



CITY COUNCIL OF PEACHTREE CITY
REVISED REGULAR MEETING AGENDA
MAY 21, 2020
6:30 p.m.

Peachtree City
Mayor & City Council
Vanessa Fleisch, Mayor
Phil Prebor – Post 1
Mike King – Post 2
Kevin Madden – Post 3
Terry Ernst – Post 4

- I. Call to Order
- II. Pledge of Allegiance
- III. Announcements, Awards, Special Recognition
- IV. Public Comment
- V. Agenda Changes
- VI. Minutes
April 7, 2020, Special Called Meeting Minutes
- VII. Quarterly Reports
- VIII. Consent Agenda
 - 1. ~~Non-profit Funding Service Agreement Request – Promise Place~~
 - 2. ~~Non-profit Funding Service Agreement Request – Fayette Senior Services~~
 - 3. FY 2020 Budget Amendment – Public Health and Social Services Emergency Relief Funds
 - 4. FY 2020 Budget Amendment – Public Works Tree Removal
 - 5. Declare Old Fire and Police Motorola Radios as Surplus
 - 6. Accept Multi-use Path Easement from Hoshizaki
 - 7. 2020 Statewide Mutual Aid Agreement – GEMA/Homeland Security
 - 8. Approve Denial of Ante Litem Notice of David Martin-Garcia as Claim Was Presented
- IX. Old Agenda Items
- X. New Agenda Items
05-20-01 Public Hearing – Variance Request, 110 Sweetgum
- XI. Council/Staff Topics
- XII. Executive Session
- XIII. Adjourn

***A Retreat Workshop will begin after the regular meeting adjourns. The purpose of the workshop is to discuss the Economic Impact of Corona Virus Pandemic and FY 2021 Priority-based Budgeting

To obtain simultaneous access via WebEx Conference:

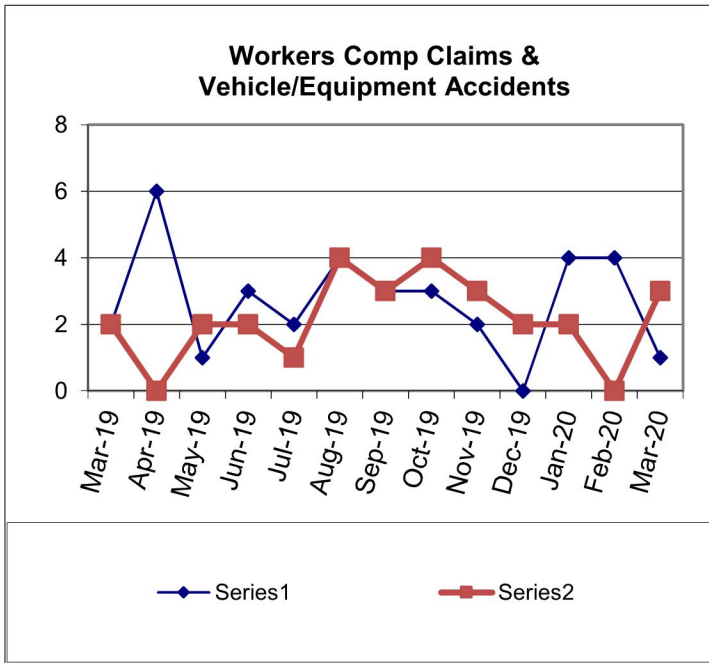
Go to: <https://peachtree-city.webex.com/webappng/sites/peachtree-city/meeting/download/f0ec1b4313984ebcb381f403c14b2256?siteurl=peachtree-city&MTID=mecb4109726fd303fda2fb53e6a6be6c8>

Meeting Number (access code): 477 641 183

Meeting Password: 6ANtPirC2P2

Live Stream will be available on our [website @ peachtree-city.org](http://website@peachtree-city.org)

Human Resources & Risk Management



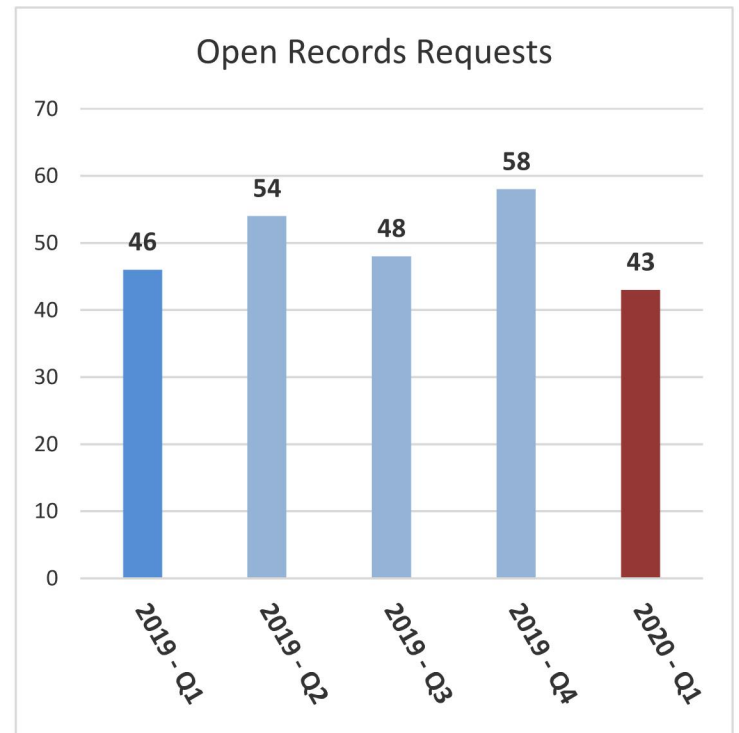
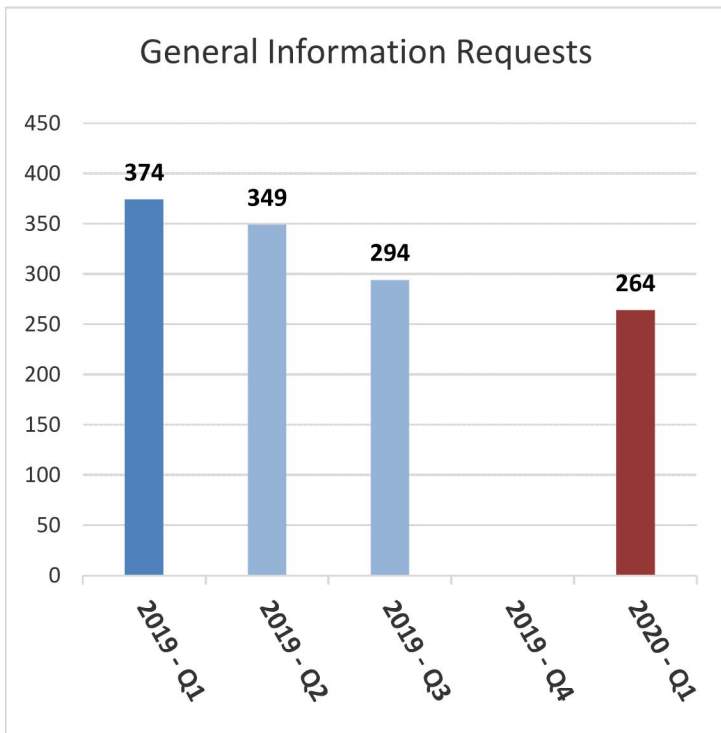
NOTES: FY19 data includes 6 Retirements. FY20 data includes 3 Retirements. Data does not include RIFs or seasonal positions.

Turnover Rate (Annual)

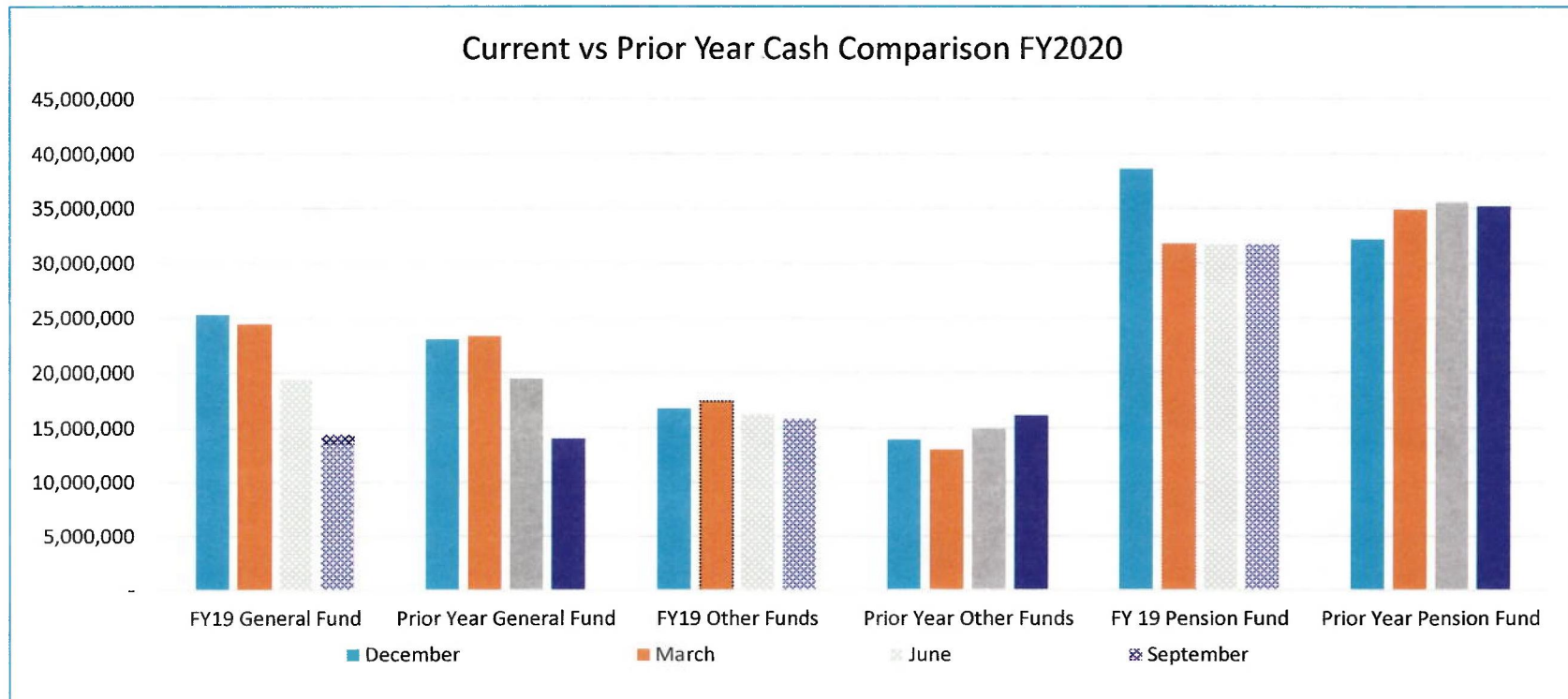
FY 2020 (ytd)
7.06%

FY 2019 (total)
16.48%

Public Information / City Clerk



CITY OF PEACHTREE CITY
CASH BALANCES



Note: pattern filled columns are projections based on historical data

Other Funds include Special Revenue Funds, Capital Projects Funds, Debt Service, SPLOST, and Enterprise Funds (Stormwater & Amphitheater), and Agency Funds (Municipal Court & FSA)

**CITY OF PEACHTREE CITY
QUARTERLY REPORT
GENERAL FUND AND HOTEL/MOTEL TAX FUND
BUDGET COMPARISON (UNAUDITED)
FOR THE SECOND QUARTER
ENDED MARCH 31, 2020**

PERCENTAGE OF BUDGET YEAR COMPLETED 50.0% (ACTUAL TRANSACTIONS STILL PENDING)

GENERAL FUND REVENUES BY MAJOR CATEGORIES				
Description	2020 Budget	YTD Actual	Dollar Difference	Percentage To-Date
General Property Taxes	\$ 16,730,854	\$ 16,073,346	\$ (657,508)	96.07%
Franchise Taxes	2,763,378	2,466,632	(296,746)	89.26%
Local Option Sales Tax	8,408,267	4,108,029	(4,300,238)	48.86%
Other Sales & Use Taxes	881,030	456,118	(424,912)	51.77%
Business Taxes	3,096,034	3,172,356	76,322	102.47%
Licenses & Permits	1,694,403	1,136,161	(558,242)	67.05%
Intergovernmental/Grants	683,575	506,834	(176,741)	74.14%
Charges for Services	1,466,295	681,283	(785,012)	46.46%
EMS Billings	1,075,845	578,822	(497,023)	53.80%
Fines & Forfeitures	889,610	444,849	(444,761)	50.00%
Investment Income	273,000	160,045	(112,955)	58.62%
Other Revenue	199,222	75,157	(124,065)	37.73%
Other Financing Sources	652,394	293,335	(359,059)	44.96%
Total General Fund Revenues	\$ 38,813,907	\$ 30,152,967	\$ (8,660,940)	77.69%
Surplus Carryover	1,360,798			
Total General Fund	\$ 40,174,705			

GENERAL FUND EXPENDITURES BY DIVISION AND/OR TYPE				
Division and/or Type	2020 Budget	YTD Actual	Dollar Difference	Percentage To-Date
Executive Services	\$ 822,518	\$ 290,037	\$ 532,481	35.26%
Administrative Services	2,089,174	928,840	1,160,334	44.46%
Financial Services	2,422,827	1,243,205	1,179,622	51.31%
Police Services	7,628,619	3,861,079	3,767,540	50.61%
Fire/EMS Services	8,500,666	4,099,901	4,400,765	48.23%
Public Works/Building Maint./Engineering	7,325,605	2,497,968	4,827,637	34.10%
Planning & Development/Code Enforcement	1,453,860	632,724	821,136	43.52%
Recreation & Special Events/Ground Maint.	5,071,433	2,223,842	2,847,591	43.85%
Non-Divisional:				
Unemployment Insurance	20,000	-	20,000	0.00%
Non-Profit Organizations	25,000	25,000	-	100.00%
Transfer to Airport Authority	73,950	38,250	35,700	51.72%
Transfer to Keep PTC Beautiful	6,430	-	6,430	0.00%
Transfers to Other Funds	4,674,780	3,371,728	1,303,052	72.13%
Liability Insurance	113,163	65,100	48,063	57.53%
Litigation Services	214,578	56,522	158,056	26.34%
Contingency - Facilities Maintenance	150,000	-	150,000	0.00%
Operating Transfer to Fund 276	-	-	-	0.00%
General Administration/Miscellaneous	460,925	35	460,890	0.01%
	5,738,826	3,556,635	2,182,191	
Budgeted Savings	(878,823)	-	(878,823)	0.00%
Total General Fund	\$ 40,174,705	\$ 19,334,231	\$ 17,992,883	48.13%

HOTEL/MOTEL FUND REVENUES				
Description	2020 Budget	YTD Actual	Dollar Difference	Percentage To-Date
Total Hotel/Motel Taxes	\$ 1,704,649	\$ 782,020	\$ (922,629)	45.88%
Total Hotel/Motel Taxes TPD	\$ 259,622	\$ 136,099	\$ (123,523)	52.42%

HOTEL/MOTEL TRANSFERS OUT				
Type	2020 Budget	YTD Actual	Dollar Difference	Percentage To-Date
Transfer to General Fund	\$ 639,243	\$ 272,198	\$ 367,045	42.58%
Transfer to Tourism Association	745,784	317,564	428,220	42.58%
Transfer to Amphitheater Fund	60,000	-	60,000	0.00%
Transfer to Hotel/Motel - TPD Fund	259,622	136,099	123,523	52.42%
Total Hotel/Motel Transfers Out	\$ 1,704,649	\$ 725,861	\$ 855,265	42.58%

**CITY OF PEACHTREE CITY
FINANCIAL SERVICES
QUARTERLY REPORT
(UNAUDITED)
AS OF MARCH 31, 2020**

**SUMMARY OF PURCHASE ORDERS ISSUED OVER \$10,000 APPROVED BY CITY MANAGER
JANUARY - MARCH 2020**

Description	Vendor	Award	Date
Restroom Floors Downstairs CTH	McDonough Refinishers	\$ 18,120.00	2/10/2020
Concept Plan Huddleston/54 Improvements	Integrated Sciencem& Eng.	13,100.00	3/16/2020
Lake Peachtree Bridge Design Deveopement	Kiewit Engineering	34,764.30	3/16/2020

PURCHASING REPORT
FOR QUARTER ENDED JANUARY 31, 2020 AND MARCH 31, 2020

Activity	Fiscal Year 2020	Fiscal Year 2019
Purchase Orders / Requisitions Processed	719	795
Sealed Bids Requested	1	2
Requests for Proposals	1	1
Bids Awarded	1	1
Requests for Proposals Awarded	0	0
Contracts Prepared	0	2
Electronic Auction	67	0
Fixed Assets Purchases	9	9
Additional Camera Install - Recreation		
Cisco Equipment for Basement Remodel		
Easement for New Cartpath		
Mini Skid Steer		
F350 Dumping Stake Bed		
Meraki License Enterprise		
R Cuts Dan Lakly & Governor's Square		
Amphitheater Sound and Lighting Installation		
Floor Scrubber for Kedron Gym Floor		

CITY OF PEACHTREE CITY
DONATIONS RECEIVED
QUARTERLY REPORT
AS OF MARCH 31, 2020

Cert Members	CERT Donation	375.00
South-Tree Enterprises	Tree Fund	8,125.00
TOTAL FOR FIRST QUARTER ENDED 12/31/2019		<u>\$ 8,500.00</u>

CITY OF PEACHTREE CITY
LITIGATION SERVICES
FISCAL YEAR 2020 - QUARTERLY REPORT
PAID AS OF March 31,2020

Litigation Services (100-1505-579130)

Vendor	Month Paid	Project	Amount
GIRMA	October	Accident	\$ 5,000.00
GIRMA	November	Accident	471.22
GIRMA	January	EEOC Claim	360.00
GIRMA	February	Legal Claim	14,882.25
GIRMA	February	Accident	3,627.71
GIRMA	March	EEOC Claim	378.00
			\$ 24,719.18
SUMNER/MEEKER	October	PTC Holdings	\$ 1,584.00
SUMNER/MEEKER	October	Dufresne	3,755.56
SUMNER/MEEKER	October	Eatherton	224.00
SUMNER/MEEKER	October	Brienza	544.00
SUMNER/MEEKER	October	Burke	384.00
SUMNER/MEEKER	October	Lewis	672.00
SUMNER/MEEKER	October	Sluder	192.00
SUMNER/MEEKER	October	Suburban Land	1,264.00
SUMNER/MEEKER	November	FCBOE	1,472.00
SUMNER/MEEKER	November	Dufresne	2,528.00
SUMNER/MEEKER	November	Eatherton	288.00
SUMNER/MEEKER	November	Brienza	160.00
SUMNER/MEEKER	November	Burke	224.00
SUMNER/MEEKER	November	Sluder	240.00
SUMNER/MEEKER	November	Suburban Land	848.00
SUMNER/MEEKER	January	BOE	336.00
SUMNER/MEEKER	January	Dufresne	2,751.56
SUMNER/MEEKER	January	Brienza	320.00
SUMNER/MEEKER	January	Suburban Land	1,616.00
SUMNER/MEEKER	February	PTC Holdings	1,232.00
SUMNER/MEEKER	February	Dufresne	816.00
SUMNER/MEEKER	February	Brienza	240.00
SUMNER/MEEKER	February	Burke	752.00
SUMNER/MEEKER	February	Suburban Land	1,680.00
SUMNER/MEEKER	March	PTC Holdings	640.00
SUMNER/MEEKER	March	Dufresne	4,331.84
SUMNER/MEEKER	March	Eatherton	624.00
SUMNER/MEEKER	March	Brienza	128.00
SUMNER/MEEKER	March	Burke	576.00
SUMNER/MEEKER	March	Suburban Land	880.00
			\$ 31,302.96

Litigation Services (100-1505-579130)

<u>Vendor</u>	<u>Month Paid</u>	<u>Project</u>	<u>Amount</u>
FAYETTE COUNTY LAND TITLE, INC.	November	Title Search	\$ 500.00

Total Litigation Services to Date			\$ 56,522.14
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January - March 2020			\$ 36,171.36
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**FY2020 QUARTERLY REPORT
LIBRARY**

ACTIVITY DESCRIPTION	UNIT	October	November	December	January	February	March	April	May	June	July	August	September	FY2020 YEAR-TO-DATE	FY2019 YEAR-TO-DATE
Items - Acquired	Num.	426	393	399	298	341	229							2,086	2,520
Items - Circulated	Num.	30,224	24,497	24,973	27,401	29,217	17,462							153,774	168,475
Items - Loaned to Other Libraries	Num.	1,349	1,028	1,191	1,300	1,271	674							6,813	7,099
Items - Borrowed From Other Libraries	Num.	2,249	1,903	1,763	3,042	2,456	1,289							12,702	12,970
Class Visits	Num.	0	2	0	3	2	0							7	9
Group Meetings	Num.	57	55	27	45	31	32							247	252
Monthly Traffic	Num.	16,304	12,409	12,011	14,214	15,181	7,663							77,782	89,910
Children's Programs Number of Participants	Num. Num.	35 2,213	21 430	13 426	19 451	28 827	9 171							125 4,518	114 3,701
Adult Programs Number of Participants	Num. Num.	11 169	9 121	9 123	12 141	14 231	5 72							60 857	35 388
Revenue from Overdue Book	Dls.	1,774	1,867	1,495	1,940	1,954	1,259							10,289	19,453
Revenue from Copies Made	Dls.	622	553	140	745	614	243							2,917	2,954
Reference Assistance	Num.	1,846	1,353	1,464	1,583	1,646	860							8,752	10,803
Exams Proctored Revenue from Proctoring	Num. Dls.	29 420	18 270	30 450	14 210	28 370	11 150							130 1,870	134 1,740
Internet Usage	Num.	1,152	955	981	1,146	1,182	601							6,017	7,245
Wireless Usage	Num.	5,440	4,592	4,412	4,853	4,853	3,324							27,474	29,712
Volunteers Number of Hours Worked	Num. Num.	43 299	40 276	42 246	44 324	43 266	N/A N/A							212 1,411	231 1,381
Digital Downloads	Num.	4,198	4,085	3,842	5,045	5,508	4,824							27,502	21,791
Electronic Reference Access (Excluding GALILEO)	Num.	171	198	173	902	1,073	279							2,796	2,497

Closed to public 3/16 at 5 p.m. Staff undertaking massive inventory and weeding project during closure. Setting up new platform for online summer reading program, Beanstack.

PEACHTREE CITY POLICE DEPARTMENT
2020 QUARTERLY REPORT

	2020		2019	
	Calendar Year to Date		Calendar Year to Date	
	1st Qtr 2020	1st Qtr 2019		
	January-March	January-March		
<u>TOTAL PART I CRIMES</u>	119	141	119	141
CRIMINAL HOMICIDE	0	0	0	0
FORCIBLE RAPE	4	0	4	0
ROBBERY	1	1	1	1
AGGRAVATED ASSAULT	1	0	1	0
ARSON	1	0	1	0
MOTOR VEHICLE THEFT	4	6	4	6
LARCENY - THEFT (SHOPLIFTING, ENTERING AUTOS, ETC)	101	131	101	131
BURGLARY	7	3	7	3
 <u>DUI ARRESTS</u>	 31	 19	 31	 19
 DRUG ARRESTS: Marijuana, Methamphetamine, Cocaine, Other				
 TOTAL DRUG ARRESTS	 35	 52	 35	 52
 <u>OTHER ARRESTS</u>				
 PROPERTY CRIMES	 49	 44	 49	 44
PERSON CRIMES	13	12	13	12
TRAFFIC OFFENSES	41	57	41	57
OTHER	56	57	56	57
 <u>CALLS FOR SERVICE</u>	 24960**	 11,556	 24,960	 11,556
**Calls for service include logged security checks and directed patrol in SSI				
 <u>TRAFFIC</u>				
 CITATIONS ISSUED	 1,792	 1,530	 1,792	 1,530
CITY ORDINANCES	47	66	47	66
WARNINGS	3,184	2,691	3,184	2,691
ROADWAY CRASHES	209	197	209	197

TOP 10 ACCIDENT LOCATIONS 2020

	MONTH		YTD
HWY 54 / MCDUFF	8	HWY 54 / HWY 74	16
HWY 54 / PLANTERRA WAY	4	HWY 54 / PLANTERRA WAY	11
HWY 54 / PEACHTREE PKWY	3	HWY 54 / MCDUFF	11
HWY 74 / PASCHAL	3	HWY 74 / HOLLY GROVE	10
HWY 74 / KELLY DR	3	HWY 54 / PEACHTREE PKWY	9
HWY 74 / HOLLY GROVE	3	HWY 54 / MARKETPLACE	6
		HWY 74 / KELLY	6
		HWY 54 / WALT BANKS RD	5
		HWY 54 / ROBINSON RD	5
		HWY 74 / CROSSTOWN	4

CITY OF PEACHTREE CITY

RECREATION & SPECIAL EVENTS REVENUE

AS OF March 31, 2020

WITH COMPARISONS TO March FY2017 FY2018 & FY2019

Percent of budget year completed to date:

50%

	ACTUAL THRU March			ORIGINAL BUDGET	BUD ADJ.	CURRENT BUDGET	ACTUAL THRU March	% Collected To Date
	FY 2017	FY 2018	FY 2019	FY 2020		FY 2020	FY2020	
RECREATION REVENUE								
County Operating Grant	57,000	57,000	75,000	150,000		150,000	75,000	50.00%
Events	2,860	1,895	2,811	3,000		3,000	1,090	36.33%
Sponsors	1,500	1,250	1,500	500		500	1,750	350.00%
Program Fees - Recreation	56,206	58,994	54,793	139,412	-	139,412	52,601	37.73%
Program Fees - Kedron	58,142	53,852	46,981	232,894		232,894	27,403	11.77%
Program Fees - Kedron Open Gym	11,426	12,838	12,761	25,224	-	25,224	3,669	14.55%
Program Fees- Athletic Tournaments	3,850	2,530	1,960	17,500		17,500	7,280	41.60%
Facility Maintenance Rec.- Athletic Assoc.	82,067	51,021	28,548	75,000	-	75,000	103,809	138.41%
Facility Maintenance Ked- Athletic Assoc.	8,963	11,923	7,993	25,475	-	25,475	24,512	96.22%
Facility Rental- Tennis Center	12,000	23,905	22,423	33,905		33,905	28,302	83.47%
Facility Rental - Recreation	1,735	4,818	2,089	8,381		8,381	2,829	33.75%
Facility Rental - Kedron	13,857	12,186	8,412	12,848	-	12,848	3,001	23.36%
Program Fees - Pool Fees/Passes Kedron	26,379	24,194	23,746	94,014	-	94,014	23,939	25.46%
Program Fees - Kedron Swim Teams	24,768	36,740	30,663	72,458		72,458	15,953	22.02%
Program Fees - Kedron Swim Lessons	3,772	7,214	9,120	17,929	-	17,929	7,014	39.12%
Program Fees - Rec Pool Revenue Glenloch	-	280	63	6,500		6,500	-	0.00%
	\$ 364,525	\$ 360,640	\$ 328,863	\$ 915,040	\$ -	\$ 915,040	\$ 378,152	41.33%

Special Events- Jan: Frostbite 5K (100), **Feb:** Kedron 5K (100), Patriot Run (100), Father Daughter Dance (250) **March:** Oak Grove 5K (150)
 Draft on Drake - Canceled

Recreation: Glenloch program enrollments 187, Kedron program enrollments 335

Tournaments Notes: NA

Amphitheater; NA

Note: Rec. Athletic association fees includes \$35,000 payment by Soccer Association before the season was stopped for Covid-19.

2020 PEACHTREE CITY AIRPORT AUTHORITY ATTENDANCE RECORD

April 9, 2020

Report Date: Month Year

Name & Date of Appointment	# of Meetings Member Eligible to Attend	# Meetings Attended	# Meetings Absent	Meeting Dates Absent	Percentage Attendance
Kevin Lund, Chairman <i>1/1/2019 - 12/31/2023</i>	3	3			100%
Judge S. Charles Murray, Vice-Chairman <i>2/14/2018 - 12/31/2020</i>	3	3			100%
Tom Lacy <i>1/1/2017 - 12/31/2021</i>	3	3			100%
Allen Morrison' Secretary/Treasurer <i>1/1/2018 - 12/31/2022</i>	3	2		February 20, 2020	67%
Max Braun <i>1/1/2019 - 12/31/2023</i>	3	3			100%
Greg Garmon, Alternate <i>3/6/2020 - 12/31/2020</i>	1	1			100%



**CITY COUNCIL OF PEACHTREE CITY
REGULAR MEETING AGENDA
MAY 21, 2020
6:30 p.m.**

**Peachtree City
Mayor & City Council**
Vanessa Fleisch, Mayor
Phil Prebor – Post 1
Mike King – Post 2
Kevin Madden – Post 3
Terry Ernst – Post 4

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- II. Pledge of Allegiance
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Recognize Employee of the Month – Jonathan Hannah, Public Works
- IV. Public Comment
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05-20-01 Public Hearing – Variance Request, 110 Sweetgum
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*****A Retreat Workshop will begin after the regular meeting adjourns. The purpose of the workshop is to discuss the Economic Impact of Corona Virus Pandemic and FY 2021 Priority-based Budgeting**

**City Council of Peachtree City
Meeting Minutes
Tuesday, April 7, 2020
6:30 p.m.**

The Mayor and Council of Peachtree City met in a special called meeting on Tuesday, April 7, 2020. Mayor Vanessa Fleisch called the meeting to order at 6:30 p.m. Others attending: Terry Ernst, Mike King, Kevin Madden, and Phil Prebor.

Announcements, Awards, Special Recognition

The Mayor noted this was the City's first "virtual" meeting. She encouraged everyone to continue to follow the guidelines for staying at home during this time.

Minutes

King moved to approve the March 5, 2020, regular meeting minutes as written. Madden seconded. Motion carried unanimously.

Consent Agenda

1. Appoint Debbie Britt to city position on the Fayette County Board of Health

Prebor moved to approve Consent Agenda item 1. Ernst seconded. Motion carried unanimously.

New Agenda Items

1. Intergovernmental Agreement for Road Resurfacing between Town of Tyrone, City of Peachtree City, City of Fayetteville and Fayette County

City Manager Jon Rorie said the City had been working with the County to include some of its larger resurfacing projects in the Atlanta Regional Commission's (ARC) Transportation Improvement Plan (TIP) for federal funding. Federal funding had been approved for this project, and it had been put out to bid.

Local municipal governments would have to sign an intergovernmental agreement (IGA) that outlined funding, roles, and responsibilities. The IGA listed nine miles of Peachtree City collector roads, which covered both Peachtree Parkway and Robinson Road from SR 54 south to the city limits. The City's financial commitment would be about \$1.24 million, and Rorie noted they had \$1.8 million in the General Fund budget for repaving projects.

Madden asked if they would be resurfacing Robinson Road before the new middle school was built in the area. Rorie said they would.

City Engineer Dave Borkowski noted that Robinson Road would not require full-depth reclamation (FDR). It needed milling, patching and paving.

King moved to approve the IGA for road resurfacing in an amount between \$1.24 million and \$1.8 million.

Ernst questioned the use of those figures.

King withdrew the motion and moved to approve the IGA for road resurfacing in an amount no more than \$1.8 million. Madden seconded. The motion carried unanimously.

2. Interim Appointment of City Clerk

Rorie noted the City Clerk position was vacant, and it was Council's duty to appoint an interim clerk. He recommended the City Manager serve in a dual role on a temporary basis.

Ernst moved to approve the appointment of the City Manager as interim City Clerk. King seconded. Motion carried unanimously.

There being no further business to discuss, Prebor moved to adjourn at 6:41 p.m. Madden seconded. Motion carried unanimously.

Martha Barksdale, Recording Secretary

Vanessa Fleisch, Mayor

CITY OF PEACHTREE CITY

INTEROFFICE MEMORANDUM

TO: Mayor and Council

FROM: Jonathan N. Rorie, City Manager 

DATE: May 11, 2020

SUBJECT: Non-Profit Funding Request – Fayette County Council on Domestic Violence (aka: Promise Place)
May 21, 2020 Consent Agenda - City Council Meeting

Recommendation:

Approve the FY2021 non-profit funding request for Promise Place.

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 provide. These services meet the basic needs of some of our residents who are victims of domestic violence, including emergency shelter, crisis service, support groups, legal advocacy, and a teen dating violence prevention program at McIntosh High School and J.C. Booth Middle School. Promise Place serves 2,205 clients annually with 69 (not including immediate family) 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 2021 budget, pending Council approval of the request.

Attachment (s)

**Funding Request
For Non-Profit Organizations****Organization Information:**

Organization Name: Fayette County Council on Domestic Violence
Address: PO Box 854, Fayetteville Ga 30214
Phone #: 706/461-3839 ext 152 Fax #: _____
Contact Person: Vanessa Wilkins
Title: Executive Director

Financial Information:

Total Annual Budget: \$1,012,916.00
Total Clients Served Annually: 2,265
Peachtree City Residents Served Annually: 69 (not incl. immediate family)

Funding Request Information:

Funding Amount Requested: \$10,000
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 PTC. We also provide legal advocacy and a teen dating violence prevention program at McIntosh High and JC Booth Middle.

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:** _____



April 5th, 2020

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 2019, Promise Place provided intervention services to 2,205 victims of domestic violence. Of those clients, 255 were Fayette county residents with 69 clients residing in Peachtree City. In addition, Promise Place provided shelter to 11 women and 15 children from Peachtree City. 73 victims of domestic violence were provided legal advocacy in Fayette county with 45 of these residing in Peachtree City. Our Teen Dating Violence Prevention program reached 2,477 students and our domestic violence awareness events were presented to 584 community members.

<u>Prevention/Awareness Services</u>	<u>Participants</u>	<u>No. of PTC</u>
Teen Dating Violence Prevention Program	5,035	2,477
Community Awareness Presentations	2,151	584

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 2019, Promise Place received a total of 1,588 calls to our emergency hotline. 67 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



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 FY2021 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,

A handwritten signature in blue ink, appearing to read 'Vanessa Wilkins', is written over a horizontal line.

Vanessa Wilkins
Executive Director

Form

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

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

◆ Do not enter social security numbers on this form as it may be made public.

◆ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018**Open to Public Inspection****A** For the 2018 calendar year, or tax year beginning 07/01/18, and ending 06/30/19**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

E Telephone number

770-461-3839

G Gross receipts \$ 1,065,728**F** Name and address of principal officer:

NICK RIDER

200 GALLERIA PKWY SE

ATLANTA

GA 30339

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.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	6
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	6
	5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	40
Revenue	6 Total number of volunteers (estimate if necessary)	6	0
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
Expenses	b Net unrelated business taxable income from Form 990-T, line 38	7b	0
	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	562,541	611,824
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	200,024	436,791
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	76,666	17,113
	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	839,231	1,065,728
	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)	526,184	627,383
Net Assets or Fund Balances	b Total fundraising expenses (Part IX, column (D), line 25) ◆		0
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,873	
	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	267,100	329,528
	19 Revenue less expenses. Subtract line 18 from line 12	793,284	956,911
		45,947	108,817
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)	556,985	657,036
	22 Net assets or fund balances. Subtract line 21 from line 20	302,194	293,428
		254,791	363,608

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			
	NICK RIDER	CHAIR			
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
	JOHN R MUNDY, CPA	JOHN R MUNDY, CPA	11/07/19		P00325949
	Firm's name " Mundy & Company, LLC	Firm's EIN " 48-1289088			
	Firm's address " PO Box 2929 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.

DAA

Form **990** (2018)

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 \$ 202,366 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 \$ N/A including grants of \$) (Revenue \$)

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

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

(Expenses \$ 669,029 including grants of \$) (Revenue \$)

4e Total program service expenses ◆ 871,395

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	☒	☐
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	☒	☐
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	☐	☒
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	☐	☒
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	☐	☒
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	☐	☒
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	☐	☒
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	☐	☒
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	☐	☒
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	☐	☒
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	☒	☐
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	☐	☒
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	☐	☒
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	☒	☐
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part 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	☐	☒
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	☒	☐
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	☐	☒
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	☐	☒
14a Did the organization maintain an office, employees, or agents outside of the United States?	☐	☒
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	☐	☒
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	☐	☒
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	☐	☒
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)	☐	☒
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	☒	☐
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	☐	☒
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	☐	☒
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	☐	☒

Form 990 (2018) **FAYETTE COUNTY COUNCIL ON DOMESTIC** 58-1826445Page **4****Part IV Checklist of Required Schedules (continued)**

	Yes	No
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? <i>If "Yes," complete Schedule I, Parts I and III</i>		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? <i>If "Yes," complete Schedule J</i>		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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d 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? <i>If "Yes," complete Schedule L, Part I</i>		X
25b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		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? <i>If "Yes," complete Schedule L, Part II</i>		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? <i>If "Yes," complete Schedule L, Part III</i>		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):		
28a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
28b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
28c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		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? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
35b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		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? <i>If "Yes," complete Schedule R, Part VI</i>		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	0	
1b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0	
1c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		X

Form 990 (2018) **FAYETTE COUNTY COUNCIL ON DOMESTIC 58-1826445**Page **5****Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)**

		Yes	No
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 40		
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?	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	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X

Form **990** (2018)

Form 990 (2018) **FAYETTE COUNTY COUNCIL ON DOMESTIC** 58-1826445Page **6**

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	1b	2	3	4	5	6	7a	7b	8a	8b	9	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.	6													
b Enter the number of voting members included in line 1a, above, who are independent		6												
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?														
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?														
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?														
5 Did the organization become aware during the year of a significant diversion of the organization's assets?														
6 Did the organization have members or stockholders?														
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?														
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?														
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:														
a The governing body?														
b Each committee with authority to act on behalf of the governing body?														
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														

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

	10a	10b	11a	11b	12a	12b	12c	13	14	15a	15b	16a	16b	Yes	No
10a Did the organization have local chapters, branches, or affiliates?															
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?															
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?															
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															
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?															
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done															
13 Did the organization have a written whistleblower policy?															
14 Did the organization have a written document retention and destruction policy?															
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															
b Other officers or key employees of the organization															
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?															
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 (1024 or 1024-A 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 ☒
 VANESSA WILKINS
 P.O. BOX 854
 FAYETTEVILLE GA 30214 770-461-3839

Form 990 (2018) FAYETTE COUNTY COUNCIL ON DOMESTIC 58-1826445

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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) BEN COKER	3.00									
DIRECTOR	0.00	X						0	0	0
(2) MONICA LACOURLY	3.00									
DIRECTOR	0.00	X						0	0	0
(3) VENIS SIMS	3.00									
SECRETARY	0.00	X		X				0	0	0
(4) HEATHER ISON	3.00									
TREASURER	0.00	X		X				0	0	0
(5) ELIZABETH BOWMAN	3.00									
DIRECTOR	0.00	X						0	0	0
(6) NICK RIDER	3.00									
CHAIR	0.00	X		X				0	0	0
(7)										
(8)										
(9)										
(10)										
(11)										

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

[illegible]

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

		Yes	No
3	Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	X
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? <i>If "Yes," complete Schedule J for such individual</i>	4	X
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ♦	0	

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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 611,824				
	f All other contributions, gifts, grants, and similar amounts not included above	1f				
	g Noncash contributions included in lines 1a-1f: \$	38,241				
h Total. Add lines 1a-1f			611,824			
Program Service Revenue	2a PRIVATE GRANTS		Busn. Code	136,816	136,816	
	b CONTRIBUTIONS			103,975	103,975	
	c RIBBONS OF HOPE			100,000	100,000	
	d FAYETTE THRIFT SHOP			96,000	96,000	
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f			436,791		
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)					
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross rents		(i) Real (ii) Personal			
	b Less: rental exps.					
	c Rental inc. or (loss)					
	d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory		(i) Securities (ii) Other			
	b Less: cost or other basis & sales exps.					
	c Gain or (loss)					
	d Net gain or (loss)					
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18		a 17,113			
	b Less: direct expenses		b			
	c Net income or (loss) from fundraising events			17,113		
	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						
b						
c						
d All other revenue						
e Total. Add lines 11a-11d						
12 Total revenue. See instructions.			1,065,728	436,791	0	0

Form 990 (2018) **FAYETTE COUNTY COUNCIL ON DOMESTIC 58-1826445**Page **10****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				
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	512,874	461,587	51,287	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	68,664	50,820	17,844	
10 Payroll taxes	45,845	41,261	4,584	
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.)	13,970	13,970		
12 Advertising and promotion	7,450	7,450		
13 Office expenses	14,004	9,705	2,426	1,873
14 Information technology				
15 Royalties				
16 Occupancy	8,500	8,500		
17 Travel	17,087	17,087		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	3,131	3,131		
20 Interest	15,664	13,315	2,349	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	36,240	34,797	1,443	
23 Insurance	18,752	16,876	1,876	
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	99,940	99,940		
b UTILITIES	36,067	36,067		
c FOOD & HOUSE SUPPLIES	21,979	21,979		
d REPAIRS & MAINTENANCE	18,888	17,944	944	
e All other expenses	13,356	12,466	890	
25 Total functional expenses. Add lines 1 through 24e	956,911	871,395	83,643	1,873
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)				

Form 990 (2018) FAYETTE COUNTY COUNCIL ON DOMESTIC 58-1826445

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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	18,530	1	29,491
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	93,837	3	62,724
	4 Accounts receivable, net	1,557	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	1,369	9	1,431
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 871,139		
	b Less: accumulated depreciation	10b 366,908	441,392	10c 504,231
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	300	15	59,159
16 Total assets. Add lines 1 through 15 (must equal line 34)	556,985	16	657,036	
Liabilities	17 Accounts payable and accrued expenses	51,558	17	53,602
	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	250,636	23	239,826
	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	302,194	26	293,428
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	254,791	27	304,749
	28 Temporarily restricted net assets		28	58,859
	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	254,791	33	363,608	
34 Total liabilities and net assets/fund balances	556,985	34	657,036	

Form 990 (2018)

Form 990 (2018) **FAYETTE COUNTY COUNCIL ON DOMESTIC** 58-1826445Page **12****Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,065,728
2	Total expenses (must equal Part IX, column (A), line 25)	2	956,911
3	Revenue less expenses. Subtract line 2 from line 1	3	108,817
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	254,791
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	363,608

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.		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

Form **990** (2018)

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.

◆ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018Open to Public
InspectionName 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 12, 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 agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10 ☐ 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.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 ☐ 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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- 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 1–10 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.

Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018

FAYETTE COUNTY COUNCIL ON DOMESTIC 58-1826445

Page 2

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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	528,393	487,495	680,817	562,541	611,824	2,871,070
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	528,393	487,495	680,817	562,541	611,824	2,871,070
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						2,871,070

Section B. Total Support

Calendar year (or fiscal year beginning in) ◆	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4	528,393	487,495	680,817	562,541	611,824	2,871,070
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						2,871,070
12 Gross receipts from related activities, etc. (see instructions)					12	730,594
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 2018 (line 6, column (f) divided by line 11, column (f))	14	100.00 %
15 Public support percentage from 2017 Schedule A, Part II, line 14	15	100.00 %
16a 33 1/3% support test—2018. 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—2017. 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—2018. 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—2017. 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 ☐		

Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018

FAYETTE COUNTY COUNCIL ON DOMESTIC 58-1826445

Page 3

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

(Complete only if you checked the box on line 10 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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 2018 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	%
19a 33 1/3% support tests—2018. 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—2017. 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 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d 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? <i>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.</i>	1	
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>	2	
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>	3a	
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>	3b	
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>	3c	
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>	4a	
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>	4b	
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)? <i>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.</i>	4c	
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>	5a	
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?	5b	
c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	
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? <i>If "Yes," provide detail in Part VI.</i>	6	
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	7	
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	8	
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))? <i>If "Yes," provide detail in Part VI.</i>	9a	
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? <i>If "Yes," provide detail in Part VI.</i>	9b	
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? <i>If "Yes," provide detail in Part VI.</i>	9c	
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)? <i>If "Yes," answer 10b below.</i>	10a	
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>	10b	

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.

- 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		

Schedule A (Form 990 or 990-EZ) 2018

FAYETTE COUNTY COUNCIL ON DOMESTIC 58-1826445

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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 (explain in Part VI). 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).		

Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018

FAYETTE COUNTY COUNCIL ON DOMESTIC 58-1826445

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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 2018 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-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
b From 2014			
c From 2015			
d From 2016			
e From 2017			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

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**◆ Attach to Form 990, Form 990-EZ, or Form 990-PF.
◆ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

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 (entering "N/A" in column (b) instead of the contributor name and address), 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. Don't 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 isn't covered by the General Rule and/or the Special Rules doesn't 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 doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Page 1 of 1

Page 2

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	\$ 96,000	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	PANASONIC CORP. OF NORTH AMERICA HIGHWAY 74 SOUTH PEACHTREE CITY GA 30269	\$ 10,000	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
5	UNITED WAY 40 COURTLAND ST., NE ATLANTA GA 30371	\$ 53,631	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
6	COWETA-FAYETTE EMC 807 COLLINSWORTH RD PALMETTO GA 30268	\$ 20,000	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

**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.

◆ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018Open 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 7/25/06, 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

Schedule D (Form 990) 2018 **FAYETTE COUNTY COUNCIL ON DOMESTIC 58-1826445**Page **2****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 Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f 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 ☐ 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		102,143		102,143
b Buildings		616,970		616,970
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.)				719,113

Schedule D (Form 990) 2018

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) RESTRICTED CASH	58,859
(2) DEPOSIT	300
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ♦	59,159

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	1,065,728
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	1,065,728
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	1,065,728

Part XII	Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.	5
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Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1 Total expenses and losses per audited financial statements		1	956,911
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	956,911
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	956,911

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)**Supplemental Information Regarding Fundraising or Gaming Activities**

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

OMB No. 1545-0047

2018Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

◆ Attach to Form 990 or Form 990-EZ.

◆ Go to www.irs.gov/Form990 for instructions and the latest information.

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**b** ☐ Internet and email solicitations**c** ☐ Phone solicitations**d** ☐ In-person solicitations**e** ☐ Solicitation of non-government grants**f** ☐ Solicitation of government grants**g** ☐ Special fundraising events**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 10 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.

Schedule G (Form 990 or 990-EZ) 2018

FAYETTE COUNTY COUNCIL ON DOMESTIC 58-1826445

Page 2

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	17,113			17,113
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)	17,113			17,113
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)				17,113	

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) 2018

FAYETTE COUNTY COUNCIL ON DOMESTIC 58-1826445

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

2018**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.
 ◆ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

FAYETTE COUNTY COUNCIL ON DOMESTIC
VIOLENCE, INC.

Employer identification number

58-1826445

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				
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				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ◆ ()	X	2	38,241	
26 Other ◆ ()				
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 isn't required to be used for exempt purposes for the entire holding period?

Yes No

30a 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 nonstandard contributions?

31 X

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

32a X

b If "Yes," describe in Part II.

33 If the organization didn't 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) 2018

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.

◆ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018**Open to Public
Inspection**Name of the organization FAYETTE COUNTY COUNCIL ON DOMESTIC
VIOLENCE, INC.Employer identification number
58-1826445

Form 990, Part I, Line 6

COMMUNITY VOLUNTEERS ARE UNPAID AND PROVIDE NEEDED SUPPORT FOR SERVICES.

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****Depreciation and Amortization**
(Including Information on Listed Property)

OMB No. 1545-0172

2018Attachment
Sequence No. **179**Department of the Treasury
Internal Revenue Service (99)

◆ Attach to your tax return.

◆ Go to www.irs.gov/Form4562 for instructions and the latest information.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	1,000,000
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	2,500,000
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 2017 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 don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2019. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.**Part II Special Depreciation Allowance and Other Depreciation (Don't 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	36,240

Part III MACRS Depreciation (Don't include listed property. See instructions.)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2018	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 2018 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			27.5 yrs.	MM	S/L	
			39 yrs.	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2018 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year			30 yrs.	MM	S/L	
d 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	36,240
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.

DAA

There are no amounts for Page 2

Form **4562** (2018)

58-1826445

Federal Asset Report

FYE: 6/30/2019

Form 990, Page 1

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	389	0
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	131,271	4,977
6	BUILDING - SHELTER	4/04/08	345,795			345,795	31 MO S/L	112,067	10,978
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	1,944	169
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	4,138	0
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	1,333	243
22	FURNITURE	7/01/91	9,792			9,792	5 MO S/L	9,792	0
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	443	0
28	COMPUTER & PRINTER	12/01/03	1,291			1,291	5 MO S/L	1,291	0
29	COMPUTER	10/14/05	708			708	5 MO S/L	708	0
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	737	134
38	NETBOOKS	9/05/14	600			600	5 MO S/L	460	120
39	COMPUTER SYSYEM	6/01/15	1,550			1,550	5 MO S/L	956	310
40	DELL COMPUTERS	9/12/14	1,258			1,258	5 MO S/L	964	252
41	WEB SITE	3/24/15	550			550	3 MO S/L	550	0
42	PROJECTOR	9/05/14	494			494	7 MO S/L	270	71
43	DESK	9/24/14	375			375	7 MO S/L	201	53
44	SEPTIC SYSTEM	12/30/14	4,740			4,740	39 MO S/L	425	122
45	HVAC	1/14/15	1,638			1,638	15 MO S/L	382	109
47	Furnace	1/11/16	1,648			1,648	15 MO S/L	275	110
48	Flooring & Renovation	11/24/15	1,725			1,725	39 MO S/L	114	44
49	(3) Computers with monitors	7/22/16	3,600			3,600	5 MO S/L	1,380	720
50	Desks & Hutch	9/22/16	598			598	7 MO S/L	149	86
51	Projector	10/14/16	742			742	7 MO S/L	186	106
52	Printer & Scanner	10/14/16	939			939	7 MO S/L	235	134
53	Stove Top	1/24/17	736			736	7 MO S/L	149	105
54	Driveway	6/09/17	19,090			19,090	15 MO S/L	1,379	1,272
55	Flooring	10/31/16	2,603			2,603	15 MO S/L	289	174
56	2018 CHEVROLET PASSENGER VAN	2/28/18	43,418			43,418	5 MO S/L	2,895	8,683
57	MODEM	12/14/17	102			102	5 MO S/L	12	20
58	COMPUTER	3/22/18	770			770	5 MO S/L	39	154
59	(2) COMPUTERS	7/19/17	942			942	5 MO S/L	173	188
60	SOFTWARE	10/13/17	157			157	3 MO S/L	39	53
61	COMPUTER SYSTEM	2/12/18	1,310			1,310	5 MO S/L	109	262
62	VINYL FLOORING	7/22/17	450			450	15 MO S/L	28	30
63	FLOORING	12/11/17	1,212			1,212	15 MO S/L	47	81
64	Furniture	5/28/19	747			747	7 MO S/L	0	9
65	Generator	7/30/18	21,276			21,276	7 MO S/L	0	2,786
66	Carpet for Trans. Housing	10/29/18	1,289			1,289	15 MO S/L	0	57
67	Computer System	8/24/18	6,522			6,522	5 MO S/L	0	1,087
68	(4) Computers	1/29/19	2,826			2,826	5 MO S/L	0	236
69	Evelyn Computer	1/29/19	707			707	5 MO S/L	0	59

58-1826445

Federal Asset Report

FYE: 6/30/2019

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
70	Computer System	6/26/19	503			503	5 MO S/L	0	0
71	Washer & Dryer	9/30/18	1,156			1,156	7 MO S/L	0	124
72	Freezer	10/02/18	2,675			2,675	7 MO S/L	0	287
73	Security System	10/11/18	8,547			8,547	7 MO S/L	0	916
74	Flooring	7/10/18	1,300			1,300	15 MO S/L	0	87
75	Bathroom Renovation	2/14/19	16,415			16,415	15 MO S/L	0	456
76	(4) HVAC	4/16/19	19,035			19,035	15 MO S/L	0	212
77	Custom Closet systems	1/09/19	6,185			6,185	39 MO S/L	0	79
81	Renovation	3/14/19	9,894			9,894	39 MO S/L	0	85
Total Other Depreciation			871,140			871,140		330,671	36,240
Total ACRS and Other Depreciation			871,140			871,140		330,671	36,240
Amortization:									
46	LOAN FEE	10/31/13	2,983			2,983	3 MO Amort	2,983	0
			2,983			2,983		2,983	0
Grand Totals			874,123			874,123		333,654	36,240
Less: Dispositions and Transfers			0			0		0	0
Less: Start-up/Org Expense			0			0		0	0
Net Grand Totals			874,123			874,123		333,654	36,240

Form 990	Event Income and Deduction Worksheet Description VARIOUS FUNDRAISERS	2018
Name FAYETTE COUNTY COUNCIL ON DOMESTIC		Taxpayer Identification Number 58-1826445

Use this worksheet to verify data entered for a specific activity on your form 990/990EZ

Income & Expense Summary:

1. Gross receipts or sales	1.	17,113
2. Advertising income	2.	
3. Circulation income	3.	
4. Other income	4.	
5. Returns and allowances	5.	
6. Contributions received	6.	
7. Total revenue. Add lines 1 through 6	7.	17,113
8. Cost of Goods Sold	8.	
9. Employment Expense	9.	
10. Fees for services	10.	
11. Indirect Expense	11.	1,873
12. Depreciation Expense	12.	
13. Exempt Activity Expense	13.	
14. Fundraising Expense	14.	
15. Total expenses. Add lines 8 through 14	15.	1,873
16. Net Income/Loss. Line 7 minus Line 15	16.	15,240

Expense Details - Cost of Goods Sold:

Beginning inventory	
Purchases	
Labor	
Section 263A costs	
Other costs	
Ending inventory	
Total Cost of Goods Sold	

Expense Details - Employment Expense:

Compensation of officers	
Other salaries and wages	
Pension plan contributions	
Other employee benefits	
Payroll taxes	
Total Employment Expense	

Expense Details - Fees for Services:

Management	
Legal	
Accounting	
Lobbying	
Professional fundraising	
Investment management	
Other	
Total Fees for Services	

Information is indicated for use on Form 990-T schedule:

- ☐ Schedule E
☐ Schedule F
☐ Schedule G
☐ Schedule I
☐ Schedule J

Expense Details - Indirect Expense:

Advertising and promotion	
Office	1,873
Printing/publication/postage	
Info technology/Maintenance	
Royalties & License Fees	
Occupancy/Real Estate Taxes	
Travel & Repairs	
Travel/entertainment (officials)	
Conferences/meetings	
Interest	
Insurance	
Total Indirect Expense	1,873

Expense Details - Depreciation Expense:

On investment property	
On non-investment property	
Amortization	
Depletion	
Total Depreciation Expense	

Expense Details - Exempt Activity Expense:

Repairs/Maintenance/Other	
Bad debts	
Taxes/licenses	
Charitable contributions	
Dividend recd deductions	
Readership costs	
Total Exempt Activity Expense	

Expense Details - Fundraising Expense:

Cash prizes	
Non-cash prizes	
Rent and facility costs	
Food & beverages (Part II only)	
Entertainment (Part II only)	
Other direct expenses	
Total Fundraising Expense	

Allocation of Expense to Program Service Accomplishments:

First	
Second	
Third	
All other	

CITY OF PEACHTREE CITY

INTEROFFICE MEMORANDUM

TO: Mayor and Council

FROM: Jonathan N. Rorie, City Manager 

DATE: May 11, 2020

SUBJECT: Non-Profit Funding Request – Fayette Senior Services
May 21, 2020 Consent Agenda - City Council Meeting

Recommendation:

Approve the FY2021 non-profit funding request for Fayette Senior Services.

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 transportation and personal care to residents of Fayette County. Fayette Senior Services served 957 clients last fiscal year with 312 (33%) of those clients being in Peachtree City.

Attached is the request for funding for the FY2020 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 services 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 FY2021 Budget, pending Council approval of this request.

Attachment (s)



April 28, 2020

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

RE: FY21 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, 2020 through June 30, 2021 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

Nancy Meaders
President & CEO



Funding Request For Non-Profit Organizations

Organization Information:

Organization Name: Fayette Senior Services, Inc.

Address: 4 Center Drive, Fayetteville, GA 30214

Phone #: 770-461-0813 Fax #: 770-461-2448

Contact Person: Nancy Meaders

Title: President and CEO

Financial Information:

Total Annual Budget: \$1,941,910

Total Clients Served Annually: 957

Peachtree City Residents Served Annually: 312 (33%)

Funding Request Information:

Funding Amount Requested: \$15,000

Funding Use(s): Social services (meals, non-emergency trans, & personal care)

Additional Information on Organization/Services: Fayette Senior Services, Inc. (FSS)
is a 501(c)3 non-profit agency who provides social services to Fayette County residents.
FSS is in our 40th year of operation.

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.

<i>Date</i>	<i>Council</i>	<i>Amount</i>
<i>Submitted:</i> _____	<i>Approval Date:</i> _____	<i>Approved:</i> _____

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

WORKLOAD INDICATORS FOR SOCIAL SVCS for City of Peachtree City	FY 2020	FY-2021 Projected
HOME DELIVERED MEALS		
Total Number of Meals Provided	17,007	17,540
Actual cost per unit of service	\$6.17	\$6.17
Number of clients	59	70
Total cost	\$104,920.00	\$108,222.00
CONGREGATE MEALS		
Total Number of Meals Provided	1,989	2,000
Cost per unit of service	\$14.77	\$14.77
Number of clients	10	11
Total Cost	\$ 29,378.00	\$ 29,540.00
PERSONNEL CARE		
Total number of hours of svc provided	579	579
Cost per unit of service	\$25.00	\$25.00
Number of clients	10	10
Total Cost	\$14,475.00	\$14,475.00
RESPIRE SERVICES		
Total number of hours of svc provided	321	321
Cost per unit of service	\$25.00	\$25.00
Number of clients	5	5
Total Cost	\$8,025.00	\$8,025.00
HOMEMAKER SERVICES		
Total number of hours of svc provided	422	422
Cost per unit of service	\$25.00	\$25.00
Number of clients	17	17
Total Cost	\$2,110.00	\$10,650.00
TRANSPORTATION		
Number of one-way trips	5,849	6,025
Cost per unit of service	\$22.03	\$22.03
Number of clients	211	225
Total Cost	\$128,853.00	\$132,731.00
Total cost for Basic Needs Services	\$ 182,841.00	\$ 195,421.00



October 17, 2019

CONFIDENTIAL

FAYETTE SENIOR SERVICES, INC.
4 CENTER DRIVE
FAYETTEVILLE, GA 30214

Dear Fayette Senior Services:

We have prepared the following returns from information provided by you without verification or audit.

Return of Organization Exempt From Income Tax (Form 990)

We suggest that you examine these returns carefully to fully acquaint yourself with all items contained therein to ensure that there are no omissions or misstatements.

Federal Filing Instructions

None is required. Your Form 990 for the year ended 6/30/19 shows no balance due.

Your return is being filed electronically with the IRS and is not required to be mailed. If you mail a paper copy of your return to the IRS it will delay the processing of your return. Your electronically filed return is not complete without your signature. You are using a Personal Identification Number (PIN) for signing your return electronically. Form 8879-EO, IRS e-file Signature Authorization for an Exempt Organization should be signed and dated by an authorized officer of the organization and returned as soon as possible to:

Brown, Nelms & Co., CPAs
101 World Drive, Suite 300
Peachtree City, GA 30269

Important: Your return will not be filed with the IRS until the signed Form 8879-EO has been received by this office. If previously signed and returned no further action is required.

Also enclosed is any material you furnished for use in preparing the returns. If the returns are examined, requests may be made for supporting documentation. Therefore, we recommend that you retain all pertinent records for at least seven years.

In order that we may properly advise you of tax considerations, please keep us informed

of any significant changes in your financial affairs or of any correspondence received from taxing authorities.

If you have any questions, or if we can be of assistance in any way, please call.

Sincerely,

Brown Nelms, CPAs

Form **8879-EO****IRS e-file Signature Authorization
for an Exempt Organization**

OMB No. 1545-1878

Department of the Treasury
Internal Revenue ServiceFor calendar year 2018, or fiscal year beginning 7/01, 2018, and ending 6/30, 20 19▶ **Do not send to the IRS. Keep for your records.**▶ **Go to www.irs.gov/Form8879EO for the latest information.****2018**

Name of exempt organization

FAYETTE SENIOR SERVICES, INC.

Employer identification number

58-1364158

Name and title of officer

NANCY MEADERS
PRESIDENT**Part I Type of Return and Return Information (Whole Dollars Only)**

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a**, **2a**, **3a**, **4a**, or **5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b**, **2b**, **3b**, **4b**, or **5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a Form 990 check here ▶ ☒	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b <u>1,872,988</u>
2a Form 990-EZ check here ▶ ☐	b Total revenue , if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here ▶ ☐	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here ▶ ☐	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here ▶ ☐	b Balance Due (Form 8868, line 3c)	5b _____

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2018 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

☒ I authorize Brown, Nelms & Co., CPAs to enter my PIN 12345 as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶

Date ▶ 10/31/19**Part III Certification and Authentication**

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

67227454321

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2018 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ David A. Nelms, C.P.A.Date ▶ 10/31/19**ERO Must Retain This Form — See Instructions****Do Not Submit This Form to the IRS Unless Requested To Do So**

For Paperwork Reduction Act Notice, see back of form.

Form **8879-EO** (2018)

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.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018
Open to Public
Inspection**A For the 2018 calendar year, or tax year beginning** 07/01/18 , **and ending** 06/30/19

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) Room/suite 4 CENTER DRIVE 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 \$ 1,874,543
F Name and address of principal officer: NANCY MEADERS		
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		

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)

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	14
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	14
	5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	49
	6 Total number of volunteers (estimate if necessary)	6	430
	7a Total unrelated business revenue from Part VIII, column (C), line 12		7a
b Net unrelated business taxable income from Form 990-T, line 38		7b	0
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 1,145,876	Current Year 1,351,601
	9 Program service revenue (Part VIII, line 2g)	549,130	499,432
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	22,831	21,567
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	16,938	388
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,734,775	1,872,988
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	
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)		843,843	866,795
16a Professional fundraising fees (Part IX, column (A), line 11e)			0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 37,739			
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)		882,393	888,912
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)		1,726,236	1,755,707
Net Assets or Fund Balances	19 Revenue less expenses. Subtract line 18 from line 12	8,539	117,281
	20 Total assets (Part X, line 16)	Beginning of Current Year 1,118,842	End of Year 1,240,242
	21 Total liabilities (Part X, line 26)	93,813	78,221
	22 Net assets or fund balances. Subtract line 21 from line 20	1,025,029	1,162,021

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 NANCY MEADERS	Date PRESIDENT			
	Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name David A. Nelms, C.P.A.	Preparer's signature David A. Nelms, C.P.A.	Date	Check ☐ if self-employed	PTIN P00400911
	Firm's name ▶ Brown, Nelms & Co., CPAs			Firm's EIN ▶ 58-1737336	
	Firm's address ▶ 101 World Drive, Suite 300 Peachtree City, GA 30269			Phone no. 770-461-5502	

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

For Paperwork Reduction Act Notice, see the separate instructions.

DAA

Form **990** (2018)

Form 990 (2018) FAYETTE SENIOR SERVICES, INC.

58-1364158

Page **2****Part III Statement of Program Service Accomplishments**Check 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 \$ 1,598,258 including grants of \$) (Revenue \$ 499,432)

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 \$)

N/A

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

N/A

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

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

4e Total program service expenses ► 1,598,258

Form 990 (2018) FAYETTE SENIOR SERVICES, INC.

58-1364158

Page 3

Part IV Checklist of Required Schedules

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

Form 990 (2018) **FAYETTE SENIOR SERVICES, INC.**

58-1364158

Page **4****Part IV Checklist of Required Schedules (continued)**

	Yes	No
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? <i>If "Yes," complete Schedule I, Parts I and III</i>		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? <i>If "Yes," complete Schedule J</i>		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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d 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? <i>If "Yes," complete Schedule L, Part I</i>		X
25b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		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? <i>If "Yes," complete Schedule L, Part II</i>		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? <i>If "Yes," complete Schedule L, Part III</i>		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):		
28a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
28b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
28c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		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? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
35b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		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? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

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

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

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Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
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 49		
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?	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	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X

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

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	14	
b Enter the number of voting members included in line 1a, above, who are independent	14	
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?		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?		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6 Did the organization have members or stockholders?		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?		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?		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	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		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	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?		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 (1024 or 1024-A 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
FAYETTEVILLE

4 CENTER DRIVE

GA 30214

770-461-0813

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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) BOB TRUITT	2.00									
CHAIRMAN	0.00	X						0	0	0
(2) JIM MCCULLOUGH	2.00									
VICE CHAIRMAN	0.00	X						0	0	0
(3) DAN VANO	2.00									
SECRETARY	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) REV. B.A. 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) BOB REEVES	2.00									
BOARD MEMBER	0.00	X						0	0	0
(9) CAROL DAVIS	2.00									
BOARD MEMBER	0.00	X						0	0	0
(10) MARTHA TEAL	2.00									
BOARD MEMBER	0.00	X						0	0	0
(11) SHARON BROOKS	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) DONNIE DAVIS	2.00									
BOARD MEMBER	0.00	X						0	0	0
(13) PAIGE MUH	2.00									
BOARD MEMBER	0.00	X						0	0	0
(14) STEPHEN CHILDS	2.00									
BOARD MEMEBER	0.00	X						0	0	0
(15) NANCY MEADERS	40.00									
PRESIDENT	0.00			X				88,163	0	0
1b Sub-total								88,163		
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								88,163		

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**

	Yes	No
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		X
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		X
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		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	140,517

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**

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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 30,665				
	d Related organizations	1d				
	e Government grants (contributions)	1e 1,112,739				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 208,197				
	g Noncash contributions included in lines 1a-1f: \$	43,777				
	h Total. Add lines 1a-1f		1,351,601			
Program Service Revenue	2a CENTER FEES	Busn. Code	406,378	406,378		
	b TRANSPORTATION		72,400	72,400		
	c CONGREGATE PROGRAM		16,507	16,507		
	d MULTI-PURPOSE BUILDING		3,770	3,770		
	e MISCELLANEOUS SERVICES		377	377		
	f All other program service revenue					
	g Total. Add lines 2a-2f		499,432			
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		16,822	16,822	
4 Income from investment of tax-exempt bond proceeds						
5 Royalties						
6a Gross rents		(i) Real (ii) Personal				
b Less: rental exps.						
c Rental inc. or (loss)						
d Net rental income or (loss)						
7a Gross amount from sales of assets other than inventory		(i) Securities (ii) Other				
b Less: cost or other basis & sales exps.						
c Gain or (loss)						
d Net gain or (loss)			4,745	4,745		
8a Gross income from fundraising events (not including \$ 30,665 of contributions reported on line 1c). See Part IV, line 18		a				
b Less: direct expenses		b				
c Net income or (loss) from fundraising events						
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 Vendor Compensation			388	388		
b						
c						
d All other revenue						
e Total. Add lines 11a-11d			388			
12 Total revenue. See instructions.			1,872,988	521,387	0	0

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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	88,163	47,584	5,287	35,292
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	713,498	642,148	71,350	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	65,134	58,620	6,514	
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	30,484	27,436	3,048	
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	34,589	31,130	3,459	
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	78,629	70,766	7,863	
23 Insurance	51,100	45,990	5,110	
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	289,298	289,298		
b CONTRACT EXPENSE	206,269	206,269		
c SUPPLIES	56,828	48,943	5,438	2,447
d MAINTENANCE	40,532	36,479	4,053	
e All other expenses	101,183	93,595	7,588	
25 Total functional expenses. Add lines 1 through 24e	1,755,707	1,598,258	119,710	37,739
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)				

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Page **11****Part X Balance Sheet**Check if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest bearing	9,026	1	78,227
	2 Savings and temporary cash investments	124,361	2	199,363
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	97,742	4	60,371
	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	1,074	9	111
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,168,929		
	b Less: accumulated depreciation	10b 901,348	285,775	10c 267,581
	11 Investments—publicly traded securities	600,864	11	634,589
	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)	1,118,842	16	1,240,242	
Liabilities	17 Accounts payable and accrued expenses	25,126	17	13,715
	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	68,687	25	64,506
	26 Total liabilities. Add lines 17 through 25	93,813	26	78,221
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	379,886	27	495,588
	28 Temporarily restricted net assets	645,143	28	666,433
	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	1,025,029	33	1,162,021
34 Total liabilities and net assets/fund balances	1,118,842	34	1,240,242	

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Page **12****Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,872,988
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,755,707
3	Revenue less expenses. Subtract line 2 from line 1	3	117,281
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,025,029
5	Net unrealized gains (losses) on investments	5	19,711
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	1,162,021

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.		

Form **990** (2018)

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.**▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2018**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 12, 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 agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10 ☐ 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.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 ☐ 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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- 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 1–10 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.

Schedule A (Form 990 or 990-EZ) 2018

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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,012,155	1,132,975	1,081,848	1,145,876	1,351,601	5,724,455
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	24,000	24,000	84,000
4 Total. Add lines 1 through 3	1,024,155	1,144,975	1,093,848	1,169,876	1,375,601	5,808,455
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						5,808,455

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4	1,024,155	1,144,975	1,093,848	1,169,876	1,375,601	5,808,455
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	4,991	6,239	7,353	9,656	16,822	45,061
9 Net income from unrelated business activities, whether or not the business is regularly carried on	10,511	15,571	20,193	15,131		61,406
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)			3,960	807	388	5,155
11 Total support. Add lines 7 through 10						5,920,077
12 Gross receipts from related activities, etc. (see instructions)					12	1,076,235
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 2018 (line 6, column (f) divided by line 11, column (f))	14	98.11 %
15 Public support percentage from 2017 Schedule A, Part II, line 14	15	97.55 %
16a 33 1/3% support test—2018. 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—2017. 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—2018. 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—2017. 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 ▶ ☐		

Schedule A (Form 990 or 990-EZ) 2018

FAYETTE SENIOR SERVICES, INC.

58-1364158

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

(Complete only if you checked the box on line 10 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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 2018 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests—2018. 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—2017. 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 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d 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 12a or 12b 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 (as 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 (explain in Part VI). **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).			

Schedule A (Form 990 or 990-EZ) 2018

FAYETTE SENIOR SERVICES, INC.

58-1364158

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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 2018 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-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
b From 2014			
c From 2015			
d From 2016			
e From 2017			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

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	\$	3,288
VENDORS COMP	\$	1,160
MISCELLANEOUS REVENUE	\$	707

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

OMB No. 1545-0047

2018▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**
▶ **Go to www.irs.gov/Form990 for the latest information.**

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 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
- 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 (entering "N/A" in column (b) instead of the contributor name and address), 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. Don't 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 isn't covered by the General Rule and/or the Special Rules doesn't 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 doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Page 1 of 1

Page 2

Name of organization FAYETTE SENIOR SERVICES, INC.	Employer identification number 58-1364158
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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	ATLANTA REGIONAL COMMISSION 40 COURTLAND ST. NE ATLANTA GA 30303	\$ 527,550	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
2	FAYETTE COUNTY BOARD OF COMMISSIONER 140 STONEWALL AVENUE SUITE 100 FAYETTEVILLE GA 30214	\$ 309,807	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
3	CITY OF PEACHTREE CITY 151 WILLOWBEND ROAD PEACHTREE CITY GA 30269	\$ 197,000	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
4	NEW FREEDOM 40 COURTLAND ST NE ATLANTA GA 30303	\$ 78,382	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 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.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018**Open to Public
Inspection**

Name of the organization

Employer identification number

FAYETTE SENIOR SERVICES, INC.

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		
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 7/25/06, 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	▶ \$

Schedule D (Form 990) 2018

FAYETTE SENIOR SERVICES, INC.

58-1364158

Page 2

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
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	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 ☐

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		292,292	184,991	107,301
d Equipment		264,592	209,028	55,564
e Other		612,045	507,329	104,716
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				267,581

Schedule D (Form 990) 2018

Schedule D (Form 990) 2018 FAYETTE SENIOR SERVICES, INC.

58-1364158

Page 3

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) Accrued Payroll	29,104
(3) Employee Benefits Payable	18,079
(4) Long term capital lease	8,072
(5) Lease Liability	3,128
(6) Payroll Liabilities:FUTA	2,294
(7) Payroll Liabilities: State Withholdi	2,161
(8) Sales Tax Payable	896
(9) Payroll Liabilities:SUTA	329
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	64,506

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 ☐

Schedule D (Form 990) 2018

**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, line 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.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018Open to Public
InspectionDepartment 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 10 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.

Schedule G (Form 990 or 990-EZ) 2018

FAYETTE SENIOR SERVICES, INC.

58-1364158

Page 2

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		None	(add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
Revenue	1 Gross receipts	30,665			30,665
	2 Less: Contributions	30,665			30,665
	3 Gross income (line 1 minus line 2)				
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)				

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:

- Address ►

- Address ►

- Description of services provided ►

☐ Director/officer ☐ Employee ☐ Independent contractor

- | | |
|----------------|--|
| 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)**Department of the Treasury
Internal Revenue Service

Name of the organization

Noncash Contributions

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018**Open To Public
Inspection**

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	X		100	DONOR DETERMINED FMV
5 Clothing and household goods	X		17,827	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	X	1	825	DONOR DETERMINED FMV
20 Drugs and medical supplies	X	1	775	DONOR DETERMINED FMV
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (OFFICE SUPPLIES)	X	1	250	DONOR DETERMINED FMV
26 Other ▶ (RENT - GIK)	X	1	24,000	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 isn't required to be used for exempt purposes for the entire holding period?

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

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard 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 didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

Yes No

	Yes	No
30a		X
31		X
32a		X
33		

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

Schedule M (Form 990) 2018

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.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018**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****Depreciation and Amortization**
(Including Information on Listed Property)

OMB No. 1545-0172

2018Attachment
Sequence No.**179**Department of the Treasury
Internal Revenue Service (99)▶ Go to www.irs.gov/Form4562 for instructions and the latest information.

▶ Attach to your tax return.

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	1,000,000
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	2,500,000
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 2017 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 don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2019. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.**Part II Special Depreciation Allowance and Other Depreciation (Don't 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	36,468
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	75,382

Part III MACRS Depreciation (Don't include listed property. See instructions.)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2018	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 2018 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 2018 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 Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year			30 yrs.	MM	S/L	
d 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	111,850
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.

DAA

Form **4562** (2018)
There are no amounts for Page 2

58-1364158

Bonus Depreciation Report

Page 1

FYE: 6/30/2019

Form 990, Page 1

Asset	Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
132	SURFACE PRO 6	6/04/19	2,556		0	2,556	0	0
133	#305 VAN WRAP	4/22/19	3,108		0	3,108	0	0
134	#801 VAN WRAP	7/11/18	3,346		0	3,346	0	0
135	CISCO FIREWALL HARDWARE	5/16/19	14,277		0	14,277	0	0
136	XEROX ALTALINK C8045	10/30/18	13,181		0	13,181	0	0
Grand Total			<u>36,468</u>		<u>0</u>	<u>36,468</u>	<u>0</u>	<u>0</u>

CITY OF PEACHTREE CITY

INTEROFFICE MEMORANDUM

MEMO TO: Mayor and City Council

VIA: Jonathan N. Rorie, City Manager 

FROM: Paul J. Salvatore, Financial Services Director 
Kelly Bush, Assistant Finance Director 
Joseph O'Connor, Fire Chief

DATE: April 29, 2020

SUBJECT: Budget Amendment – Fiscal Year 2020 – Public Health & Social Services Emergency Funds

May 21, 2020 City Council Consent Agenda

Recommendation:

It is Staff's recommendation that City Council approve the attached budget amendment to the fiscal year 2020 budget resolution.

Discussion:

Attached please find budget amendment 20-13 for fiscal year 2020 submitted for your approval. This budget amendment will budget for funds received from the Department of Health & Human Services' Public Health and Social Services Emergency Fund. These funds are to provide for the preparation and response to coronavirus.

Budget Impact:

The proposed budget amendment increases both the revenue and the expense in the Fire Grant Fund 204.

Attachments

DATE 05/21/2020

To allocate funding from the Public Health and Social Services Emergency Fund to prevent, prepare for, and respond to coronavirus.

Approved

CITY OF PEACHTREE CITY

INTEROFFICE MEMORANDUM

MEMO TO: Mayor and City Council

VIA: Jonathan N. Rorie, City Manager 

FROM: Scott Hicks, Public Services Superintendent
Paul J. Salvatore, Financial Services Director 
Kelly Bush, Assistant Finance Director 

DATE: May 14, 2020

SUBJECT: Budget Amendments FY2020
May 21, 2020 City Council Consent Agenda

Recommendation:

That City Council approve the attached budget amendment to the FY2020 budget resolution.

Discussion:

The attached budget amendment is requesting an increase to Public Works cart path services due to increased demand for tree removal. The increased demand is in response to the wet weather and winds. Compromised trees are a safety hazard. The attached Budget Amendment will increase the Public Works Cart Path Service Expense Budget for tree removal by \$50,000 with the funding from the General Fund Reserve.

Budget Impact:

The proposed budget amendment will increase both the revenues and the expenditures of the FY 2020 General fund budget by \$50,000 with the revenue coming from reserves.

Attachments
Budget Amendment

kbb/Council Reports/Budget Amendments for FY2020

DATE 05/21/2020

NOW , THEREFORE, BE IT RESOLVED that this Council hereby amends the Fiscal Year 2020 budget to allocate additional funds for tree removal.

Approved

CITY OF PEACHTREE CITY

INTEROFFICE MEMORANDUM

TO: Mayor and Council

VIA: Jonathan N. Rorie, City Manager 
Paul Salvatore, Financial Services Director 
Angela Egan, Purchasing Agent 
Janet Moon, Police Chief 

FROM: Joe O'Connor, Fire Chief 

DATE: April 30, 2020

SUBJECT: Request to Surplus Fire and Police Motorola Radios
May 21, 2020 Consent Agenda – City Council Meeting

Recommendation:

Declare the old Motorola radios as surplus and dispose of in accordance to city and state regulations.

Discussion:

Funds were budgeted in the 2017 Special Local Option Sales Tax referendum, approved by the voters, for the purchase of replacement Fire and Police Department Radios. The City has taken delivery of these replacements and are currently using them in both the Fire and Police Departments. Attached is the list of replaced radios and their respective serial number. The Fire Chief and City Purchasing agent will work to surplus these items as stated above.

Budget Impact:

Revenue generated through the sale of the old Motorola brand radios will go to the General Fund.

Attachment(s)

Motorola Radios scheduled for surplus sale

CP 200	018TLQ496
CP 200	018TLLS626
CP 200	018TLLS631
CP 200	018TLLS649
CP 200	018TLLS869
CDM 1250	103TENR985
CDM 1250	103TENS025
CDM 1250	103TFL0402
CDM 1250	103TGED918
CDM 1250	103TGSF968
CDM 1250	103TGSK886
CDM 1250	103TGSR038
CDM 1250	103TGSR044
CDM 1250	103TGSR047
CDM 1250	103TGSR048
CDM 1250	103TGW388
CDM 1250	103TJQ4061
CDM 1250	103TJSR844
CDM 1250	103TKQ3441
CDM 1250	103TKW1711
CDM 1250	103TKW1714
CDM 1250	103TKW1719
CDM 1250	103TLGO0560
CDM 1250	103TML7507
CDM 1250	103TNC4352
CDM 1250	103TNC4352
CDM 1250	103TNC4354
CDM 1250	103TNC4358
CDM 1250	103TNC4363
CDM 1250	103TNG3225
CDM 1250	103TNSC108
CDM 1250	103TNSC109
CDM 1250	103TPE1791
CDM 1250	103TPE1794
CDM 1250	103TPE1795
CDM 1250 Rear Head	2 units
XTL 2500 Rear Head	2 units
XTL 5000 Rear Head	2 units
XTS 2500	205CFT3866
XTS 2500	205CFT3867
XTS 2500	205CGD0661
XTS 2500	205CGD0663
XTS 2500	205CGD0665
XTS 2500	205CGD0666
XTS 2500	205CGD0667
XTS 2500	205CGV4374
XTS 2500	205CGV4375
XTS 2500	205CGV4376
XTS 2500	205CGV4377
XTS 2500	205CGV4378
XTS 2500	205CGV4379
XTS 2500	205CGV4380
XTS 2500	205CGV4381
XTS 2500	205CGV4382
XTS 2500	205CGV4383
XTS 2500	205CHF8080
XTS2500	205CHF8081
XTS 2500	205CHF8082
XTS 2500	205CHR3352
XTS 2500	205CHR3354
XTS 2500	205CJB4595
XTS2500	205CJB4596
XTS 2500	205CJB4597
XTS 2500	205CJB4598
XTS2500	205CJB4599
XTS2500	205CJB4600

XTS 2500	205CJB4601
XTS 2500	205CJB4602
XTS 2500	205CJB4604
XTS 2500	205CJB4605
XTS 2500	205CJB4607
XTS 2500	205CJB4608
XTS 2500	205CJB4609
XTS 2500	205CJX0254
XTS 2500	205CJX0255
XTS 2500	205CJX0256
XTS 2500	205CJX0257
XTS 2500	205CJX0258
XTS 2500	205CJX0259
XTS 2500	205CJX0260
XTS 2500	205CJX0261
XTS 2500	205CJZ2435
XTS 2500	205CJZ2437
XTS2500	205CJZ2438
XTS2500	205CJZ2439
XTS 2500	205CJZ2440
XTS 2500	205CJZ2441
XTS 2500	205CJZ2442
XTS 2500	205CJZ2443
XTS 2500	205CJZ2444
XTS 2500	205CKM1105
XTS 2500	205CKV8114
XTS 2500	205CKV8115
XTS 2500	205CKV8117
XTS 2500	205CKV8118
XTS 2500	205CKV8120
XTS 2500	205CKV8121
XTS 2500	205CKV8122
XTS 2500	205CKV8123
XTS 2500	205CKV8124
XTS 2500	205CKV8125
XTS 2500	205CKV8127
XTS 2500	205CKV8128
XTS 2500	205CKV8129
XTS 2500	205CKX2150
XTS 2500	205CKX2151
XTS 2500	205CKX2152
XTS 2500	205CKX2153
XTS 2500	205CKX2154
XTS 2500	205CKX2155
XTS 2500	205CKX2156
XTS 2500	205CKX2157
XTS 2500	205CKX2158
XTS 2500	205CLV3079
XTS 2500	205CLV3080
XTS 2500	205CLV3081
XTS 2500	205CLV3082
XTS 2500	205CLV3084
XTS 2500	205CLV3085
XTS 2500	205CLV3086
XTS 2500	205CLV3087
XTS 2500	205CMV1472
XTS 2500	205CMV1474
XTS 2500	205CMV1475
XTS 2500	205CMV1478
XTS 2500	205CMV1479
XTS 2500	205CMV1480
XTS 2500	205CMV1481
XTS 2500	205CMZ1605
XTS 2500	205CMZ1606
XTS 2500	205CMZ1607

XTS 2500	205CMZ1608
XTL 5000	276CGH0083
XTL 5000	276CGH0084
XTL 5000	276CGH0085
XTL 5000	276CGH0086
MTS 2000	466AAW4534
MTS 2000	466ABC1341
MTS 2000	466ACE2544
MTS 2000	466ACE2545
MTS 2000	466ACZ1115
MTS 2000	466AUJ0270
MTS 2000	466AUJ0271
MTS 2000	466AUS2687
MTS 2000	466AWG2407
MTS 2000	466AWG2413
MTS 2000	466AWG2415
MTS 2000	466AWG2416
MT 2000	466AWG2417Z
MT 2000	466AWG2421Z
MTS 2000	466AWG2422
MTS 2000	466AWW6294
MTS 2000	466AWW6295
MTS 2000	466AWW6296
MTS 2000	466AWW6297
MTS 2000	466AWW6298
MTS 2000	466AWW6299
MTS 2000	466AWW6300
MTS 2000	466AWW6301
MTS 2000	466AWW6302
MTS 2000	466AWW6303
MTS 2000	466AWW6305
MTS 2000	466AWW6306
MTS 2000	466AWW6308
MTS 2000	466AWW6309
MTS 2000	466AWW6310
MTS 2000	466AWW6311
MTS 2000	466AWW6312
MTS 2000	466AWW6314
MTS 2000	466AWW6315
MTS 2000	466AWW6316
MTS 2000	466AWW6317
MTS 2000	466AWW6319
MTS 2000	466AWW6320
MTS 2000	466AWW6321
MTS 2000	466AWW6323
MTS 2000	466AWW6324
MTS 2000	466AWW6325
MTS 2000	466AWW6326
MTS 2000	466AWW6327
MTS 2000	466AWW6328
MTS 2000	466AWW6329
MTS 2000	466AWW6330
MTS 2000	466AWW6332
MTS 2000	466AWW6333
MTS 2000	466AWW6334
MTS 2000	466AWW6335
MTS 2000	466AWW6335
MTS 2000	466AY4691
MTS 2000	466AYG4046
MTS 2000	466AYW4588
MTS 2000	466AYW4593
MTS 2000	466AZC1106
MTS 2000	466AZC1109
MTS 2000	466AZC1112
MTS 2000	466AZC1113
MTS 2000	466AZC1114

MTS 2000	466AZY7919
MTS 2000	466AZY7920
MTS 2000	466AZY7921
MTS 2000	466CEY0351
MTS 2000	466CEY0352
MTS 2000	466CEY0353
MTS 2000	466CEY0354
MTS 2000	466CF0371
MTS 2000	466CFG0200
XTL 5000	500CJM0073
XTL 5000	500CLB0426
XTL 2500	512MB0580
XTL 2500	514CGF1035
XTL 2500	514CGF1040
XTL 2500	514CGF1042
XTL 2500	514CGF1044
XTL 2500	514CFJ3360
XTL 2500	514CFJ3364
XTL 2500	514CLB1281
XTL 2500	514CLB1283
XTL 2500	514CMB0576
XTL 2500	514CND0163
XTL 2500	514CND0165
XTL 2500	514CND0166
XTL 2500	514CND0167
XTL 2500	514CND0170
XTL 2500	514CND0171
XTL 2500	514CPD0532
XTL 2500	514CPD0534
XTL 2500	514CPD0535
APX 6500	527CN22118
APX 6500	527CPX2118
APX 6500	527CPX2187
APX 6500	527CPX2189
APX 6500	527CPX2190
APX 6500	527CPX2191
APX 6500	527CPX2192
MCS 2000 Rear Head	6 units
XTL 2500	624CJX0022
XTL 2500	624CJX0029
XTL 2500	624CJX0034
XTL 2500	624CJX0036
XTL 2500	624CJX0047
XTL 2500	624CJX0050
APX 8500	681CS74794
APX 8500	681CS24792
APX 8500	681CS24793
APX 8500	681CS24795
APX 8500	681CUH1794
APX 8500	681CUH1795
APX 8500	681CUH1796
APX 8500	681CUH1797
APX 8500	681CUH1798
APX 8500	681CUH1799
APX 8500	681CUH1800
APX 8500	681CUH1801
APX 8500	681CUH1803
APX 8500	681CUH1804
APX 8500	681CUH1805
XTS 5000	721CGT0734
MCS 2000	722ACA0538
MCS 2000	722AYY12*2
MCS 2000	722AZW0678
MCS 2000	722CUH1144
APX	761CRR0123

CITY OF PEACHTREE CITY**INTEROFFICE MEMORANDUM**

TO: Mayor and City Council

VIA: Jonathan Rorie, City Manager 
Paul Salvatore, Financial Services Director
Kelly Bush, Assistant Financial Services Director
Angela Egan, Purchasing Agent

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

DATE: May 12, 2020

SUBJECT: Hoshizaki Easement for Flat Creek Trail Path Connection (SPLOST Project #11)
May 21, 2020, City Council Meeting

Recommendation:

City Council authorize the Mayor to sign the attached easement documents for multi-use path construction across a portion of Hoshizaki property.

Discussion:

Public Works has been building the Flat Creek Trail path connection that will ultimately extend from the MOBA complex all the way up to Crosstown Drive. The path will cross a small piece of Hoshizaki property before terminating at Crosstown.

Staff has been working with Hoshizaki America on this project and they have agreed to provide this easement at no cost to the City.

Staff has reviewed the document and finds it acceptable and recommends that the Mayor execute the document

Budget Impact:

There is no budget impact for this agenda item.

After recording, return to:

Theodore P. Meeker, III
Sumner Meeker, LLC
14 East Broad Street
Newnan, Georgia 30263

DEED OF EASEMENT

This Multi-use Path Easement is given this 1st day of May 2020, by Hoshizaki America Inc., (hereinafter "Grantor") to the City of Peachtree City, a political subdivision of the State of Georgia (hereinafter "Grantee").

WITNESSETH

WHEREAS, the Grantor is the owner of said property known as all that tract of land lying and being in Land Lot 48 of the 6th District of Fayette County, Georgia; being described by deed, recorded in Deed Book 330 Pages 155-157, Records of Fayette County, Georgia and further described therein, and;

WHEREAS, The Grantee has requested that the Grantor grant and convey to the Grantee a permanent multi-use path easement over, upon, across, and under and through a portion of the property of the Grantor for the purpose of construction, operating, maintaining, repairing, inspecting and reconstructing a multi-use path and appurtenances and the Grantor has agreed to do so.

NOW, THEREFORE, the Grantor, for and inconsideration of the sum of one (\$1.00) dollar and other good and valuable consideration, the receipt and adequacy of which is hereby acknowledged, has given, granted and conveyed, and by the presents does give, grant, and convey unto the Grantee, its successors and assigns, the right, privilege and easements to construct, operate, maintain, repair, inspect and reconstruct a multi-use path and appurtenances over upon, across under and through the above referenced property of the Grantor, said permanent easement being described as follows:

PERMANENT EASEMENT: With this document, a nonexclusive permanent easement is executed by all parties. The permanent easement will be for purposes of construction, operating, maintaining, repairing, inspecting and reconstructing the multi-use path, together with such appurtenances as from time to time may be required, and for purposes of inspecting said permanent easement, including but not limited to, archaeological and environmental studies, and together with the full right of access to and egress to and egress from said permanent easement. Said permanent easement is shown as a shaded area on the plat titled "City of Peachtree City Easement Exhibit A", prepared by W.D. Gray and Associates, Inc., dated 03/16/2020, and attached hereto and made a part of this deed as Exhibit "A". Said permanent easement consists of 6,142 SF or 0.141 acres more or less, and being more particularly described in the Legal Description attached hereto as Exhibit "B" and incorporated herein by express reference.

IN WITNESS WHEREOF, the grantor has hereunto set their hands and seals, or if corporate, have caused this document to be executed by its duly authorized officers and its seal to be hereunto affixed, as of this day and the year first above written.

ATTEST: City of Peachtree City

By: _____
Printed Name

Signature

NOTARY:

Printed name

Signature

My Commission expires:

SEAL

**Signed, sealed and delivered,
In the presence of**

Witness

ATTEST: Hoshizaki America Inc.

By: James C. McDowell, Jr.
Printed Name

James C. McDowell, Jr.
Signature

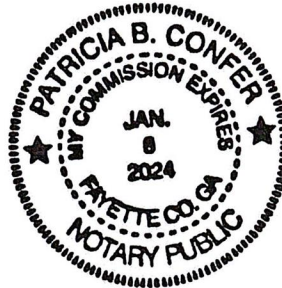
NOTARY:

PATRICIA B. CONFER
Printed name

Patricia B. Confer
Signature 5-7-2020

My Commission expires:

1-8-2024
SEAL

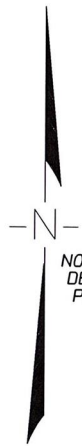


Signed, sealed and delivered,
In the presence of

Courtney Holston
Witness



EASEMENT EXHIBIT A



NORTH BASED OFF
DEED BOOK 330,
PAGES 155-157

N/F
HOSHIZAKI
AMERICA, INC.
DEED BOOK 631,
PAGES 526-533

N/F
HOSHIZAKI AMERICA, INC.
DEED BOOK 330,
PAGES 155-157

N/F
CITY OF PEACHTREE CITY
"FLAT CREEK NATURE AREA"
DEED BOOK 769, PAGES 154-159
PLAT BOOK 23, PAGES 88-90

3/4" ROD FOUND
ON LINE
(UNDER TREE)

3/4" ROD FOUND
(DISTURBED)

SEWER
LINE

20' GEORGIA UTILITIES
EASEMENT PER
PLAT BOOK 23,
PAGES 88-90

N54°20'24"E
79.08'

EXISTING TRAIL

N46°25'27"W
158.25'

S

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GRAPHIC SCALE

1" = 30'



PROPOSED
CART PATH
EASEMENT
0.141 +/- ACRES
6142 +/- SQ FT

PROPOSED
EASEMENT AREA



le Earth

THIS EXHIBIT WAS PREPARED FOR THE EXCLUSIVE USE OF THE PERSON, PERSONS, OR ENTITY NAMED HEREON. NO CERTIFICATION OR LIABILITY IS EXTENDED TO ANY UNNAMED PERSON, PERSONS OR ENTITY WITHOUT A RECERTIFICATION BY THE SURVEYOR NAMING SAID PERSON, PERSONS OR ENTITY.

THIS PROPERTY IS SUBJECT TO ALL EASEMENTS, RESTRICTIONS, COVENANTS, ZONING ORDINANCES, ENVIRONMENTAL RESTRICTIONS, AND RIGHTS-OF-WAY SHOWN OR NOT SHOWN, RECORDED OR NOT RECORDED.

PREPARED FOR:

CITY OF PEACHTREE CITY

LAND LOT: 48

DISTRICT:

6TH

DATE:

03/16/2020

SCALE:

1" = 30'

FAYETTE COUNTY, GA
CITY OF PEACHTREE CITY

JOB NO:

1902013

**W.D. Gray and
Associates, Inc.** LSF000701

land surveyors - planners

160 GREENCASTLE SUITE B TYRONE, GA 30290
PH. 770-486-7552 FAX 770-486-0496

EXHIBIT B

All that tract or parcel of land lying and being in Land Lot 48 of the 6th District, Fayette County, City of Peachtree City, Georgia, and being more particularly described as follows:

Beginning at the Northwest corner of the property now or formerly owned by Hoshizaki America, Inc. as described in the Limited Warranty Deed recorded in Deed Book 330, Pages 155-157; Thence along the line common to the City of Peachtree City Flat Creek Nature Area South 17 degrees 59 minutes 23 seconds East a distance of 163.16 feet to a point; Thence leaving said boundary line crossing the Hoshizaki America property North 46 degrees 25 minutes 27 seconds West a distance of 158.25 feet to a point on the boundary line dividing the above referenced and other property owned by Hoshizaki America Inc. described in Deed Book 631, Pages 526-533; Thence North 54 degrees 20 minutes 21 seconds East a distance of 79.08 feet to a point and the Point of Beginning; said tract containing 0.141 acres more or less and being shown as a proposed cart path easement on and Easement Exhibit prepared by W.D. Gray and Associates, Inc. for the City of Peachtree City dated 03/16/2020.

CITY OF PEACHTREE CITY

INTEROFFICE MEMORANDUM

TO: Mayor & Council Members

VIA: Jonathan N. Rorie, City Manager 

FROM: Joe O'Connor, Fire Chief 

DATE: May 14, 2020

SUBJECT: Approval of State of Georgia Mutual Aid and Assistance Agreement.
City Council Meeting, May 21, 2020

Recommendation:

Authorize the Mayor, City Manager and designated staff members to sign the updated State of Georgia Mutual Aid and Assistance Agreement.

Discussion:

The State of Georgia is vulnerable to a wide range of natural and man-made disasters and emergencies. The Georgia Emergency Management Act, as amended, gives local governments of the State the authority to make agreements for mutual aid assistance in emergencies. Establishing such agreements for mutual aid assistance in advance of emergencies help to ensure the timely provision of mutual aid assistance and the reimbursement of costs incurred by those parties who render such assistance.

Budget Impact:

This agreement should have no budget impact unless there is a Statewide Disaster or other Emergency.

STATEWIDE MUTUAL AID AND ASSISTANCE AGREEMENT

County/Municipality: City of Peachtree City (Fayette County)

The State of Georgia is vulnerable to a wide range of natural and man-made disasters and emergencies. The Georgia Emergency Management Act, as amended (The Act) gives the local governments of the State the authority to make agreements for mutual aid assistance in emergencies. Pre-existing agreements for mutual aid assistance in emergencies help to ensure the timely provision of mutual aid assistance and the reimbursement of costs incurred by those parties who render such assistance.

This mutual aid agreement is entered pursuant to authorities contained in Articles I through III, Chapter 3, Title 38, Official Code of Georgia Annotated.

ARTICLE I STATEMENT OF AGREEMENT, DEFINITIONS AND AUTHORITIES

This Agreement is made and entered into between the participating political subdivisions, which approve and execute this Agreement, hereinafter called "Participating Parties" and the Georgia Emergency Management and Homeland Security Agency (GEMA/HS). For purposes of this Agreement, the following terms and expressions shall apply:

- (1) "Agreement" means this agreement, generally referred to as the "Statewide Mutual Aid Agreement" (SWMAA).
- (2) "Assistance" includes personnel, equipment, facilities, services, supplies and other resources furnished to a Requesting Party pursuant to this Agreement during an emergency or disaster.
- (3) "Assisting Party" means a party that provides assistance pursuant to this Agreement during an emergency or disaster.
- (4) "Authorized Representative" means a Participating Party's elected or appointed official or employee who has been authorized in writing by that party to request, to offer, or otherwise to provide mutual aid assistance.
- (5) "Participating Party" means a county or municipality of the State of Georgia that has become party to this Agreement by its approval and execution of this agreement.
- (6) "Participating Parties" means the combination of counties and municipalities that have become parties to this Agreement by their approval and execution of this Agreement.
- (7) "Requesting Party" means a party that requests assistance pursuant to this Agreement during an emergency or disaster.

Any term or expression not defined in this Agreement shall have the meaning specified in the Georgia Emergency Management Act, as amended (the Act) and rules promulgated thereunder, unless used in a context that clearly suggests a different meaning.

ARTICLE II GENERAL PURPOSE

The purpose of this Agreement is to:

1. Provide the framework to support mutual assistance in managing an emergency or disaster occurring within any political subdivision that is a Participating Party, whether arising from natural disaster, technological hazard, human caused disaster, civil emergency, community disorders, insurgency, enemy attack, acts of terrorism, other significant events or homeland security activity; and
2. Identify those persons who are authorized to act on behalf of the Participating Party signing this Agreement as their Authorized Representative(s) concerning the provision of mutual aid resources and requests for mutual aid resources related to any mutual aid assistance sought from another Participating Party, or from or through the State of Georgia. Appendix A of this Agreement shall contain the name(s) of the Participating Party's Authorized Representative for purposes of this Agreement. Appendix A can be amended by the authorizing Participating Party as needed with no effect on the entire Agreement. All such amendments to Appendix A shall be done in writing and the Participating Party shall notify GEMA/HS and all other Participating Parties of such amendment within thirty (30) days.

ARTICLE III ACKNOWLEDGEMENT OF PRINCIPLES

The prompt, full and effective utilization of resources of the Participating Parties, including any resources on hand or available from the State or Federal Government or any other source, that are essential to the safety, care and welfare of the people shall be the underlying principle on which all articles of this Agreement shall be understood.

In the event of a conflict between any provision of this Agreement and any existing intrastate mutual aid agreement affecting a Participating Party, the provisions of this Agreement shall be controlling.

On behalf of the governing authority of each political subdivision of this State participating in the Agreement, the director of emergency management of such political subdivision will be responsible for formulation of the appropriate mutual aid plans and procedures necessary to implement this Agreement.

ARTICLE IV PARTICIPATING PARTY RESPONSIBILITIES

(a) It shall be the responsibility of each Participating Party to formulate procedures and programs for intergovernmental cooperation in the performance of the responsibilities listed in this Article. In formulating such plans, and in carrying them out, each Participating Party, insofar as practical, shall:

- (1) Protect and assure uninterrupted delivery of services, medicines, water, food, energy and fuel, search and rescue, and critical lifeline equipment, services, and resources, both human and material; and

(2) Inventory and set procedures for the loan and delivery of human and material resources, together with procedures for reimbursement.

(b) Whenever a Participating Party requires mutual aid assistance from another Participating Party and/or the State of Georgia, the Requesting Party may request assistance by:

(1) Contacting the Participating Party who is the owner/operator/employer of the supplies, equipment and/or personnel being sought for mutual aid assistance (the Assisting Party); or

(2) Contacting GEMA/HS to serve as the facilitator of such request for those resources being sought for mutual aid that are owned/operated/employed by Participating Parties (where such Participating Parties have submitted a record of those resources to GEMA/HS for such use); and/or, when such resources being sought for mutual aid are owned/operated/employed directly by the State of Georgia.

The provisions of this Agreement shall only apply to requests for assistance made by an Authorized Representative. Requests may be verbal or in writing. If verbal, the request must be confirmed in writing within 30 days of the verbal request. Requests shall provide the following information:

(1) A description of the emergency service function for which assistance is needed, such as but not limited to fire services, law enforcement, emergency medical, transportation, communications, public works and engineering, building inspection, planning and information assistance, mass care, resource support, health and medical services, damage assessment, volunteer and donated goods and search and rescue; and

(2) The amount and type of personnel, equipment, materials and supplies needed, and a reasonable estimate of the length of time each will be needed; and

(3) The specific place and time for staging of the Assisting Party's response and a point of contact at that location.

The Assisting Party will (a) maintain daily personnel time records, material records and a log of equipment hours (or miles, if appropriate) and (b) report work progress to the Requesting Party at mutually agreed upon intervals.

ARTICLE V LIMITATIONS

Any Participating Party requested to render mutual aid shall take such action as is necessary to provide and make available the resources covered by this Agreement in accordance with the terms hereof; provided that it is understood that the Participating Party who is asked to render aid may withhold resources to the extent necessary to meet the current or anticipated needs of the Participating Party's own political subdivision to remain in compliance with such Participating Party's policy, rule or law.

The Assisting Party's mutual aid resources will continue under the command and control of their own

supervisors, but the organizational units will be under the operational control of the emergency services authorities of the Requesting Party unless the Assisting Party approves an alternative.

In the event the Governor should declare a State of Emergency, any and all provisions of this Agreement which may conflict with the declared State of Emergency shall be superseded by the terms and conditions contained within the State of Emergency.

ARTICLE VI LIABILITY AND IMMUNITY

(a) In accordance with O.C.G.A. § 38-3-35(a), no political subdivision of the state, nor the agents or representatives of the state or any political subdivision thereof, shall be liable for personal injury or property damage sustained by any person appointed or acting as a volunteer emergency management worker or member of any agency engaged in emergency management activity. The foregoing shall not affect the right of any person to receive benefits or compensation to which he might otherwise be entitled under Chapter 9 of Title 34, Code Section 38-3-30, any pension law, or any act of Congress.

(b) In accordance with O.C.G.A. § 38-3-35(b), no political subdivision of the state nor, except in cases of willful misconduct, gross negligence, or bad faith, the employees, agents, or representatives of the state or any political subdivision thereof, nor any volunteer or auxiliary emergency management worker or member of any agency engaged in any emergency management activity complying with or reasonably attempting to comply with Articles 1 through 3, Chapter 3, Title 38, Official Code of Georgia Annotated; or any order, rule, or regulation promulgated pursuant to Articles 1 through 3 of title, or pursuant to any ordinance relating to precautionary measures enacted by any political provisions of Articles 1 through 3 of said chapter and title, or pursuant to any ordinance relating to precautionary measures enacted by any political subdivision of the state shall be liable for the death of or the injury to person or for damage to property as a result of any such activity.

(c) It is the express intent of the parties that the immunities specified in accordance with O.C.G.A. § 38-3-35 shall apply in addition to any other immunity provided by statute or case law.

ARTICLE VII RIGHTS AND PRIVILEGES

In accordance with O.C.G.A. § 38-3-30(a), whenever the employees of any Assisting Party or political subdivision are rendering outside aid pursuant to this agreement and the authority contained in Code Section 38-3-27, the employees shall have the same powers, duties, rights, privileges and immunities as if they were performing their duties in the political subdivisions in which they are normally employed.

ARTICLE VIII REIMBURSEMENT

In accordance with O.C.G.A. § 38-3-30(b), The Requesting Party shall be liable for any loss of or damage to equipment used or placed within the jurisdiction of the Requesting Party and shall pay any expense incurred in the operation and maintenance thereof. No claim for the loss, damage or expense shall be allowed unless, within 60 days after the same is sustained or incurred, an itemized notice of

the claim under oath is served by mail or otherwise upon the designated fiscal officer of the Requesting Party. Appendix B of this Agreement shall contain the name(s) of the Participating Party's designated fiscal officer for purposes of this Agreement. Appendix B can be amended by the authorizing Participating Party as needed with no effect on the entire Agreement. Appendix B can be amended by the authorizing Participating Party as needed with no effect on the entire Agreement. All such amendments to Appendix B shall be done in writing and the Participating Party shall notify GEMA/HS and all other Participating Parties of such amendment within thirty (30) days.

The Requesting Party shall also pay and reimburse the Assisting Party for the compensation paid to employees furnished by the Assisting Party during the time of the rendition of the aid, as well as the actual travel and per diem expenses of such employees while they are rendering the aid. The reimbursement shall include any amounts paid or due for compensation due to personal injury or death while the employees are engaged in rendering the aid. The term "employee," as used herein, shall mean, and this provision shall apply with equal effect to, paid, volunteer and auxiliary employees and emergency management workers.

Expenses to be reimbursed by the Requesting Party shall include the following:

- (1) Labor costs, which shall include all usual wages, salaries, compensation for hours worked, mobilization and demobilization, the Assisting Party's portion of payroll taxes (as employer), insurance, accrued paid leave and other fringe benefits, but not those amounts paid or due as a benefit to the Assisting Parties personnel under the terms of the Georgia Workers Compensation Act; and
- (2) Equipment costs, which shall include the fair rental value, the cost of fuel and other consumable supplies, service and repairs. If the equipment is damaged while in use under this Agreement and the Assisting Party receives payment for such damage under any contract for insurance, the Requesting Party may deduct such payment from any item or items invoiced; and
- (3) Material costs, which shall include the total reasonable cost for the use and consumption of any and all consumable supplies delivered by the Assisting Party for the benefit of the Requesting Party; and
- (4) Meals, lodging and other related expenses, which shall include charges for meals, lodging and other expenses relating to the provision of assistance pursuant to this Agreement shall be the actual and reasonable costs incurred by the Assisting Party.

The Assisting Party shall maintain records and submit invoices within 60 days for reimbursement as specified hereinabove and the Requesting Party shall pay the invoice no later than 30 days following the invoice date.

ARTICLE IX IMPLEMENTATION

This Agreement shall become operative immediately upon its approval and execution by GEMA/HS and any two political subdivisions of this State; thereafter, this Agreement shall become effective as to any other political subdivision of this State upon its approval and execution by such political subdivision.

Any Participating Party may withdraw from this Agreement by mailing notice of withdrawal, approved by the governing authority of such political subdivision, but no such withdrawal shall take effect until 30 days after the governing authority of the withdrawing political subdivision has given notice in writing of such withdrawal to the governing authorities of all other Participating Parties. Such action shall not relieve the withdrawing political subdivision from obligations assumed hereunder prior to the effective date of withdrawal.

Copies of this Agreement shall, at the time of their approval, be deposited with each of the respective Participating Parties and with GEMA/HS.

ARTICLE X
TERM OF AGREEMENT

This Agreement, once executed, is valid until March 1, 2024. Agreement of the Participating Parties to extend the term of this agreement at any time during the last year of its original term or the last year of any subsequent four-year term shall extend the term of this agreement for four years. Each four-year extension shall constitute a separate agreement.

ARTICLE XI
VALIDITY

If any provision of this Agreement is declared unconstitutional, or the applicability thereof to any person or circumstances is held invalid, the constitutionality of the remainder of this Agreement and the applicability thereof to other persons and circumstances shall not be affected thereby.

Agreed:

Chief Executive Officer - Signature

Vanessa Fleisch, Mayor

Chief Executive Officer – Print Name

County/Municipality: City of Peachtree City

Date: ____/____/____

GEMA/HS Director – Signature

GEMA/HS Director – Print Name

Date: ____/____/____

APPENDIX A
AUTHORIZED REPRESENTATIVE

The below named individual(s), in addition to the chief executive officer, is/are the “Authorized Representative(s)” for City of Peachtree City (county/municipality), and are authorized to request, offer, or otherwise provide and coordinate mutual aid assistance on behalf of the above-named county/municipality:

Jonathan N. Rorie

City Manager

Print Name_____
Job Title/Position_____
Signature of Above Individual

Joseph E. O’Conor, Jr.

Fire Chief / Emergency Manager

Print Name_____
Job Title/Position_____
Signature of Above Individual

Janet Moon

Police Chief

Print Name_____
Job Title/Position_____
Signature of Above Individual_____
Chief Executive Officer - Signature

Date: ____/____/____

APPENDIX B
DESIGNATED FISCAL OFFICER(S)

The below named individual(s) is/are the “designated fiscal officer(s)” for City of Peachtree City _
(county/municipality) for the purpose of reimbursement sought for mutual aid:

Paul Salvatore	Finance Director
Print Name	Job Title/Position

Signature of Above Individual

Kelly Bush	Assistant Finance Director
Print Name	Job Title/Position

Signature of Above Individual

Print Name	Job Title/Position

Signature of Above Individual

	Chief Executive Officer – Print Name Date:_____/_____ _____/_____
Chief Executive Officer – Signature	

Vanessa Fleisch, Mayor

SUMNER | MEEKER
ATTORNEYS AT LAW LLC

THEODORE P. MEEKER, III

14 EAST BROAD STREET
NEWNAN, GEORGIA 30263

TELEPHONE 770-251-1750
FACSIMILE 770-251-1770

TO: City Council
City of Peachtree City

FROM: Theodore P. Meeker, III 
City Attorney

DATE: May 15, 2020

RE: Ante Litem Notice sent by David Martin-Garcia

The City received the attached ante litem notice from David Martin Garcia. The claim has been forwarded to GIRMA for review and handling.

It is recommended that Council vote to deny the claim as it was presented so that it the matter may proceed with either a resolution through GIRMA or a lawsuit.

TPM/
Attachment

J. Marshall "Buzz" Wehunt, Esq.
One Atlantic Center
1201 West Peachtree Street
Suite 2300
Atlanta, Georgia 30309
P: 404-795-5031
F: 404-393-9313
buzz@wehunttriallaw.com
wehunttriallaw.com



May 11, 2020

Presentation of Claim Pursuant to O.C.G.A. § 36-33-5, et. seq. (Ante Litem Notice)

VIA ELECTRONIC & CERTIFIED MAIL/ RETURN RECEIPT REQUESTED

Mayor & City Council & City Manager
151 Willowbend Road
Peachtree City, GA 30269
council@peachtree-city.org

Vanessa Fleisch, Mayor
151 Willowbend Road
Peachtree City, GA 30269

Phil Prebor
151 Willowbend Road
Peachtree City, GA 30269

Mike King
151 Willowbend Road
Peachtree City, GA 30269

Kevin Madden
151 Willowbend Road
Peachtree City, GA 30269

Terry Ernst
151 Willowbend Road
Peachtree City, GA 30269

RE: Ante Litem Notice

Injured Party:

David Martin-Garcia

Date of Injury:

December 20, 2019 (time: approx. 15:29)

Location:

Peachtree Parkway/Balmoral Lane

NOTICE OF CLAIM

Please be advised that this firm has been retained to represent Mr. David Martin Garcia regarding any and all personal injury claims against the City of Peachtree City Government, and others arising out of the motor vehicle accident that occurred on December 20th 2019 in Peachtree City, GA (See Police Report enclosed herewith). Mr. David Martin-Garcia suffered the following injuries: Neck injury, lower back injury, and other injuries to be determined. The purpose of this letter is to comply with any ante litem notice requirements. More specifically, notice is hereby given that Mr. David Martin Garcia is asserting a claim for negligence against the City of Peachtree City, Ga due to the negligence outline in the attached Police Report, which include, but are not limited to, Mr. Oscar Vazquez Diaz's failure to see and yield to traffic, thereby colliding with and causing injuries to my client, Mr. Garcia.

In summary, Mr. David Martin-Garcia is providing this written notice of his claim to the City of Peachtree City Government, Ga and will seek to recover for the injuries and damages he sustained to include both economic and non-economic losses authorized by Georgia Law, including medical expenses and pain and suffering. While our investigation is still ongoing, we believe that the value of this claim may exceed **\$50,000.00** and this claim is therefore being asserted in the amount of \$50,000.00. Pursuant to O.C.G.A. § 36-33-5, as counsel for Mr. David Martin-Garcia, we are presenting Mr. David Martin-Garcia's claim for general and special damages, both past and future, including but not limited to medical expenses, permanent disability, diminished earning capacity, lost wages, pain and suffering and any other damages allowed under Georgia law within the six-month period required by statute. Once his treatment is complete and medical records have been obtained, my office will submit a demand package to the City of Peachtree City Government containing Mr. David Martin Garcia's medical bills, medical records, and other pertinent documents. If you contend this letter does not provide you with sufficient notice pursuant to O.C.G.A. § 36-33-5, or comply with said statute, please advise us immediately in writing, and we will correct any deficiencies.

Should you have any questions regarding any of the above-referenced information, or should you require additional information, please contact me directly. Thank you for your future cooperation in this matter.

Sincerely,

J. Marshall "Buzz" Wehunt (Wehunt Trial Law, LLC)

CITY OF PEACHTREE CITY

INTEROFFICE MEMORANDUM

TO: Mayor and City Council

VIA: Jonathan N. Rorie, City Manager

FROM: Robin Bechtel Cailloux, AICP
Planning and Development Director

DATE: May 14, 2020

SUBJECT: Public Hearing: Consider Variance Request, R-1 Zoning Front Setback Requirement, 110 Sweetgum Road
May 21, 2020 City Council Meeting

Case Number:	PV20-0001
Request:	Variance from Section 1011.4 (f), Zoning Ordinance 11.5-foot encroachment into 30-foot front setback
Property Location:	110 Sweetgum Road
Current Zoning:	R-1, One Family Residential
Parcel Size:	0.22 Acres
Property Owner/ Applicant	Verena Hayward

Discussion:

The Applicant is requesting relief in the form of a variance from the front setback requirement [Section 1011.4(f)] of the R-1, One-Family Residential zoning district which requires a minimum front building setback of 30 feet. The Applicant has partially constructed a two-car garage, which is encroaching into the front setback by approximately 11.5 feet.

The applicant's contractor, Cornerstone Construction & Renovation, applied for a building permit to construct a garage, among other things, on October 21, 2019. The permit was approved and issued to the general contractor on October 24, 2019. The application and issued permit are attached to this memo.

The garage application submittal included a site drawing showing that the garage would be 30 feet from the front property line. As required by section 18-120 of the Buildings and Construction Chapter of the City ordinance, a foundation survey was required since the proposed building was within five (5) feet of the property line. This requirement is listed twice on the permit, both as a stipulation of approval and below the inspection phone number. Both texts warn that further construction should not proceed until after the foundation survey is approved by the City.

110 Sweetgum Road Variance Request

Page 2

The applicant submitted the foundation survey to the City, which revealed that the garage encroached into the 30-foot by 11.5 feet. A stop work order was issued for the garage permit and the applicant has requested this variance.

As part of the application, the Applicant has included a justification narrative, photos, and letters of support from nearby property owners. The permit drawing, survey and applicant narrative are attached to memo. Letters of support, photos, and permit application are available upon request to the Planning Department.

Variance Consideration

In accordance with Section 1202 of the Zoning Ordinance, variances shall only be granted if:

- (a) The request is in harmony with the intent of the zoning ordinance*
- (b) The application of front setbacks on this property would create a hardship. There must be some extraordinary conditions on this property (such as size, shape, or topography) that similarly zoned properties do not have to contend with.*

Variance Criteria

Section 1207 of the Peachtree City Zoning Ordinance states the City Council shall not grant a variance unless all of the following findings can be made

- (a) There are special circumstances applicable to the property, including location, shape, size, surroundings, or topography so that the strict application of this ordinance denies the property of privileges enjoyed by other property in the vicinity and under identical zoning district classification;*

Staff Comment: There are no special circumstances are applicable to the property.

- (b) The strict or literal interpretation and application of this ordinance would result in practical difficulties or unnecessary hardships inconsistent with the general purpose and intent of the Zoning Ordinance, or would deprive the Applicant of privileges granted to others in similar circumstances;*

Staff Comment: No evidence of practical difficulties or unnecessary hardship was presented as part of the application. Since construction occurred past the foundation survey stage, the applicant/contractor has created a hardship so that if the variance request is not approved, partial demolition of the garage will be required.

110 Sweetgum Road Variance Request

Page 3

- (c) *There are exceptional or extraordinary circumstances or conditions applicable to the property involved or the intended development of the property which preclude the applicant from complying with this ordinance and that do not apply generally to other property in the same zoning district and which prevent the applicant from complying with existing regulations;*

Staff Comment: There are no exceptional or extraordinary circumstances on the property that don't also apply to other lots in this subdivision.

- (d) *The granting of such variance will not constitute the granting of special privileges inconsistent with the limitations on other property in the same zoning district;*

Staff Comment: Granting this variance would constitute the granting of a special privilege inconsistent with the setback requirements on other property in the same zoning district.

- (e) *The granting of such variance will not be materially detrimental to the public health, safety, or general welfare nor injurious to property or improvements in the zone or neighborhood in which the property is located; and*

Staff Comment: Granting of a variance in this case would not be detrimental to public health, safety, or general welfare. The garage does not create site distance challenges to the traveling public. Granting the variance would not be injurious to the improvements on the property.

- (f) *The granting of such variance will not create inconsistencies with any objective of the Comprehensive Plan.*

Staff Comment: Granting of the variance would not create any significant inconsistencies with the Comprehensive Plan, which encourages the redevelopment and reinvestment within neighborhoods.

Budget Impacts:

ATTACHMENTS



BUILDING DEPARTMENT
153 WILLOWBEND ROAD PEACHTREE CITY, GA 30269
Ph: 770-487-8901 FX: 770-631-2552
bldg@peachtree-city.org
Inspection request: 770-631-2588 ext 1222

PERMIT #:

PRADD19-0036

Type of Work:	☒ Residential ☐ Commercial	Application Date	Estimated Value of Work (Labor and Materials): \$
	☐ New ☐ Addition ☒ Alteration	10/18/19	25,000
Construction Type:	IA ☐ IB ☐ IIA ☐ IIB ☐ IIIA ☐ IIIB ☐ IVA ☐ IVB ☐ VA ☐ VB ☐		
Occupancy:	A1 ☐ A2 ☐ A3 ☐ A4 ☐ A5 ☐ B ☐ E ☐ F1 ☐ F2 ☐ H1 ☐ H2 ☐ H3 ☐ H4 ☐ H5 ☐ I1 ☐ I2 ☐ I3 ☐ I4 ☐ M ☐ R1 ☐ R2 ☐ R3 ☒ R4 ☐ S1 ☐ S2 ☐ U ☐		
Permitted Area Square Foot:	Heated Square Foot:	Unheated Square Foot:	Total Square Foot:
3000	3000	300	3300
Applicant Name: Rich Phillips		Phone: 770-486-1930	Email: rich@cornerstoneconstruction.com

PROJECT INFORMATION

Job Site Address:	Subdivision:
110 Sweetgum Road	Clower Reach
Property Owner Information: Name:	Lot Number:
Verena Heyward	23A
Address	Phone #
	770-304-6574
City	State
	Zip Code
Scope of Work:	
add garage, extend living room, add back front porch	
Attached Garage ☒ Detached Garage ☐ Finished Basement ☐ Siding ☐ Deck ☒ Carport ☐	
Pool ☐ Sign ☐ Storage Building ☐ Interior Alteration ☐ Exterior Alteration ☒ Windows ☐	
Fence ☐ Fence Height _____ Fence Material _____	
Scope of work includes: Electrical ☒ Plumbing ☒ Mechanical ☐	
Lot Size _____ # of Bedrooms 4 # of Dwelling Units 1 Electricity Provider GA Power	

CONTRACTOR INFORMATION

Business Name:	State Certification Number:
Cornerstone Construction & Renovation	RBCO 06173
Street Address	
1000 Cooper Circle	
City	State
Peachtree City	GA
Zip Code	Phone
30269	770-486-1930
Print name of Contractor	
Rich Phillips	
Email address	
rich@cornerstoneconstruction.com	

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance thereof.

Signature of Contractor & (State Certification number)

10-21-19

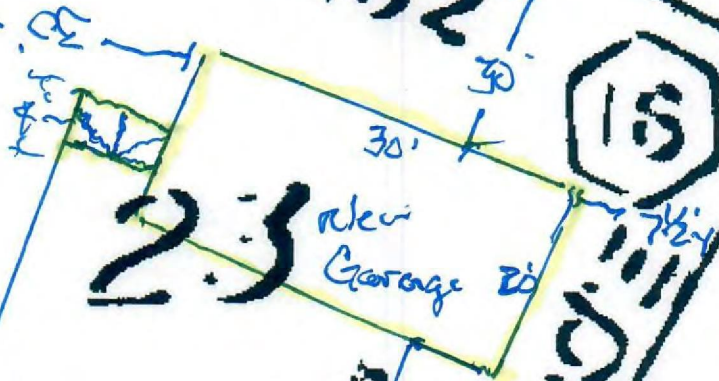
Date

FOR OFFICE USE ONLY		Application Accepted by:	Date:
		KS	10-21-19
Adjusted Construction Cost per ICC building valuation Data \$			
WASA Approval	Septic Approval	Date	HOA/ARB Approval
Plan Review Fee: \$ 180	Permit Fee: \$ 350		Fire Marshal Fee: \$
Invoice #	Invoice # 35683		Invoice #
LDP Fee 30	CO Fee \$		Total Permit Fee \$
Invoice #	Invoice #		Invoice #
Stormwater utility bill up to date	Plan on File?		
Yes ☐ No ☐	Yes ☐ No ☐		

Sweet gum Rd

Re 323.00'

103.32'



2.3

10,123

New Porch

12' 6"

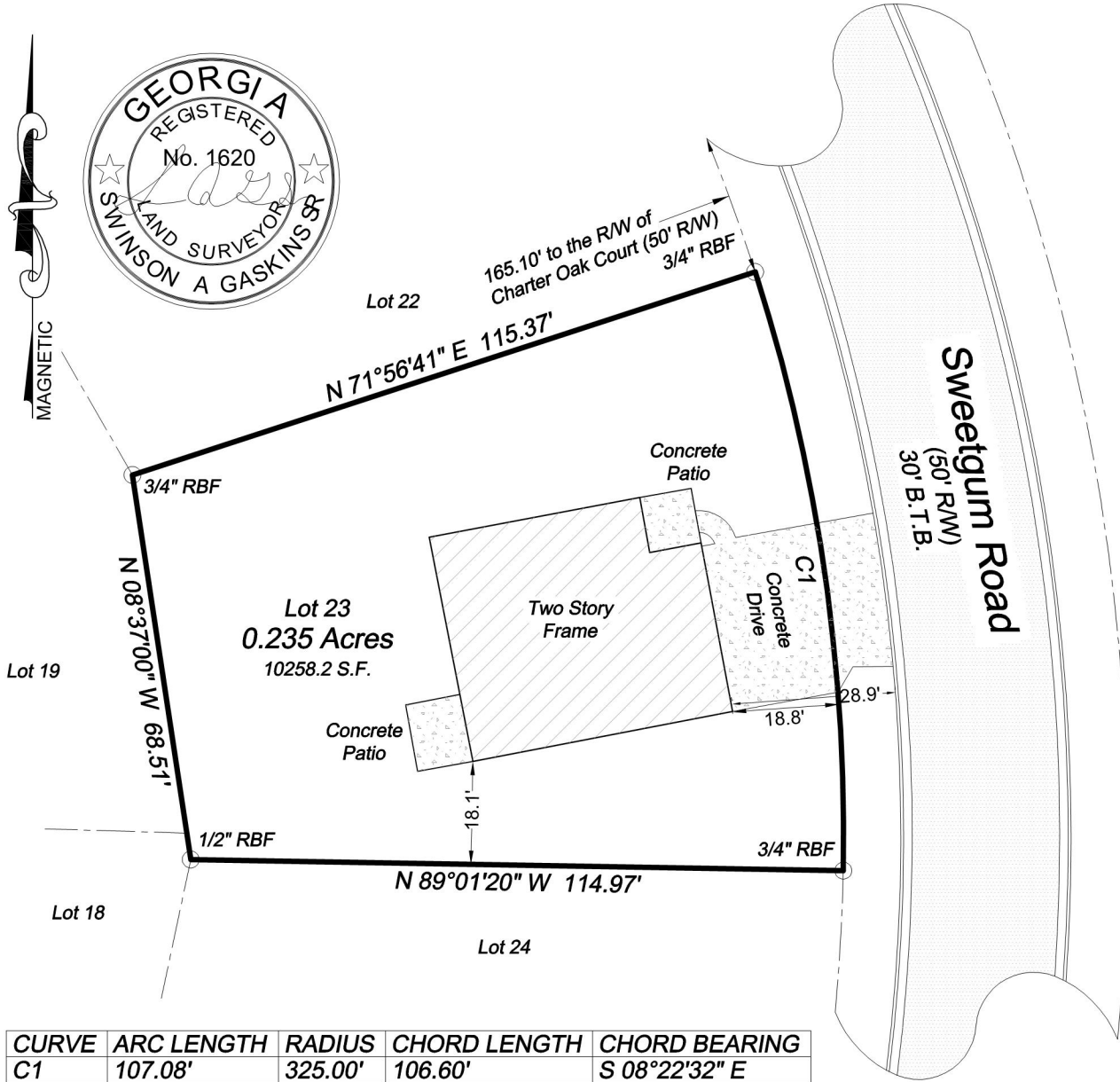
20'

15

24

10,132

THIS BLOCK RESERVED FOR THE CLERK
OF THE SUPERIOR COURT.



CLOSURE STATEMENT
THE FIELD DATA UPON WHICH THIS PLAT IS BASED HAS A CLOSURE PRECISION OF ONE FOOT IN 40,200 FEET AND AN ANGULAR ERROR OF 00° 00' 01" PER ANGLE POINT AND HAS BEEN ADJUSTED USING THE COMPASS RULE METHOD.

THIS PLAT HAS BEEN CALCULATED FOR CLOSURE AND IS FOUND TO BE ACCURATE WITHIN ONE FOOT IN 100,000+ FEET.

ANGULAR & LINEAR MEASUREMENTS WERE OBTAINED USING A LIECA TS02 TOTAL STATION & GEOMAX CHAMPION PRO GPS ON THE TRIMBLE NETWORK.

CURVE	ARC LENGTH	RADIUS	CHORD LENGTH	CHORD BEARING
C1	107.08'	325.00'	106.60'	S 08°22'32" E

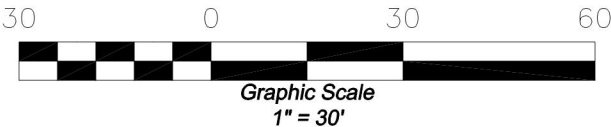
SURVEYORS CERTIFICATION

THIS PLAT IS A RETRACEMENT OF AN EXISTING PARCEL OR PARCELS OF LAND AND DOES NOT SUBDIVIDE OR CREATE A NEW PARCEL OR MAKE ANY CHANGES TO ANY REAL PROPERTY BOUNDARIES. THE RECORDING INFORMATION OF THE DOCUMENTS, MAPS, PLATS, OR OTHER INSTRUMENTS WHICH CREATED THE PARCEL OR PARCELS ARE STATED HEREON. RECORDATION OF THIS PLAT DOES NOT IMPLY APPROVAL OF ANY LOCAL JURISDICTION, AVAILABILITY OF PERMITS, COMPLIANCE WITH LOCAL REGULATIONS OR REQUIREMENTS, OR SUITABILITY FOR ANY USE OR PURPOSE OF THE LAND. FURTHERMORE, THE UNDERSIGNED LAND SURVEYOR CERTIFIES THAT THIS PLAT COMPLIES WITH THE MINIMUM TECHNICAL STANDARDS FOR PROPERTY SURVEYS IN GEORGIA AS SET FORTH IN THE RULES AND REGULATIONS OF THE GEORGIA BOARD OF REGISTRATION FOR PROFESSIONAL ENGINEERS AND LAND SURVEYORS AND AS SET FORTH IN O.C.G.A. SECTION 15-6-67.

IT IS HEREBY CERTIFIED THAT THIS PLAT IS TRUE AND CORRECT AND WAS PREPARED FROM AN ACTUAL SURVEY OF THE PROPERTY MADE BY ME OR UNDER MY SUPERVISION; THAT ALL MONUMENTS SHOWN HEREON ACTUALLY EXIST OR ARE MARKED AS "FUTURE" AND THEIR LOCATION, SIZE, TYPE, AND MATERIAL ARE CORRECTLY SHOWN. THIS PLAT CONFORMS TO ALL REQUIREMENTS OF THE GEORGIA PLAT ACT (O.C.G.A. SECTION 15-6-67).

BY: SWINSON A. GASKINS, Sr. GEORGIA
REGISTERED LAND SURVEYOR NO.1620

DATE 04 / 04 / 2020



Prepared For:
Verena Hayward

Subdivision: Lake Peachtree Subdivision Sect. 13 PB 8, Pg 80 Date: 04/04/20
Scale: 1" = 30' F.W.P.D.: 02/04/20 Job No: SA20-013A
County: Fayette, GA Land Lot: 51 District: 6th

**S.A. GASKINS
& ASSOCIATES, LLC.**

SURVEYORS PLANNERS DEVELOPMENT CONSULTANTS

P.O. BOX 321 Brooks, Ga. 30205

sagaskins@bellsouth.net

770-460-9342

JOHN 3:16

- 1 -

Detailed report for variance application of 110 Sweetgum Road:

It was my understanding, that when I went to the building permit office along with my General Contractor and we filled out the paperwork with the guidance of the front desk receptionist that upon approval there would not be any issues. The receptionist printed out a copy of the plot and had ~~me~~ my GC draw the proposed addition with measurements. According to the original plot and measurements the addition would not have violated the setback rules, so we proceeded to submit the documentation, which was approved a few days later by a different department.

A few months later, after the foundation & framing were completed, the initial rough framing inspection failed. In the mean time, the project manager was fired due to incompetencies and other issues he caused. The framing issues were corrected and my GC called in for a re-inspection on 1/30/2020 to be done on Friday Morning 1/31/2020. I waited the entire 2 hour period and finally went to the building permit office to see why nobody came. That's when the receptionist informed me that a foundation survey has not been conducted and only after the approval of the survey can the inspector come to the property so that the renovation can continue. I was stunned at this news. I called my GC and informed him of this issue. I then called the former project manager, who denied that such a survey was needed and that's why one was not done. At that point, I was getting rather upset so I let him know that I will make sure to personally handle the survey.

My GC & I both proceeded to call around for someone to come out to my property the next day and I finally got someone to come to my house on 2/4/2020. I was happy to finally get back on track so that the project ~~can~~ ^{could} be completed due to my time restrictions. (I am 33 weeks pregnant and am in desperate need to get this house finished) This morning, 2/5/2020, I went and picked up the new plot from the surveyor's office and immediately saw an issue.

I ~~immediately~~ went to the building permit office, and luckily Kathy was there to review the plat. She informed me that the new garage was in violation of the setback regulations. I let her know that the original measurements that were taken were exact to what the allowed FRONT setback rules were. She reviewed the original documents that were submitted along with the permit that has granted and suggested I submit a variance application as soon as possible. I couldn't believe it. Every neighbor that I have met told me how happy they are that this house will look so wonderful. Just the other day, they were impressed with my tenacity to make it look as good as possible & liveable in my current condition. I was supposed to be living there by Mid-January. All of my furniture and items are in the house and in the mean time my entire family are living in less than favorable conditions. I have less than 2 months before I give birth and wanted to finish this pregnancy stress free.

In the meantime,

my Neighbors are being inspired by the ideas I am giving them to do their own home improvements just by driving past my (unfinished) house. In fact, they are looking forward to seeing it completed & they all see by my status that I don't have a day to lose due to delays like this one. ~~Really~~ Had I known that this would happen, I would not have submitted the plans and created another problem. This was an unintentional error that happened beyond my control and not caught by any of the officials. Even if someone needs to park in front of the garage in the driveway, there is more than enough room to do so. From the garage to the curb, according to the new plot, the room is 28.9 ft. Not only that, but it is a double wide driveway, so that neither cars nor any other vehicle needs to park ~~on~~ the ~~street~~ street. The house is situated much more towards the front setback than the back. Only with the new survey done was that able to be determined.

This provided a challenge on how the garage was going to be built. I asked the buildy permit office while filing the application along with the drawings and they said that it would be pending approval & reviewing the documents if it was ok or not. I was told ~~that it was~~ ^{by multiple people} from the curb to the house. ~~Upon those measurements~~ I told the project manager that based on those measurements & what I was told by the building department & approved by Flora Hay to form the garage exactly 30' from the setback. Apparently they thought it was from the curb which was deemed as the right of way at that time. If you look at the pictures, the right of way seems to be ridiculously far in from the street & curb, where lots of valuable land is lost. The original plat did not show a line for the right of way; just the street touching the property line. Please see the documents Kathy has in her files.

* within the buildy permit office, including Kelly, who accepted the application

Verena Haywood

Verena Haywood
770-304-6574
renasmiley82@gmail.com

110 Sweetgum Road
Peachtree City, GA 30269