomplish exempt purposes		
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity		
3	Administrative expenses paid to accomplish exempt purposes of supported organizations		
4	Amounts paid to acquire exempt-use assets		
5	Qualified set-aside amounts (prior IRS approval required)		
6	Other distributions (describe in Part VI). See instructions.		
7	Total annual distributions. Add lines 1 through 6.		
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.		
9	Distributable amount for 2015 from Section C, line 6		
10	Line 8 amount divided by Line 9 amount		

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2015:			
a			
b			
c			
d From 2013			
e From 2014			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2015 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 Excess distributions carryover to 2016. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c Excess from 2013			
d Excess from 2014			
e Excess from 2015			

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Schedule B
(Form 990, 990-EZ,
or 990-PF)Department of the Treasury
Internal Revenue Service**Schedule of Contributors**

OMB No. 1545-0047

2015

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.**Name of the organization****FAYETTE COUNTY COUNCIL ON DOMESTIC
VIOLENCE, INC.****Employer identification number****58-1826445****Organization type** (check one):**Filers of:****Section:**

Form 990 or 990-EZ

☒ 501(c)(3) (enter number) organization☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation☐ 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**

- ☐
- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- ☒ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 $\frac{1}{3}$ % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Name of organization

FAYETTE COUNTY COUNCIL ON DOMESTIC

Employer identification number

58-1826445

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	FAYETTE THRIFT SHOP 740 N. GLYNN ST, SUITE F FAYETTEVILLE GA 30214	\$ 54,500	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
2	FAYETTE CO. BOARD OF COMMISSIONERS 140 STONEWALL AVE WEST, STE 100 FAYETTEVILLE GA 30214	\$ 20,000	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
3	CITY OF PEACHTREE CITY 151 WILLOWBEND RD PEACHTREE CITY GA 30269	\$ 10,000	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
4	NATIONAL CHRISTIAN FOUNDATION 11625 RAINWATER DRIVE, SUITE 500 ALPHARETTA GA 30009	\$ 5,000	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
5	THE CLOTHES LESS TRAVELED THRIFT SHO PO BOX 3434 PEACHTREE CITY GA 30269	\$ 12,700	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
6	EPPS FAMILY, LLC 175 TANA DR FAYETTEVILLE GA 30214	\$ 10,000	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Name of organization

Employer identification number
58-1826445

FAYETTE COUNTY COUNCIL ON DOMESTIC

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	PANASONIC CORP. OF NORTH AMERICA HIGHWAY 74 SOUTH PEACHTREE CITY GA 30269	\$ 14,751	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
8	COWETA FAYETTE EMC 807 COLLINSWORTH RD PALMETTO GA 30268	\$ 15,000	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
9	UNITED WAY OF GREATER ATLANTA 100 EDGEWOOD AVE ATLANTA GA 30371	\$ 10,361	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
			Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
			Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
			Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

**SCHEDULE D
(Form 990)**Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**▶ Complete if the organization answered "Yes" on 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

2015Open to Public
Inspection

Name of the organization

**FAYETTE COUNTY COUNCIL ON DOMESTIC
VIOLENCE, INC.**

Employer identification number

58-1826445**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.**

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of 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" on 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 a 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.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶

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, handling of violations, and enforcing conservation easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, 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" on 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) Revenue included on 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 Revenue included on 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" on 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:

	Amount
1c	
1d	
1e	
1f	

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

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

Part V Endowment Funds.

Complete if the organization answered "Yes" on 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 on 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" on line 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" on 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		102,143		102,143
b Buildings		539,497		539,497
c Leasehold improvements				
d Equipment				
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) **641,640**

Part VII Investments—Other Securities.

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

1	Total revenue, gains, and other support per audited financial statements		1	609,745
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) 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	609,745
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	609,745

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

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

1	Total expenses and losses per audited financial statements		1	654,633
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	654,633
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	654,633

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**Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on 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

2015Open to Public
Inspection

Name of the organization

**FAYETTE COUNTY COUNCIL ON DOMESTIC
VIOLENCE, INC.**

Employer identification number

58-1826445**Part I****Fundraising Activities.** Complete if the organization answered "Yes" on 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" on 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 <u>VARIOUS FUNDRAI</u> (event type)	(b) Event #2 _____ (event type)	(c) Other events <u>None</u> (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	44,470			44,470
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)	44,470			44,470
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary. Add lines 4 through 9 in column (d)				
11 Net income summary. Subtract line 10 from line 3, column (d)				44,470	

Part III Gaming. Complete if the organization answered "Yes" on 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 conducts gaming activities:

a Is the organization licensed to conduct 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:

Schedule G (Form 990 or 990-EZ) 2015

FAYETTE COUNTY COUNCIL ON DOMESTIC 58-1826445Page **3**

- 11** Does the organization conduct 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 conducted 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 provide any additional information (see instructions).

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2015Open to Public
Inspection

Name of the organization

**FAYETTE COUNTY COUNCIL ON DOMESTIC
VIOLENCE, INC.**

Employer identification number

58-1826445**Form 990, Part VI, Line 11b - Organization's Process to Review Form 990****Board of Directors review the 990 before being issued.****Form 990, Part VI, Line 15a - Compensation Process for Top Official****Board of directors reviews the salary of staff on an annual basis.****Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation****The board of directors review all documents before being issued to the
public.**

Form **4562**Department of the Treasury
Internal Revenue Service (99)**Depreciation and Amortization**
(Including Information on Listed Property)

▶ Attach to your tax return.

▶ Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.

OMB No. 1545-0172

2015Attachment
Sequence No. **179**

Name(s) shown on return

**FAYETTE COUNTY COUNCIL ON DOMESTIC
VIOLENCE, INC.**

Identifying number

58-1826445

Business or activity to which this form relates

Indirect Depreciation**Part I Election To Expense Certain Property Under Section 179****Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	500,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,000,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2014 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2016. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	20,427

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2015	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

Section B—Assets Placed in Service During 2015 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	

Section C—Assets Placed in Service During 2015 Tax Year Using the Alternative Depreciation System

(a) Class life	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
20a 12-year			12 yrs.		S/L	
b 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	20,427
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2015)

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, certain computers, and property used for entertainment, recreation, or amusement.)**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.**Section A—Depreciation and Other Information** (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed?				Yes ☐ No ☐		24b If "Yes," is the evidence written?				Yes ☐ No ☐	
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost			
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)								25			
26 Property used more than 50% in a qualified business use:											
		%									
		%									
27 Property used 50% or less in a qualified business use:											
		%				S/L-					
		%				S/L-					
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1								28			
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1								29			

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
30 Total business/investment miles driven during the year (do not include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C—Questions for Employers Who Provide Vehicles for Use by Their EmployeesAnswer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are **not** more than 5% owners or related persons (see instructions).

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.)		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2015 tax year (see instructions):					
43 Amortization of costs that began before your 2015 tax year					43
44 Total. Add amounts in column (f). See the instructions for where to report					44
					912
					912

PROMISEPLAC FAYETTE COUNTY COUNCIL ON DOMESTIC
58-1826445
FYE: 6/30/2016

Federal Asset Report
Form 990, Page 1

11/03/2016 4:26 PM

Asset	Description	Date In Service	Cost	Bus Sec % 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
Other Depreciation:								
1	SECURITY SYSTEM	6/01/07	7,300		7,300	7 MO S/L	7,300	0
2	REFRIGERATOR	10/01/02	389		389	7 MO S/L	388	1
3	WASHER & DRYER	12/01/03	1,346		1,346	7 MO S/L	1,346	0
4	REFRIGERATOR	1/01/04	686		686	7 MO S/L	686	0
5	BUILDING - N. JEFF DAVIS	7/01/91	154,288		154,288	31 MO S/L	116,340	4,977
6	BUILDING - SHELTER	4/04/08	345,795		345,795	31 MO S/L	79,135	10,977
7	BEDROOM FURNITURE - SHELTER	6/01/07	16,500		16,500	7 MO S/L	16,500	0
8	DISHWASHER	10/04/10	699		699	5 MO S/L	699	0
9	COOKTOP	8/18/10	699		699	5 MO S/L	699	0
10	WASHING MACHINE	8/18/10	1,100		1,100	5 MO S/L	1,100	0
11	DRYER	8/18/10	1,150		1,150	5 MO S/L	1,150	0
12	REFRIGERATOR	8/18/10	1,301		1,301	5 MO S/L	1,301	0
13	REFRIGERATOR	8/18/10	1,301		1,301	5 MO S/L	1,301	0
14	IMPROVEMENTS - SHELTER	6/01/07	5,000		5,000	7 MO S/L	5,000	0
15	IMPROVEMENTS - SHELTER	12/31/07	2,542		2,542	15 MO S/L	1,435	170
16	HVAC - SHELTER	12/22/08	4,650		4,650	7 MO S/L	4,650	0
17	PLUMBING SYSTEM	5/26/10	4,138		4,138	7 MO S/L	3,690	448
18	LAND - N. JEFF DAVIS DR.	7/01/91	17,143		17,143	0 -- Land	0	0
19	LAND - SHELTER	4/04/08	85,000		85,000	0 -- Land	0	0
20	COMPUTER	7/29/10	876		876	5 MO S/L	876	0
21	AC UNIT	8/06/12	2,425		2,425	10 MO S/L	606	242
22	FURNITURE	7/01/91	9,792		9,792	5 MO S/L	6,568	1,958
23	FURNITURE	1/01/01	697		697	7 MO S/L	697	0
24	OFFICE FURNITURE	12/31/07	2,100		2,100	7 MO S/L	2,100	0
25	FURNACE HVAC	11/30/05	1,598		1,598	7 MO S/L	1,598	0
26	COMPUTER	3/01/97	1,648		1,648	5 MO S/L	1,648	0
27	SHREDDER	7/01/00	443		443	7 MO S/L	392	51
28	COMPUTER & PRINTER	12/01/03	1,291		1,291	5 MO S/L	1,179	112
29	COMPUTER	10/14/05	708		708	5 MO S/L	650	58
30	COMPUTER - ADM OFFICE	12/31/07	2,000		2,000	5 MO S/L	2,000	0
31	DATA LINK PHONES	9/19/08	882		882	5 MO S/L	882	0
32	LAPTOP	10/15/08	500		500	5 MO S/L	500	0
33	DELL LAPTOP	5/03/10	635		635	5 MO S/L	635	0
34	LAPTOP	9/30/10	585		585	5 MO S/L	585	0
35	COPIER	4/22/11	999		999	5 MO S/L	999	0
36	COMPUTER	6/30/11	600		600	5 MO S/L	600	0
37	LANDSCAPING	7/10/12	2,010		2,010	15 MO S/L	335	134
38	NETBOOKS	9/05/14	600		600	5 MO S/L	100	120
39	COMPUTER SYSYEM	6/01/15	1,550		1,550	5 MO S/L	26	310
40	DELL COMPUTERS	9/12/14	1,258		1,258	5 MO S/L	210	251
41	WEB SITE	3/24/15	550		550	3 MO S/L	46	183
42	PROJECTOR	9/05/14	494		494	7 MO S/L	59	70
43	DESK	9/24/14	375		375	7 MO S/L	40	54
44	SEPTIC SYSTEM	12/30/14	4,740		4,740	39 MO S/L	61	121
45	HVAC	1/14/15	1,638		1,638	15 MO S/L	55	109
47	Furnace	1/11/16	1,648		1,648	15 MO S/L	0	55
48	Flooring & Renovation	11/24/15	1,725		1,725	39 MO S/L	0	26
Total Other Depreciation			<u>695,394</u>		<u>695,394</u>		<u>266,167</u>	<u>20,427</u>
Total ACRS and Other Depreciation			<u>695,394</u>		<u>695,394</u>		<u>266,167</u>	<u>20,427</u>
Amortization:								
46	LOAN FEE	10/31/13	2,983		2,983	3 MO Amort	2,071	912
			<u>2,983</u>		<u>2,983</u>		<u>2,071</u>	<u>912</u>
Grand Totals			698,377		698,377		268,238	21,339
Less: Dispositions and Transfers			0		0		0	0
Less: Start-up/Org Expense			0		0		0	0
Net Grand Totals			<u>698,377</u>		<u>698,377</u>		<u>268,238</u>	<u>21,339</u>

CITY OF PEACHTREE CITY

INTEROFFICE MEMORANDUM

MEMO TO: Mayor and City Council

VIA: Jonathan Rorie, City Manager 

FROM: David Borkowski, City Engineer 
Paul J. Salvatore, Financial Services Director
Kelly Bush, Assistant Finance Director 

DATE: June 9, 2017

SUBJECT: Accept funding from Georgia Department of Transportation and
Amend FY17 Budget Resolution

June 15, 2017 City Council Consent Agenda

Recommendation:

It is Staff's recommendation that City Council approve acceptance of funding from the Georgia Department of Transportation in the amount of \$150,000, for left turn lane extensions in Hwy 54 at Planterra Way, and the attached resolution to amend the Fiscal Year 2017 budget.

Discussion:

The City received a check from the Georgia Department of Transportation in the amount of \$150,000 to extend left turn lanes in Highway 54 at Planterra Way. This work is in addition to the intersection improvements already planned by the City (planned improvements by the City include: signal modifications and turn lane work on the Walmart/Planterra side of Highway 54). Attached please find a resolution to amend the FY2017 Budget submitted for your approval.

Budget Impact:

The proposed budget amendment will increase both revenue and expense \$150,000 in CIP Fund 334.

Attachments

CITY OF PEACHTREE CITY

BUDGET AMENDMENT

17-012

06/15/17

[illegible]

NOW, THEREFORE, BE IT RESOLVED that this Council hereby amends the Fiscal Year 2017 Budget Resolution to accept additional funding for the turn lanes at Hwy 54 and Planterra Way.

CITY OF PEACHTREE CITY

INTEROFFICE MEMORANDUM

TO: Mayor & Council Members

VIA: Jonathan N. Rorie, City Manager 
Mike Warrix, AICP, Planning and Development Director 

FROM: David Borkowski, P.E., M. ASCE, City Engineer 

DATE: June 6, 2017

SUBJECT: Modifications to Fee Schedule – Planning & Zoning and Engineering
June 15, 2017, City Council Meeting

Recommendation:

Staff recommends that council adopt the proposed fee schedule changes shown in red on the attached document.

Discussion:

Since the amount of plans submitted to the city for review and permitting has increased greatly, Staff has had to outsource many of these reviews related to commercial site development/re-development and subdivision road construction. In addition, due to the complexity of the reviews and the quality of the submittals, staff is having to spend more of their time reviewing and re-reviewing plans. This added cost of this work is not being adequately covered by the review and re-submittal fees as they are currently. Therefore, staff is proposing the attached revisions to better cover these expenses.

Budget Impact:

If approved, these changes will help offset the City's costs for plan reviews and issuing permits.

PLANNING AND DEVELOPMENT/ ENGINEERING DEPARTMENTS

FEE TYPE	FEE AMOUNT	APPROVED
APPLICATION FEES		
Administrative variance	\$25	5/15/08
Special exception variance	\$250	5/15/08
Variance (single variance)	\$250	5/15/08
Variance (multiple requests on same property)	\$250 + \$100 for each additional variance request	2/4/16
Appeal	\$250	5/15/08
Annexation - Step 1	\$250	5/15/08
Annexation - Step 2	\$750 + rezoning fee	5/07/09
Rezoning	\$750 + +50/ acre	2/4/16
Revisions/ resubmittals	\$100 each submittal	2/4/16
Zoning verification letter	\$50	5/15/08
Zoning / site determination letter	\$100	2/4/16
Street name change	\$250	5/15/08
Special use permit	\$250	
TELECOMMUNICATIONS FEES		
Administrative review	\$250	11/2010
Conditional Use Permit - Existing Facility	\$2,000	11/2010
Conditional Use Permit - New Facility	\$4,500	11/2010
SUBDIVISION FEES		
Concept plat	\$300 + \$5 per lot	2/4/16
Preliminary plat	\$300 + \$5 per lot	2/4/16
Road Construction plans	\$300 + \$5 per lot	2/4/16
Road Construction Plans 1 st Resubmittal	\$400	
Road Construction Plans 2 nd Resubmittal and any subsequent submittals	\$400 minimum or the amount charged by City consultant to review, whichever is greater. The actual amount charged by the City Consultant, if in excess of \$400, shall have an additional sum of \$75 added for city staff time expended in such review	
Final plat	\$300 + \$5 per lot	2/4/16
Plat amendment	\$100	2/4/16

Peachtree City Fee Schedule

February 2016

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FEE TYPE	FEE AMOUNT	APPROVED
Minor subdivision plat	\$150 + \$5 per lot	
General Revisions/ resubmittals	\$150 each (\$300 each starting with 3 rd submittal)	2/4/16
SITE PLAN FEES		
Conceptual site plan	\$300 + \$10 per acre or fraction thereof	
Final site plan	\$300 + \$10 per acre or fraction thereof	
Final Site Plan 1 st Resubmittal	\$400	
Final Site Plan 2 nd Resubmittal and any subsequent submittals	\$400 minimum or the amount charged by City consultant to review, whichever is greater. The actual amount charged by the City Consultant, if in excess of \$400, shall have an additional sum of \$75 added for city staff time expended in such review	
Landscape plan	\$200	2/4/16
General Revisions/ resubmittals	\$150 each (\$300 each starting with 3 rd submittal)	2/4/16
Site lighting Plan review	\$100 + \$10 per acre or fraction thereof	
EROSION CONTROL FEES		
Land Disturbance Permit (LDP) Fee	\$200 + \$100 per disturbed acre or fraction thereof	
Notice of Intent - State	\$40 per acre of disturbed land or fraction thereof	
Notice of Intent - City	\$40 per acre of disturbed land or fraction thereof	
Re-inspection Erosion Control Plan Review 1 st Resubmittal	\$100 \$300	
Erosion-Control-Plan Review 2 nd Resubmittal and any subsequent submittals	\$300 minimum or the amount charged by City consultant to review, whichever is greater. The actual amount charged by the City Consultant, if in excess of \$300, shall have an additional sum of \$75 added for city staff time expended in such review	
Site inspection fee to issue LDP (if not ready the inspection will be additional \$100)	\$50	

Peachtree City Fee Schedule

February 2016

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FEE TYPE	FEE AMOUNT	APPROVED
MISC FEES		
Temporary Construction Trailer (not including electric permit)	\$100.00	3/3/11
Timbering Permit	\$100 + \$10 per acre	2/4/16
SIGN PERMIT/ OTHER FEES		
Sign	\$100 + \$50 for each additional sign on the property	2/4/16
Sign resubmittal	\$50 each submittal	
Temporary sign/ banner	\$30	5/15/08
Special event / Temporary Use for outdoor display	\$25	5/15/08
Confiscated Sign Return Fee	\$100	
Special event	\$25	5/15/08
UTILITIES & ROW		
Utility Registration Fee	\$500	6/2/2016
Utility ROW Permit Application Fee	\$200	6/2/2016
Utility ROW Permit Inspection Fee	\$100	6/2/2016
Utility Service Agreement / ROW Agreement / Franchise Application Fee	\$2,000	6/2/2016

BUILDING PERMIT FEES

Approved

Calculating Building Valuation	Unless otherwise stated, the valuation for all new construction will be based on the actual contract cost of the work or calculated by using the latest construction cost data as published in the Building Safety journal by the International Code Council. For Interior Completion only, the construction cost is valued at 50% of the calculated ICC building valuation.		2/4/16
Fee Payment	Plan review fees are non-refundable and due at time of application.		3/3/11
Plan Review Fees	Residential Plan Review	\$150	3/3/11
	Commercial/Industrial Plan Review	Additional 50% of permit fee (minimum \$200)	3/3/11
Permit Fees	Minimum Permit Fees	Residential - \$150.00 Commercial - \$200.00	3/3/11
	TOTAL VALUATION	FEE	3/3/11
	\$1.00 to \$25,000.00	\$14.00 for each \$1,000.00, or fraction thereof, to and including \$25,000.00	3/3/11
	\$25,001.00 to \$50,000.00	\$350.00 for the first \$25,000.00 plus \$10.00 for each additional \$1,000.00, or fraction thereof, to and including \$50,000.00	3/3/11
	\$50,001.00 to \$100,000.00	\$600.00 for the first \$50,000.00 plus \$7.00 for each additional \$1,000.00, or fraction thereof, to and including \$100,000.00	3/3/11
	\$100,001.00 to \$500,000.00	\$950.00 for the first \$100,000.00 plus \$6.00 for each additional \$1,000.00, or fraction thereof, to and including \$500,000.00	3/3/11
	\$500,001.00 to \$1,000,000.00	\$3,350.00 for the first \$500,000.00 plus \$5.00 for each additional \$1,000.00, or fraction thereof, to and including \$1,000,000.00	3/3/11
	\$1,000,001.00 and up	\$5,850.00 for the first \$1,000,000.00 plus \$3.00 for each additional \$1,000.00, or fraction thereof	3/3/11
Certificate of Occupancy or Completion (C/O C/C)	New commercial building	\$100.00	3/3/11
	New single family detached, condo, townhome	\$50.00	3/3/11
	New or renovated commercial tenant space	\$25.00	3/3/11

Peachtree City Fee Schedule

February 2016

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Trade Permits (MEPs)	Minimum	\$80 plus \$5.00 for each \$1,000.00, or fraction thereof, of valuation of work being done.	2/4/16
	Temporary Power Letter	\$50	3/3/11
Signs Requiring a Building Permit	Sign - Building	\$125	3/3/11
	Temporary Signs	\$25	3/3/11
	Replacement face - existing business	N/C	3/3/11
	Replacement face - new business	1/2 fee	3/3/11
Demolition	Interior (bldg or tenant space)	\$100	3/3/11
	Single family residential house	\$150	3/3/11
	Commercial building	\$200	3/3/11
Permit Extensions	First extension	\$50/ 3 months	3/3/11
	Subsequent extension	\$100/ 3 months	3/3/11
Re-Inspections	Re-inspection fee	\$50-75	
Resubmittal	Resubmittal of all plans	\$100 each submittal	

Other	Transfer of Permit/change of contractor	\$200	3/3/11
	Structure move	\$200	3/3/11
	Siding replacement	\$100 \$150	
	Residential Re-roof	\$100	3/3/11
	Commercial Re-roof	\$5.00 for each \$1,000.00, or fraction thereof, of valuation of work being done (\$200 minimum)	2/4/16
	Fence Permit	\$100	3/3/11
	Swimming Pool	Residential - \$500, Commercial \$650	2/4/16
	Above ground pool/ hot tub	Residential - \$300	2/4/16
	Inspections outside of normal business hours	\$75 \$100 per hour (\$150 \$200 minimum)	
	Replacement of permits, CO's, etc.	\$25.00	3/3/11
	Minor Plan Revision Reviews - Review on changes to plans after approval	\$75 \$100 per hour (\$150 \$200 minimum)	
	Fee for work done without a permit	Original permit fee plus 100% penalty (double permit fee)	2/4/16
			2/4/16
	Preliminary/code compliance/safety inspections	\$100.00	3/3/11
	Sheds 200 SF or larger	\$150	

CITY OF PEACHTREE CITY

INTEROFFICE MEMORANDUM

TO: Mayor & Council Members

VIA: Jonathan N. Rorie, City Manager 

FROM: Ellece Brown, Director, HR & Risk Management 

DATE: May 30, 2017

SUBJECT: Revision to Sick Leave Policy in the Personnel Policy Manual
6/15/17, City Council Meeting

Recommendation:

That Council approve a revision to the Sick Leave Policy on page 77 of the Personnel Policy Manual effective July 1, 2017, which would allow for the unrestricted use of accrued sick leave to attend to the illness/injury of an immediate family member, as well as for personal illness. Immediate family members shall include children, spouse, parents, grandparents, grandchildren, or any person identified as a dependent on the employee's most recent tax return.

Discussion:

It has been the City's policy for many years to allow accrued sick leave to be used by employees to attend to personal illness, as well as the illness/injury of an immediate family member; however, there has been a cap (24 hours) on the number of hours of sick leave that an employee could use within a calendar year for family illness. The City's policy also limits immediate family members to include spouse, child, or parent. With the recent enactment of the Georgia Kin Care Law, Georgia legislature now requires that large employers who already provide paid sick leave to their employees must allow their eligible employees to use up to 5 days of paid sick leave per year to care for the needs of their immediate family members. The Georgia Kin Care Law also expands family members to include children, spouse, parents, grandparents, grandchildren, or any person identified as a dependent on the employee's most recent tax return. This new law goes into effect on July 1, 2017.

To be in compliance with this new law, the City must revise its Personnel Policy Manual. In reviewing our current policy, we found that departments have been inconsistent in manually tracking the number of hours that an employee uses for family illness annually. Since sick leave is tracked in "one bucket" within our payroll system, but it is used for two purposes (personal illness and family illness), it is necessary that the sick leave used for family illness be tracked manually. As you are aware, we have made great strides in the past three years to eliminate manual tracking/spreadsheets when at all possible. Therefore, our recommendation is to eliminate the cap on how many accrued sick leave hours may be used for family illness since there are other policies/controls in place to curtail abuse of sick leave: 1) An employee cannot use paid sick leave if he/she has not accrued the hours; 2) All absences of more than three consecutive days require a physician's certificate attesting that he/she was unable to report to work; and 3) Any

absence qualifying for FMLA must be documented in great detail on the federal FMLA Medical Certification Form by a physician. (Note: FMLA allows an employee to be absent from work for up to 12 weeks.)

The changes to our Personnel Policy Manual would be to paragraphs 2 and 4 under "Use of Sick Leave" on page 77:

2. Eligible employees may also use sick leave to attend to the illness/injury of an immediate family member. For purposes of this policy, immediate family member shall include children, spouse, parents, grandparents, grandchildren, or any person identified as a dependent on the employee's most recent tax return.

4. If an employee is absent for more than three (3) consecutive days **for personal or family illness**, he/she shall be required to provide a physician's certificate upon his/her return attesting to his/her inability to have reported to work during this absence.

Budget Impact:

This policy change will have no budgetary impact.

CITY OF PEACHTREE CITY

INTEROFFICE MEMORANDUM

TO: Mayor & Council Members

VIA: Jonathan N. Rorie, City Manager
Paul Salvatore, Financial Services Director P.S.
Kelly Bush, Assistant Finance Director KB
Angela Egan, Purchasing Agent

FROM: David A. Borkowski, P.E., M. ASCE, City Engineer *David A. Borkowski*

DATE: June 6, 2017

SUBJECT: Seal Coating of Kedron Fieldhouse and Two Fire Stations (83/84)
June 15, 2017, City Council Meeting

Recommendation:

Staff recommends that Council award the Bid to Engineered Restorations in the not to exceed amount of **\$107,995.00**, for seal coating and crack repairs.

Discussion:

Staff issued an invitation to bid for the Seal Coating and crack repairs of Kedron Fieldhouse and Fire Stations 83 and 84. The City received three bids as follows:

Engineered Restorations	Holbrook	S. Preservation
\$107,995.00	\$112,300.00	\$152,137.00

The City has used Engineered Restorations on several projects in the past, including seal coating of City Hall in 2011, and staff is satisfied with their work. Staff has also reviewed Engineered Restorations Bid package and find it acceptable. Therefore, Staff recommends awarding the Bid to Engineered Restorations.

Budget Impact:

Funds are budgeted for the work on these three facilities in the 2014 Facilities Bond. Adequate funding is available for these projects in the following line items. Kedron Aquatic Center - 381-6122-541300 - FB15KDRNAQTC, Station 83 - 381-3510-541300 - FB15FR83COAT, and Station 84 - 381-3510-541300 - FB15FR84COAT.