

City Council of Peachtree City

Agenda

May 19, 2016

7:00 p.m.

- I. Call to Order**
- II. Pledge of Allegiance**
- III. Announcements, Awards, Special Recognition**
Proclamation – Bike Month
- IV. Public Comment**
- V. Agenda Changes**
- VI. Minutes**
May 5, 2016, Regular Meeting
- VII. Monthly Reports**
- VIII. Consent Agenda**
 - 1. Consider Alcohol License – NEW – Sprouts, 2015 Highway 54 East**
 - 2. Consider Termination of Courtview Contract**
 - 3. Consider Non-profit Funding for FY 2017 – Promise Place**
 - 4. Consider Non-profit Funding for FY 2017 – Fayette Senior Services**
 - 5. Consider Statewide Mutual Aid Agreement**
 - 6. Consider Sale of Surplus Property, 402 Harbor Loop**
 - 7. Consider Approval of Drainage Easement, 208 Flat Creek Court**
- IX. Old Agenda Items**
 - 05-16-02 Public Hearing – Consider Variance Request, Front Setback Requirements, 565 Dividend Dr.**
- X. New Agenda Items**
 - 05-16-04 Public Hearing – Consider Variance Request, Side Setback Requirements, Tract 14, Ebenezer Rd.**
 - 05-16-05 Consider Change Order for Stormwater Pipe Lining**
- XI. Council/Staff Topics**
Presentation – Infrastructure Advisory Group
- XII. Executive Session**
- XIII. Adjourn**

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

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City Council of Peachtree City
Meeting Minutes
May 5, 2016
7:00 p.m.

The Mayor and Council of Peachtree City met in regular session on Thursday, May 5, 2016. Mayor Vanessa Fleisch called the meeting to order at 7:00 p.m. Others attending: Terry Ernst, Mike King, Kim Learnard, and Phil Prebor.

Announcements, Awards, Special Recognition

Mayor Fleisch recognized former Peachtree City First Lady, Dolly Morgan, who celebrated her 100th birthday. Youth Services Librarian Janice Dukes was recognized for 15 years of service to the City. Police Capt. Stan Pye introduced the 20th class of Community Emergency Response Team (CERT) graduates. He noted this graduation brought the number of CERT-trained residents to just under 1,200 in 10 years.

Pye also reported that a group of officers had gotten together to help a homeless family with five children who had been living for almost one year in their SUV. The officers on Sgt. Chris Hyatt's shift obtained new car seats for the children, collected enough money for several nights in a hotel and food, and arranged for work for the father, a struggling minister who had been working odd jobs.

Minutes

April 21, 2016, Regular Meeting Minutes

King moved to approve the April 21, 2016, regular meeting minutes as written. Learnard seconded. Motion carried unanimously.

Consent Agenda

1. Consider Alcohol License – NEW – Aldi, 2709 Hwy 54 West

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

New Agenda Items

**05-16-01 Public Hearing – Consider Step 2 Annexation & Zoning, Starr's Mill Academy,
Hwy 74 South**

Planning & Development Director Mike Warrix addressed Council, noting the request was to annex the 6.71 acre tract into the City and zone it for office use. It was located within unincorporated Fayette County and was zoned Agricultural Residential (A-R), with an Office (OFF) designation on the Fayette County Future Land Use Plan. The day care/school was permitted in A-R zoning as a conditional use.

Warrix continued that Council had approved the Step One request on February 18. The Planning Commission heard the Step Two request on April 11, and they had recommended approval with conditions. On April 14, the Fayette County Board of Commissioners had stated they had no objection to the annexation. The recommended conditions for approval included:

1. *The Applicant shall be solely responsible for constructing a multi-use path connection from The Gates subdivision to their existing parking lot in a location deemed acceptable by the City Engineer. The path shall be designed and constructed in accordance with the City's multi-use path design standards.*
2. *The existing signage on the tract will be improved to City of Peachtree City standards.*

3. *The zoning designation of the subject tract shall be OI Office Institutional.*
4. *The Land Use Designation of the subject tract shall be OFF Office.*

Jerry Peterson represented the owners of Starr's Mill Academy. He pointed out the property was on the southern edge of the City and was bordered by the City (The Gates subdivision) on two sides. It was located across from the Starr's Mill School Complex. The 11,000 square-foot building was built in 2000, housed 200 students, and had an outdoor play area and swimming pool. The current owners purchased the property in 2002, and it had operated as a day care since that time. A place for a cart path connection and sewer line to the school had been set aside in The Gates subdivision. There was an existing sidewalk along the SR 74 side of the tract. The tract had a median cut on SR 74.

Peterson continued that the tract's land use designation in the County was Office, and the OI portion of The Gates was adjacent to Starr's Mill Academy.

Fleisch opened the public hearing. No one spoke for or against the proposed annexation and rezoning. The public hearing closed.

Prebor recused himself, noting his affiliation with Starr's Mill Academy due to his wife's employment there.

City Attorney Ted Meeker referred to the four conditions of approval, asking if the property owners accepted the conditions. Peterson said they did, adding that connecting to sewer could take some time since an engineer had to be hired, then plans had to be drawn.

Learnard moved to approve the Step Two annexation and OI zoning requests from Starr's Mill Academy, subject to the four conditions. King seconded. Motion carried 4-0-1 (Prebor).

**05-16-02 Public Hearing – Consider Variance Request, Front Setback Requirements,
565 Dividend Dr.**

The applicant had requested this item be continued as he was out of town.

Ernst moved to continue item 05-16-02 until May 19. King seconded. Motion carried unanimously.

05-16-03 Consider Chadsworth Cart Path Easement

City Engineer Dave Borkowski asked Council to consider approval of the cart path easements for construction so that the existing path on Chadsworth would connect to the existing path on Franklin Ridge, which would allow carts to cross MacDuff Parkway at an actual intersection rather than being in the roadway. He continued that Pulte Home Corporation had executed the documents. Public Works would construct the path extension as part of their annual goal of cart paths paved.

King moved to approve agenda item 05-16-03, Chadsworth cart path easements. Learnard seconded. Motion carried unanimously.

Council/Staff Topics

Alligator Report

Police Chief Janet Moon reported she had met with a representative from the Department of Natural Resources (DNR) that morning to discuss what to do with Flat Creek Floyd (the name given to the alligator that had taken up residence near the SR 74 bridge over Flat Creek). DNR

had not planned to get involved since the alligator was on public lands and was not deemed a threat. Due to the alligator's notoriety, DNR sent a contract trapper to catch Flat Creek Floyd so he could be relocated approximately 100 miles south of the City. Moon continued that there were challenges because the alligator was in a public area that was open and not in a contained body of water such as a pond. The trapper had to construct special snares and processes to catch the alligator. She asked for the public's help, asking them not to feed the alligator. If the alligator got used to people feeding it, then he would have to be euthanized.

Ernst said he had been told that Noah's Ark, the animal sanctuary in Locust Grove, might accept Flat Creek Floyd if DNR would not take him. Moon said she would let the trapper know.

Lake Peachtree Harvesting

City Manager Jon Rorie said there were three different topics regarding Lake Peachtree. He pointed out that the lake had been filled for almost five weeks, and the Battery Way boat dock, which was actually a viewing platform, was to be constructed when the lake was full. He reported the contractor was supposed to have come the first week of May, but had to complete another job first. The contractor was now expected to arrive the next day, Friday, May 6, to begin installing the dock.

Rorie continued that Public Works staff had been cleaning out vegetation in areas that could not be reached with the Marsh Master. Staff had determined that the harvester was needed for a few more days in some areas, and the contract would be amended. It was a matter of scheduling a time for the contractor to return. Some of the coves around Snake Island were among the areas that needed the harvester again. Rorie recognized the Public Works staff that had helped clean up the vegetation along the shoreline at Battery Way, Drake Field, All Children's Playground, Pinecrest Boat Ramp, and the spillway, which had been done three times. They had also worked in the Cedar Point area. This was something that staff would continue to do.

Staff was actively engaged in rehabilitating Drake Field now that the dredging was completed. Work on the field ranged from signage to electrical outlets, and it was funded in the Facilities Authority Bond. The original funding target for installation of electricity was \$75,000, and approximately \$44,000 had been spent. Hydro seeding was scheduled for May 23, and the electrical work had to be done before that. He had authority to approve the contract at \$40,000, but it would be \$44,000. He wanted to let Council know he would approve the funds, but there would be two separate contracts. One was for the lights, and the second was for the actual electrical infrastructure. Fleisch said that was good, and she wanted to get the project moving.

Prebor asked Rorie to explain why the dock had to be installed after the lake was full and why a barge was needed. Rorie said a barge would be used to install the dock, and the pilings had to be driven in at a specific resistance, which could not be done while the lake was dry. If the lake had been dry, a lull (a crane) would be needed for installation to drive the piles in. The lull was four times heavier than a tractor, which had gotten stuck in the muck when the lake was drained.

Learnard recalled Council had looked at various spillway designs at the April 21 meeting, asking if a spillway plus dam as a whole project had been considered. Rorie said staff had talked to ISE, and they were looking at that as part of the design parameters. Learnard asked if, depending on the construction of the spillway, the lake had to be lowered, whether restocking the lake would be affected. Rorie said DNR was trying to reschedule a time for someone to

come out and electro fish next week to determine the stocking needs. People were catching bass off Battery Way, so fish had survived. DNR would assess what was needed in the lake.

Executive Session

There were no items for Executive Session.

There being no further business, Learnard moved to adjourn at 7:38 p.m. King seconded. Motion carried unanimously.

Pamela Dufresne, Deputy City Clerk

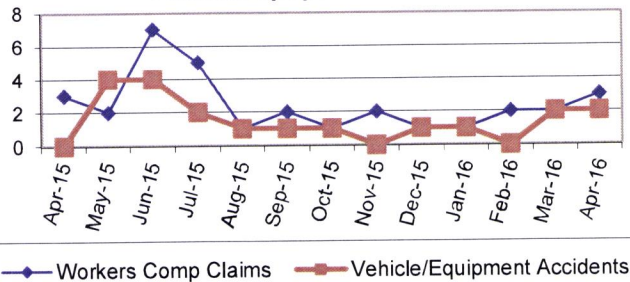
Vanessa Fleisch, Mayor

Administrative Services

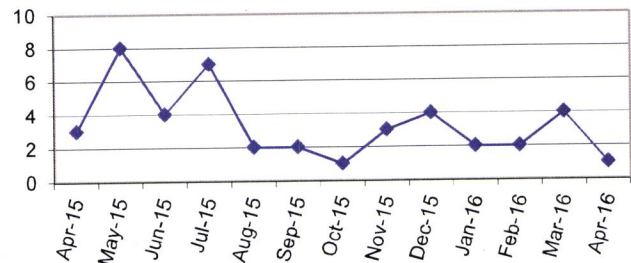
Monthly Report

Human Resources & Risk Management

Workers Comp Claims & Vehicle/Equipment Accidents



Employee Resignations/Terminations



Turnover Rate (Annual)

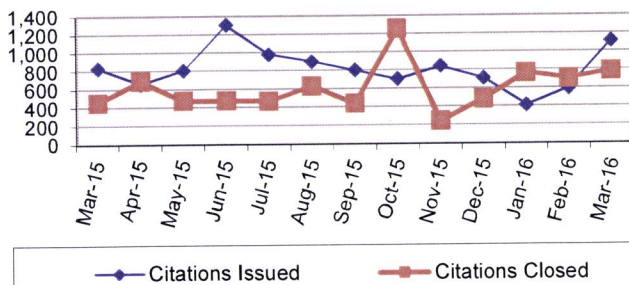
FY 2016 (ytd)
5.23%

FY 2015 (total)
14.80%

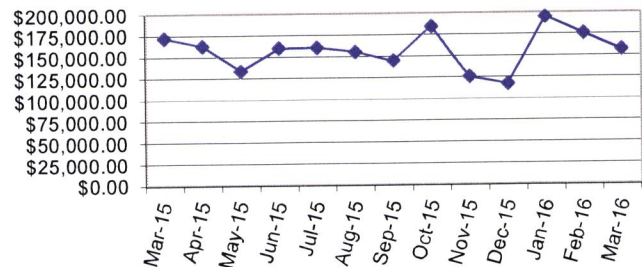
NOTES: FY15 data includes 5 retirements. FY16 data includes 4 Retirements. Data does not include RIFs or seasonal positions.

Municipal Court

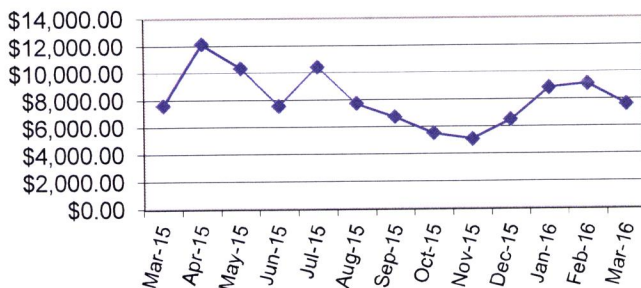
Citations Issued vs Closed



Fines Assessed*



Jail Billing (Monthly)

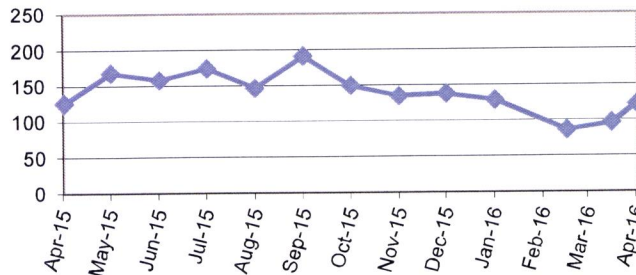


* Approximately 33% of the Municipal Court Fines Collected reflect mandated add-ons that pass through to State and other agencies. The monies reflected above are not the actual revenues received; for revenue received, please refer to Financial Services report "General Fund Revenues Received: Fines & Forfeitures"

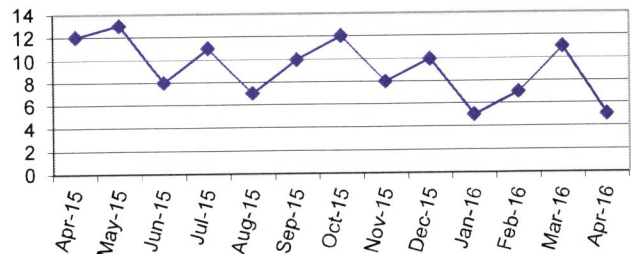
Administrative Services Monthly Report

Public Information

Public Contact / Comments / Questions

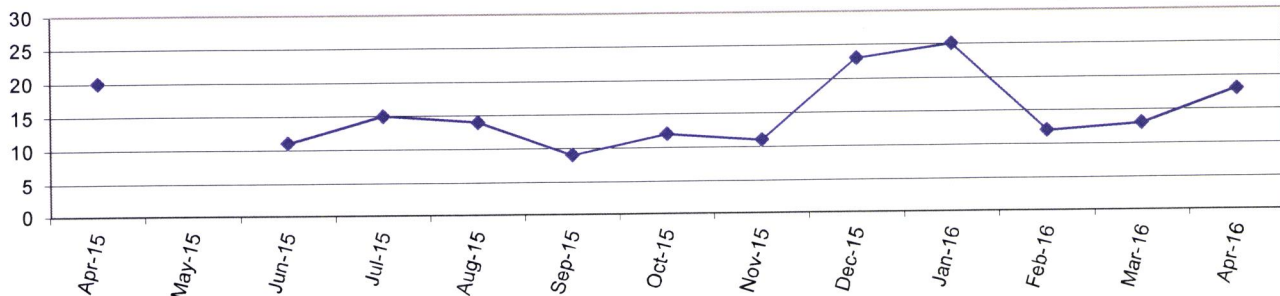


Open Records / Discovery Requests



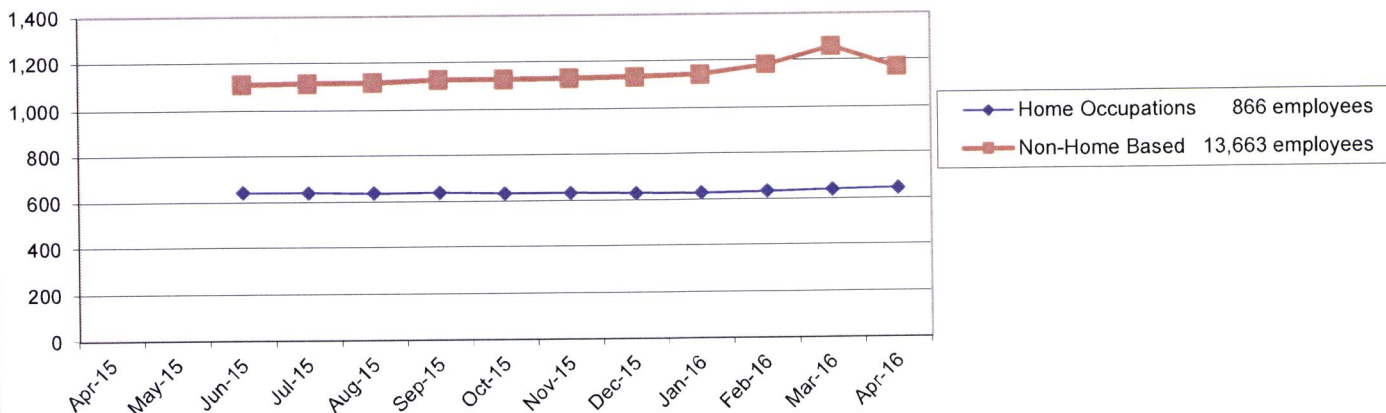
City Clerk

New Businesses Registered**



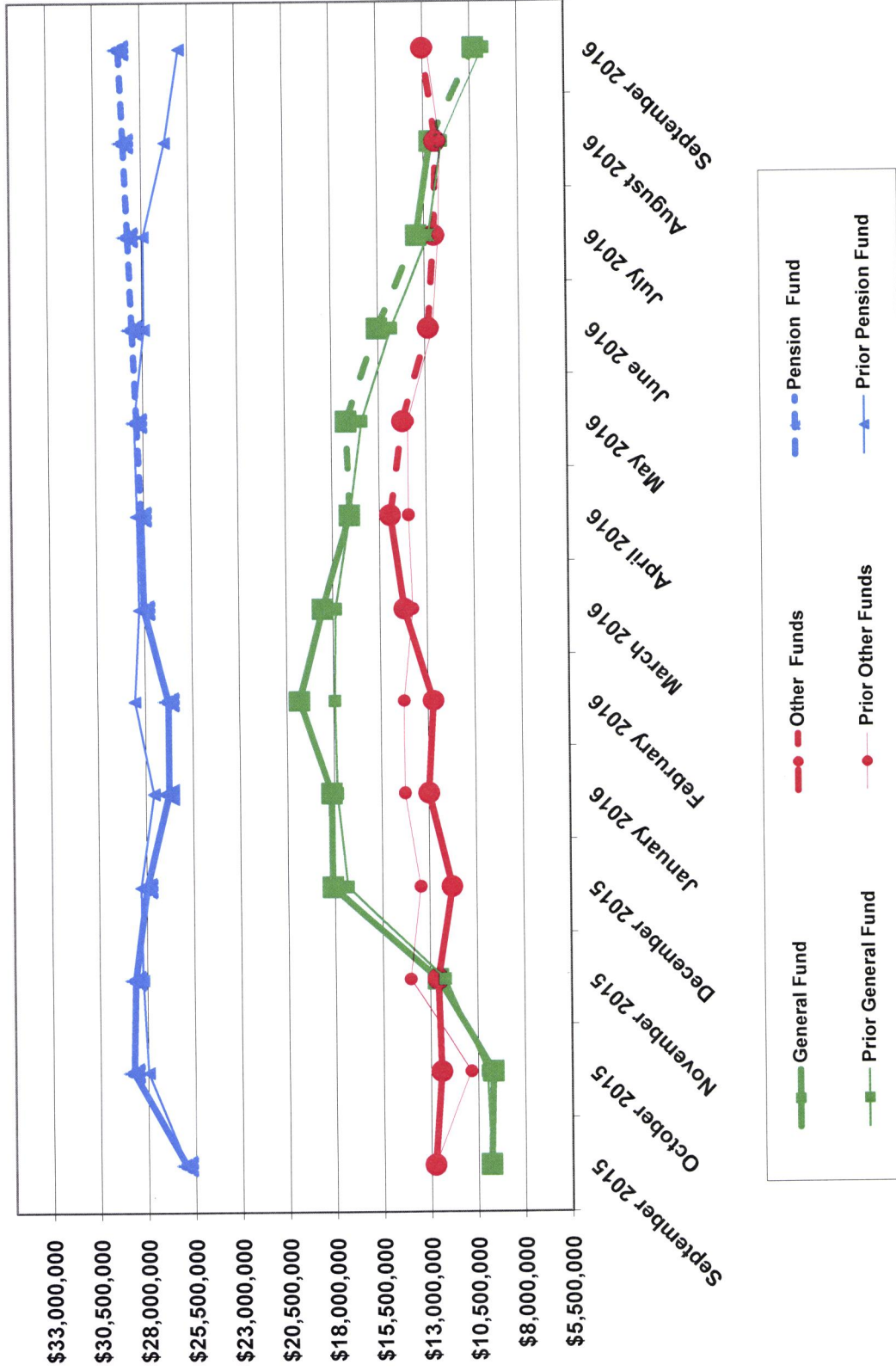
** Software Conversion - Business data not available for April & May of 2015

Registered Businesses **
(with current employment figures)



Top Employers: Cooper Lighting, Panasonic, NCR, Hoshizaki, Alenco, Wal-Mart, Southland Nursing Home, Comcast, Randstad, Sigvaris (no change)

CITY OF PEACHTREE CITY
FISCAL YEAR 2016 (with prior year comparison and current year estimates)
MONTHLY ENDING CASH/INVESTMENT BALANCES
 (UNAUDITED)



Note: Other Funds include Special Revenue Funds, Capital Projects Funds, Debt Service Funds, Proprietary Funds (including the Stormwater Utility Fund), and Agency Funds.

CITY OF PEACHTREE CITY
MONTHLY REPORT
GENERAL FUND AND HOTEL/MOTEL TAX FUND
BUDGET COMPARISON (UNAUDITED)
FOR THE SEVEN MONTHS
ENDED APRIL 30, 2016

PERCENTAGE OF BUDGET YEAR COMPLETED 58.33% (ACTUAL TRANSACTIONS STILL PENDING)

GENERAL FUND REVENUES BY MAJOR CATEGORIES				
Description	2016 Budget	YTD Actual	Dollar Difference	Percentage To-Date
General Property Taxes	\$ 14,151,975	\$ 13,009,843	\$ (1,142,132)	91.93%
Franchise Taxes	2,694,392	2,220,942	(473,450)	82.43%
Local Option Sales Tax	6,675,093	3,905,842	(2,769,251)	58.51%
Other Sales & Use Taxes	842,176	475,589	(366,587)	56.47%
Business Taxes	2,381,155	2,453,771	72,616	103.05%
Licenses & Permits	1,090,326	668,283	(422,043)	61.29%
Intergovernmental/Grants	442,902	357,002	(85,900)	80.61%
Charges for Services	1,322,582	727,474	(595,108)	55.00%
EMS Billings	916,379	475,223	(441,156)	51.86%
Fines & Forfeitures	1,145,840	537,202	(608,638)	46.88%
Investment Income	53,550	23,499	(30,051)	43.88%
Other Revenue	201,377	94,517	(106,860)	46.94%
Other Financing Sources	849,218	617,496	(231,722)	72.71%
Total General Fund Revenues	\$ 32,766,965	\$ 25,566,683	\$ (7,200,282)	78.03%
Surplus Carryover	1,434,811			
Total General Fund	\$ 34,201,776			

GENERAL FUND EXPENDITURES BY DIVISION AND/OR TYPE				
Division and/or Type	2016 Budget	YTD Actual	Dollar Difference	Percentage To-Date
Executive Services	\$ 526,679	\$ 175,553	\$ 351,126	33.33%
Administrative Services	1,456,239	743,797	712,442	51.08%
Financial Services	1,542,690	941,307	601,383	61.02%
Police Services/Code Enforcement	7,097,423	3,758,354	3,339,069	52.95%
Fire/EMS Services	7,160,369	4,180,556	2,979,813	58.38%
Public Works/Buildings & Grounds/Engineering	8,190,987	3,294,534	4,896,453	40.22%
Community Services	4,575,539	2,239,855	2,335,684	48.95%
Non-Divisional:				
Unemployment Insurance	20,000	2,875	17,125	14.38%
Non-Profit Organizations	25,000	25,000	-	100.00%
Transfer to Airport Authority	102,000	56,100	45,900	55.00%
Transfers to Other Funds	3,669,829	2,370,015	1,299,814	64.58%
Liability Insurance	139,855	90,307	49,548	64.57%
Litigation Services	229,500	85,291	144,209	37.16%
General Administration/Miscellaneous	65,200	50	65,150	0.08%
	4,251,384	2,629,638	1,621,746	
Budgeted Savings	(599,534)	-	(599,534)	0.00%
Total General Fund	\$ 34,201,776	\$ 17,963,594	\$ 16,238,182	52.52%

HOTEL/MOTEL FUND REVENUES				
Description	2016 Budget	YTD Actual	Dollar Difference	Percentage To-Date
Total Hotel/Motel Taxes	\$ 1,577,148	\$ 895,159	\$ (681,989)	56.76%

HOTEL/MOTEL TRANSFERS OUT				
Type	2016 Budget	YTD Actual	Dollar Difference	Percentage To-Date
Transfer to General Fund	\$ 788,574	\$ 447,579	\$ 340,995	56.76%
Transfer to Tourism Association	788,574	447,580	340,994	56.76%
Total Hotel/Motel Transfers Out	\$ 1,577,148	\$ 895,159	\$ 681,989	56.76%

CITY OF PEACHTREE CITY
FINANCIAL SERVICES
MONTHLY REPORT
(UNAUDITED)
AS OF APRIL 30, 2016

SUMMARY OF PURCHASE ORDERS ISSUED OVER \$10,000 APPROVED BY CITY MANAGER APRIL 2016			
Description	Vendor	Award	Date
Barracuda Message Archiver 650	CPAK Technology	\$ 28,291.13	4/15/2016
PURCHASING REPORT FOR MONTH ENDED APRIL 30, 2016 AND APRIL 30, 2015			
Activity	Fiscal Year 2016	Fiscal Year 2015	
Purchase Orders / Requisitions Processed	224	230	
City Store Requisitions Processed	15	11	
Sealed Bids Requested	2	0	
Requests for Proposals	0	0	
Bids Awarded	0	1	
Requests for Proposals Awarded	0	0	
Contracts Prepared	0	1	
Electronic Auction	0	23	
Fixed Assets Purchases	1	0	
Barracuda Message Archiver 650			

CITY OF PEACHTREE CITY
DONATIONS RECEIVED
APRIL 2016

No Report

TOTAL MONTH OF APRIL 2016

\$ -

**CITY OF PEACHTREE CITY
LITIGATION SERVICES
FISCAL YEAR 2016
PAID AS OF April, 2016**

Litigation Services (100-1505-579130)

Vendor	Month Paid	Project	Amount
GIRMA	October	Vehicle Accident	\$ 57.22
GIRMA	October	EEOC Claim	220.20
GIRMA	October	Water Damage	5,500.00
GIRMA	October	Water Damage	22,000.00
GIRMA	October	Vehicle Accident	820.94
GIRMA	October	Vehicle Accident	277.90
GIRMA	December	EEOC Claim	7,868.85
GIRMA	December	Vehicle Accident	1,847.80
GIRMA	February	EEOC Claim	1,657.75
GIRMA	April	Vehicle Accident	(4,237.97)
GIRMA	April	EEOC Claim	4,361.66
			\$ 40,374.35
SMITH, WELCH,WEBB	January	Ethics	1,883.70
SMITH, WELCH,WEBB	February	Ethics	524.48
			\$ 2,408.18
SUMNER/MEEKER	November	Vehicle Accident	\$ 1,347.60
SUMNER/MEEKER	November	EEOC Claim	2,222.15
SUMNER/MEEKER	November	Mrosek	120.00
SUMNER/MEEKER	November	Pathways	360.00
SUMNER/MEEKER	November	Robinson Rd	2,400.00
SUMNER/MEEKER	December	EEOC Claim	5,239.40
SUMNER/MEEKER	December	Mrosek	225.00
SUMNER/MEEKER	December	Pathways	495.00
SUMNER/MEEKER	December	Robinson Rd	2,935.20
SUMNER/MEEKER	January	EEOC Claim	4,142.90
SUMNER/MEEKER	January	Accident	1,290.00
SUMNER/MEEKER	January	Pathways	375.00
SUMNER/MEEKER	January	Robinson Rd	990.00
SUMNER/MEEKER	February	EEOC Claim	3,860.04
SUMNER/MEEKER	February	Accident	945.00
SUMNER/MEEKER	February	Mrosek	45.00
SUMNER/MEEKER	February	Pathways	390.00
SUMNER/MEEKER	February	Robinson Rd	606.84
SUMNER/MEEKER	March	EEOC Claim	3,380.04
SUMNER/MEEKER	March	Pathways	1,240.92
SUMNER/MEEKER	March	Robinson Rd	2,753.04
SUMNER/MEEKER	April	Robinson Rd	1,579.68
SUMNER/MEEKER	April	EEOC Claim	4,441.08
SUMNER/MEEKER	April	Accident	1,125.00
			\$ 42,508.89
Total Litigation Services to Date			
			\$ 85,291.42

April FY2016 Litigation Expenses (100-1505-579130)	\$	7,269.45
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Legal Fees: Lake Peachtree Dam

Intergrated Science & Eng.	October	Lake Peachtree Dam	\$	425.00
Intergrated Science & Eng.	January	Lake Peachtree Dam	\$	255.00
Sumner/Meeker	November	Lake Peachtree Dam		450.00
Sumner/Meeker	December	Lake Peachtree Dam		720.00
Sumner/Meeker	January	Lake Peachtree Dam		90.00
Smith,Welch,Webb	November	Lake Peachtree Dam		1,937.80
Smith,Welch,Webb	December	Lake Peachtree Dam		3,434.15

Total Lake Peachtree Dam Legal Fees	\$	7,311.95
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April FY2016 Litigation Expenses for Lake Peachtree	\$	-
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FY2016 MONTHLY REPORT LIBRARY

ACTIVITY DESCRIPTION	UNIT	October	November	December	January	February	March	April	May	June	July	August	September	FY2016 YEAR-TO-DATE	FY2015 YEAR-TO-DATE
Items - Acquired	Num.	285	398	352	330	267	391	326						2,349	3,099
Items - Circulated	Num.	31,203	27,473	25,271	26,459	30,548	30,741	29,388						201,083	209,207
Items - Loaned to Other Libraries	Num.	1,207	955	1,092	1,238	1,128	1,161	1,033						7,814	8,197
Items - Borrowed From Other Libraries	Num.	1,804	1,308	1,837	1,613	1,893	1,826	1,909						12,190	11,489
Class Visits	Num.	1	2	0	3	1	5	1						13	14
Group Meetings	Num.	33	43	33	43	42	66	49						309	220
Monthly Traffic	Num.	17,950	13,880	12,931	16,539	18,772	18,845	15,791						114,708	130,129
Children's Programs	Num.	28	21	19	18	25	28	13						152	166
Number of Participants	Num.	1,134	492	481	383	809	778	383						4,460	4,021
Adult Programs	Num.	3	11	2	3	3	6	8						36	30
Number of Participants	Num.	27	65	16	57	47	181	110						503	923
Revenue from Overdue Books	Dis.	3,574	3,669	2,630	3,700	4,107	3,602	3,609						24,891	24,552
Revenue from Copies Made	Dis.	716	565	467	486	599	558	654						4,045	3,787
Reference Assistance	Num.	1,355	965	873	1,443	2,024	2,028	2,032						10,720	8,289
Exams Proctored	Num.	30	14	25	7	27	28	27						158	136
Revenue from Proctoring	Dis.	390	200	350	130	370	400	340						2,180	1,850
Internet Usage	Num.	2,054	1,708	1,558	798	1,563	1,757	1,667						11,105	12,582
Volunteers	Num.	40	46	41	55	47	53	51						333	275
Number of Hours Worked	Num.	263	258	265	331	294	280	227						1,918	1,924
Digital Downloads	Num.	2,164	2,031	2,155	2,140	2,339	2,345	2,341						15,515	12,383
Electronic Reference Access (Excluding GALILEO)	Num.	123	98	95	447	414	529	332						2,038	930

Notes: Corrected Feb & March numbers for digital downloads and electronic reference. ARC Mobile Career Resource Center is scheduled for monthly visits to library through the remainder of 2016. The library will be closed Friday, May 20th, for Staff Training. Summer hours begin the day after Memorial Day. Summer Reading Program details are now available on website. We appreciate our programming sponsors/partners Piedmont Fayette Hospital, Walk Georgia, World Gym, and T.C.B.Y.

PEACHTREE CITY POLICE DEPARTMENT
2016 MONTHLY REPORT

2016 2015
 Calendar Year to Date Calendar Year to Date

April 2016 March 2016

PART I CRIMES: Criminal Homicide, Forcible Rape, Robbery, Aggravated Assault, Arson, Burglary, Motor Vehicle Theft, Theft (Shoplifting, Entering Auto, & Theft)

<u>TOTAL PART I CRIMES</u>	62**	48	191	165
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**Part I crimes are up due to an increase in Entering Autos and Shopliftings

<u>DUI ARRESTS</u>	4	4	37	43
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DRUG ARRESTS: Marijuana, Methamphetamine, Cocaine, Other

TOTAL DRUG ARRESTS	8	15	41	37
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OTHER ARRESTS

PROPERTY CRIMES	18	13	45	36
PERSON CRIMES	6	5	27	25
TRAFFIC OFFENSES	24	31	105	66
OTHER	20	13	87	62

<u>CALLS FOR SERVICE</u>	4,076	4,241	16,624	16,618
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TRAFFIC

CITATIONS ISSUED	788	859	2,885	2,931
CITY ORDINANCES	30	28	104	124
WARNINGS	429	508	1,927	8,652
ROADWAY CRASHES	73	72	256	252

PLANNING COMMISSION ATTENDANCE RECORD

3-Year Term

Term of Appointment

April 2016

Report Date: Month Year

Name & Term Length (start/end)	Meetings Held Past 12 Months	# of Meetings Member Eligible to Attend	# Meetings Attended	# Meetings Absent	Meeting Dates Absent	Percentage Attendance
Jack Bernard 10/01/15 - 09/30/18	13	7	6	1	4/11/2016	86%
David Conner 10/07/10 - 09/30/16	13	13	13	0		100%
Aaron Daily 10/1/14 - 09/30/17	13	13	11	2	4/13/2015 7/13/2015	85%
Frank Destadio Chairman 04/21/11 - 09/30/18	13	13	9	4	6/1/2015 9/14/2015 1/25/2016 4/11/2016	69%
Lynda Wojcik Vice Chairman 02/23/09 - 09/30/16	13	13	12	1	2/8/2016	92%
JT Rabun Alternate 10/01/15 - 09/30/16	13	7	6		1/11/2016	86%

COMMISSION/AUTHORITY ATTENDANCE RECORD

RECREATION & SPECIAL EVENT'S ADVISORY BOARD

April 18, 2016

Five (5) year to NEW - Three (3) year term

Name & Date of Appointment	Meetings Held Past 12 Months	# of Meetings Member Eligible to Attend	# Meetings Attended	# Meetings Absent	Meeting Dates Absent	Percentage Attendance
Joe Keubler 12/18/09 - 12/31/16	10	10	7	3	7/27/2015 1/18/16 3/21/16	70%
Eric Snell 1/1/15 - 12/31/2017	10	10	8	2	6/15/15 no quorum 2/15/16	80%
LeRoy Scott 1/1/2015 - 12/31/2017	10	10	7	3	4/20/2015 3/21/16 4/18/16	70%
Beverly Ferguson 1/1/15 - 12/31/2017 fulfilling Joel Kinsman Term	10	10	9	1	7/27/15	90%
Shayne Robinson 1/1/15 - 12/31/2017 First Meeting 2/15/16	10	3	3	0		100%
Chris Bains - Alternate 1/1/15 - 12/31/2017 First Meeting 2/15/16	10	3	2	1	4/18/16	67%

CITY OF PEACHTREE CITY

INTEROFFICE MEMORANDUM

TO: Mayor and Council

VIA: City Manager 

FROM: Deputy City Clerk 

DATE: May 3, 2016

SUBJECT: Alcohol License – NEW – Sprouts
May 19, 2016, Council Meeting

Recommendation:

Staff recommends Council consider the attached application for a new alcohol license.

Discussion:

Sprouts, 2015 E. Highway 54, Ste. 109, has submitted a request for a new alcohol license. Mr. Brandon F. Lombardi has requested he be appointed as the Licensee. Mr. Paul V. Rohan has requested he be appointed as the License Representative.

Budgetary Impact:

The budgetary impact of the alcoholic beverage license will be positive. The applicant will be required to pay the annual fee for the sale of beer and wine, which is \$1,350.

Attachments



CITY HALL
 151 WILLOWBEND ROAD
 PEACHTREE CITY, GA 30269
 PHONE: 770-487-7657
 FAX: 770-631-2505
 WWW.PEACHTREE-CITY.ORG

Application For Alcoholic Beverage License

Business Name: SF Markets, LLC d/b/a Sprouts Farmers Market #524	Business Location: 2015 E. Hwy 54, Ste. 109 Peachtree City, GA 30269	
Nature of Business: Grocery Store	Mailing Address: 5455 E. High St., Ste. 111 Phoenix, AZ 85054	Business Phone Number: TBD
Name of Licensee: Brandon F. Lombardi	Home Address: 3507 E. Coolidge Street Phoenix, AZ 85018	Home Phone Number: (480) 814-8016
Name of License Representative: Paul V. Rohan	Home Address: 4258 Duncan Ives Drive Buford, GA 30519	Home Phone Number: (241) 504-5725

Please indicate type of licenses applying for:

Retail Consumption Dealer		Retail Package Dealer		Wholesale Dealer	
☐	Malt Beverage	☒	Malt Beverage	☐	Malt Beverage
☐	Wine	☒	Wine	☐	Wine
☐	Distilled Spirits	☐	Distilled Spirits	☐	Distilled Spirits

Please complete information below (use separate sheet if necessary):

NAME	ADDRESS	PHONE NUMBERS
Individual Owner's Name, Partners' Names, Corporation Name and the name of the name of a Contact Person regarding License Changes, Taxes, etc.	Please provide Home Addresses for the individuals listed:	Please provide Home <u>and</u> Business Phone Numbers for individuals listed:
Please see attached Exhibit "A"		

Is any person who owns an interest in the license an employee of the City of Peachtree City? YES / **(NO)**

If YES, Please Provide Name of Employee: N/A

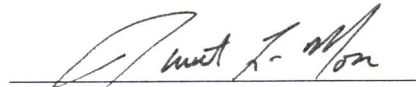
State of Georgia

City of Peachtree City

I, Janet Moon, Chief of Police for the City of Peachtree City, do hereby certify that:

Mr. Brandon Lombardi
3507 E Coolidge St
Phoenix, AZ 85018

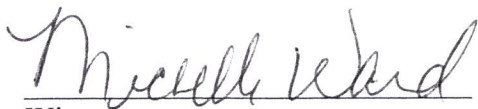
has been investigated and found not to have been convicted of, nor to have entered a plea of nolo contendere, to any felony or misdemeanor relating to the sale or use of alcoholic beverages or illegal narcotics or drugs within five (5) years prior to the date of the application for this license.



Janet L. Moon
Chief of Police

4/20/16

Date



Witness

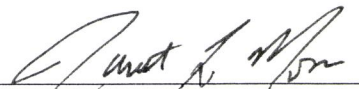
State of Georgia

City of Peachtree City

I, Janet Moon, Chief of Police for the City of Peachtree City, do hereby certify that:

Mr. Paul Rohan
4258 Duncan Ives Dr
Buford, GA 30519

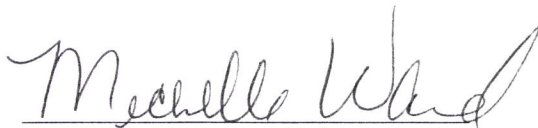
has been investigated and found not to have been convicted of, nor to have entered a plea of nolo contendere, to any felony or misdemeanor relating to the sale or use of alcoholic beverages or illegal narcotics or drugs within five (5) years prior to the date of the application for this license.



Janet L. Moon
Chief of Police

4/20/16

Date



Witness

SUMNER | MEEKER
LLC
ATTORNEYS AT LAW

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 11, 2016

RE: Termination of Agreement with CourtView Justice Solutions, Inc.

The City entered into an agreement with CourtView Justice Solutions, Inc. in November, 2015 for a case management system for municipal court. As staff and CourtView began to implement the system, certain issues were discovered which resulted in the City needing to go in a different direction for a case management system. Discussions then began with CourtView to terminate the agreement.

Attached to this memo is the proposed release. In short, CourtView will be paid for the time involved in trying to make the system operable. A portion of the fees owed for the agreement are also being paid to obtain a release. The majority of the software and maintenance fees as required by the contract are being waived by CourtView.

TPM/kg
Attachment

MUTUAL RELEASE OF CLAIMS

The Parties to this Agreement, COURTVIEW JUSTICE SOLUTIONS, INC. and the CITY OF PEACHTREE CITY, GEORGIA:

WHEREAS, CourtView Justice Solutions, Inc. (hereinafter "CJS") and the City of Peachtree City, Georgia (hereinafter "City") entered into an agreement for a case management system and related services for the City's Municipal Court, said Agreement dated November 17, 2015; and

WHEREAS, CJS and the City desire to mutually terminate the Agreement.

NOW THEREFORE, the parties do hereby agree as follows:

1. The parties agree to mutually terminate the Agreement.
2. CJS, in consideration of the lump sum payment in the amount of \$14,106.16 which will be made by the City on or before May 31, 2016, and in consideration of the mutual releases provided by the parties to this Agreement, does hereby for itself, its heirs, personal representatives and assigns, release and forever discharge THE CITY OF PEACHTREE CITY, GEORGIA and any other person, firm or corporation charged or chargeable with responsibility or liability, their heirs, representatives or assigns, from any and all claims, demands, damages, costs, expenses, including attorney's fees, loss of services, actions and causes of action arising from any act or occurrence up to the present time arising out of or relating to the mutual termination of the Agreement.
3. The City, in consideration of the services provided to the City by CJS and in consideration of the mutual releases provided by the parties to this Agreement, does hereby for itself, its heirs, personal representatives and assigns, release and forever discharge CJS and any other person, firm or corporation charged or chargeable with responsibility or liability, their heirs, representatives or assigns, from any and all claims, demands, damages, costs, expenses, including attorney's fees, loss of services, actions and causes of action arising from any act or occurrence up to the present time arising out of or relating to the mutual termination of the Agreement.
4. The parties expressly acknowledge and agree that they will not make any statements, comments, or communications, whether orally or in writing, that could constitute disparagement of the other party or that could be considered derogatory or detrimental to the good name or business reputation of the other. For purposes of this paragraph, disparagement is communication that would tend to cause the recipient of the communication to question the business condition, integrity, competence, good character or product quality of the entity to whom the communication relates.

5. To procure payment of the said sum, we each hereby declare: that WE ARE more than LEGAL years of age; that no representation about the nature and extent of said injuries, disabilities or damages made by any attorney or agent or any party hereby released, nor any representations regarding the nature and extent of legal liability or financial responsibility of any of the Parties released, have induced US to make this settlement; that in determining said sum there has been taken into consideration not only the ascertained injuries, disabilities and damages, but also the possibility that consequences not now anticipated may result from the said Incident.

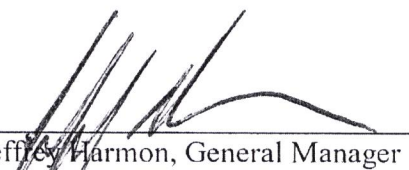
6. The Undersigned further covenant and agree that they will never institute in the future any complaint, suit, action or cause of action, in law or in equity, against the Parties released, nor institute, prosecute or in any way aid in the institution or prosecution of any claim, demand, action, cause of action, suit or complaint for or on account of any damage, loss, injury or expense in consequence of the Incident or same operative facts set forth above. Additionally, if it is necessary to seek the enforcement of this Agreement or if either Party is found to be in breach of this Agreement, the prevailing party shall be awarded its reasonable attorneys' fees, expenses, and litigation costs for its efforts to enforce the terms of the Agreement.

7. The Parties represent to one another that they have the power and are duly authorized to enter into this Agreement with regard to all matters described herein upon the terms set forth and that the persons executing this Agreement are the authorized agents of the respective Parties for the purposes of executing this Agreement.

Signed and sealed this _____ day of _____, 2016.

CourtView Justice Solutions, Inc.

THE CITY OF PEACHTREE CITY,
GEORGIA

By: 
Jeffrey Harmon, General Manager

Jon Rorie, City Manager

Its: _____

Attest:

Attest:

Betsy Tyler, City Clerk

Secretary

{SEAL}

{SEAL}

CITY OF PEACHTREE CITY

INTEROFFICE MEMORANDUM

TO: Mayor and Council

FROM: Jon Rorie, City Manager 

DATE: May 10, 2016

SUBJECT: Non-Profit Funding Request – Promise Place
5/19/2016 Consent Agenda – City Council Meeting

Recommendation:

That Council considers approval of this request for non-profit funding for Promise Place for the FY2017 budget year.

Discussion:

For the past several years, Council has approved funding 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 completed Form 990 (attached). Per the terms of the policy, Promise Place provides services the City does not, including crises services and emergency shelter for victims of domestic violence. They also provide legal advocacy and a teen dating violence prevention program at McIntosh High School. Promise Place serves 2,213 clients annually with 79 clients being in Peachtree City.

Attached is the request for funding for the FY2017 budget. The request is for \$10,000.00 to continue to provide these services. Should Council approve this request, both the City and Promise Place must sign an agreement indicating what services are provided.

Budget Impact:

This item will have a budgetary impact of \$10,000.00 to Account 100-105-572020, which will be included in the proposed FY2017 Budget to be presented 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: P.O. Box 854, Fayetteville 30214 dlb/a Promise Place
Phone #: 770/461-3839 Fax #: 770/460-1604
Contact Person: Vanessa Wilkins
Title: Exec. Director

Financial Information:

Total Annual Budget: \$611,468
Total Clients Served Annually: 2,213
Peachtree City Residents Served Annually: 79

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 Peachtree City. We also provide legal advocacy and a teen dating violence prevention program at McIntosh High School.

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

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



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

April 27, 2016

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 2015, Promise Place provided intervention services to 2,213 victims of domestic violence. Of those clients, 364 were Fayette county residents with 79 clients residing in Peachtree City. In addition, Promise Place provided shelter to 27 women and 11 children from Peachtree City. 119 women attended our support groups in Peachtree City. 133 victims of domestic violence were provided legal advocacy in Fayette county with 49 of these residing in Peachtree City. Our Teen Dating Violence Prevention program reached 381 students and our domestic violence awareness events were presented to 982 community members.

<u>Prevention/Awareness Services</u>	<u>Participants</u>	<u>No. of PTC</u>
Teen Dating Violence Prevention Program	1,558	381
Community Awareness Presentations	982	218

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 2015, Promise Place received a total of 1,665 calls to our emergency hotline. 62 of those calls were from victims of domestic violence in Peachtree City.

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



"Where Domestic
Violence Ends"

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

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

Because of your continuing support, Promise Place is making a difference in the lives of abused women and their children in Peachtree City. To help continue this much needed service, we are requesting \$10,000.00 from the FY2017 Annual Budget's designated funds for nonprofit organizations. We hope that the Peachtree City Council will continue to support us in our work and grant our request in the amount of \$10,000.00.

Sincerely,

Vanessa Wilkins
Executive Director

Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)▶ Do not enter social security numbers on this form as it may be made public.
▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014
Open to Public Inspection**A For the 2014 calendar year, or tax year beginning 07/01/14, and ending 06/30/15**

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 \$ 661,580
F Name and address of principal officer: MARY CARR 230 OXFORD LANE FAYETTEVILLE GA 30215		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) H(c) Group exemption number ▶
I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527		
J Website: ▶ www.promiseplace.org		
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)	13	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	13	
	5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	35	
	6	Total number of volunteers (estimate if necessary)	0	
	7a Total unrelated business revenue from Part VIII, column (C), line 12		0	
b Net unrelated business taxable income from Form 990-T, line 34		0		
Revenue	8 Contributions and grants (Part VIII, line 1h)		680,849	528,393
	9 Program service revenue (Part VIII, line 2g)			78,673
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)			0
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			54,514
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)		680,849	661,580
	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)		92,013	0
Expenses	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)		361,341	421,789
	16a Professional fundraising fees (Part IX, column (A), line 11e)			0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 5,943			
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)		183,521	290,821
	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)		636,875	712,610
	19 Revenue less expenses. Subtract line 18 from line 12		43,974	-51,030
	Net Assets or Fund Balances	20 Total assets (Part X, line 16)		547,185
21 Total liabilities (Part X, line 26)		299,867	303,124	
22 Net assets or fund balances. Subtract line 21 from line 20		247,318	196,288	

Part II Signature Block

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

Sign Here	Signature of officer MARY CARR Type or print name and title	Date TREASURER			
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	02/02/16		P00325949
	Firm's name ▶ Baker & Mundy, 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

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 \$ **634,779** including grants of \$) (Revenue \$)
PROVIDE ASSISTANCE TO VICTIMS OF DOMESTIC VIOLENCE AND THEIR CHILDREN IN FOUR COUNTIES IN CENTRAL GEORGIA THROUGH EDUCATION, REFERRALS, AND SUPPORT SERVICES TO AID VICTIMS IN EXPLORING THEIR OPTIONS.

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

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

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

(Expenses \$ **0** including grants of \$) (Revenue \$)4e Total program service expenses **634,779**

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

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

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 0	
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 35	
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	X
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7 Organizations that may receive deductible contributions under section 170(c).		
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	
d If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9 Sponsoring organizations maintaining donor advised funds.		
a Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on Part VIII, line 12	10a	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11 Section 501(c)(12) organizations. Enter:		
a Gross income from members or shareholders	11a	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.		
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a	
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c Enter the amount of reserves on hand	13c	
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

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

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

Section A. Governing Body and Management

	1a	13	1b	13	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.						
b Enter the number of voting members included in line 1a, above, who are independent						
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?					2	X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?					3	X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?					4	X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?					5	X
6 Did the organization have members or stockholders?					6	X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?					7a	X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?					7b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:						
a The governing body?					8a	X
b Each committee with authority to act on behalf of the governing body?					8b	X
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O					9	X

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

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10a	X
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.	12a	X
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	12b	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12c	
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	X
13 Did the organization have a written whistleblower policy?	14	X
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	15a	X
b Other officers or key employees of the organization	15b	X
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	X
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☐ Another's website ☐ Upon request ☐ Other (explain in Schedule O)

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records: **▶**

VICKY FARRAGUT
FAYETTEVILLE

P.O. BOX 854

GA 30214

770-461-3839

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

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) REBEKAH BETSILL	5.00									
DIRECTOR	0.00	X						0	0	0
(2) MARY CARR	5.00									
TREASURER	0.00	X		X				0	0	0
(3) JAYNE MOUCHET	5.00									
SECRETARY	0.00	X		X				0	0	0
(4) CATHERINE SANDERSON	5.00									
DIRECTOR	0.00	X						0	0	0
(5) LYNN VICKERS	5.00									
PRESIDENT	0.00	X		X				0	0	0
(6) ANNIE SINGH QUERN	5.00									
DIRECTOR	0.00	X						0	0	0
(7) HARRY E. BUSBY, JR	5.00									
DIRECTOR	0.00	X						0	0	0
(8) DELORES EPPS	5.00									
DIRECTOR	0.00	X						0	0	0
(9) AMY LEUENBERGER	5.00									
DIRECTOR	0.00	X						0	0	0
(10) LANCE GAUNTT	5.00									
DIRECTOR	0.00	X						0	0	0
(11) GEORGE MARTIN	5.00									
DIRECTOR	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) CHERYL MULLIKIN	5.00									
DIRECTOR	0.00	X						0	0	0
(13) MIKE MULLIKIN	5.00									
DIRECTOR	0.00	X						0	0	0
(14) VANESSA E. MOTTLEY	40.00									
EXEC. DIRECTOR					X			55,580		
(15)										
(16)										
(17)										
(18)										
(19)										
1b Sub-total								55,580		
c Total from continuation sheets to Part VII, Section A								-55,580		
d Total (add lines 1b and 1c)										

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

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

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	404,693				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	123,700				
	g Noncash contributions included in lines 1a-1f: \$		42,548				
	h Total. Add lines 1a-1f		528,393				
	Program Service Revenue	2a CONTRIBUTIONS	Busn. Code	78,673	78,673		
b							
c							
d							
e							
f All other program service revenue							
g Total. Add lines 2a-2f			78,673				
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	54,514				
	b Less: direct expenses	b					
	c Net income or (loss) from fundraising events		54,514				
	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		661,580	78,673	0	0		

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	55,580	36,127	19,453	
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	291,809	266,661	25,148	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	47,011	34,318	12,693	
10 Payroll taxes	27,389	23,163	4,226	
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	4,750	4,750		
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	7,134	7,134		
13 Office expenses	22,285	13,074	3,268	5,943
14 Information technology				
15 Royalties				
16 Occupancy	30,886	30,886		
17 Travel	23,752	23,752		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	2,697	2,697		
20 Interest	13,794	11,862	1,932	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	21,472	20,653	819	
23 Insurance	11,179	9,406	1,773	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a CLIENT ASSISTANCE	51,033	51,033		
b FOOD & HOUSE SUPPLIES	42,443	42,443		
c CONTRACT SERVICES	18,112	18,112		
d TELEPHONE	16,494	14,845	1,649	
e All other expenses	24,790	23,863	927	
25 Total functional expenses. Add lines 1 through 24e	712,610	634,779	71,888	5,943
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)				

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest bearing	39,171	1	34,036
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	69,671	3	37,604
	4 Accounts receivable, net		4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	2,931	9	704
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 692,021		
	b Less: accumulated depreciation	10b 266,165	435,112	10c 425,856
	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	912
	15 Other assets. See Part IV, line 11	300	15	300
16 Total assets. Add lines 1 through 15 (must equal line 34)	547,185	16	499,412	
Liabilities	17 Accounts payable and accrued expenses	5,863	17	23,528
	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	294,004	23	279,596
	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	299,867	26	303,124
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	247,318	27	196,288
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here ☐ and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	247,318	33	196,288
34 Total liabilities and net assets/fund balances	547,185	34	499,412	

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	661,580
2	Total expenses (must equal Part IX, column (A), line 25)	2	712,610
3	Revenue less expenses. Subtract line 2 from line 1	3	-51,030
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	247,318
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	196,288

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

	Yes	No
1 Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

SCHEDULE A
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Public Charity Status and Public Support**Complete if the organization is a section 501(c)(3) organization or a section
4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

2014Open to Public
Inspection

Name of the organization

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

Employer identification number

58-1826445**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

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

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	510,494	513,213	626,572	673,222	528,393	2,851,894
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	510,494	513,213	626,572	673,222	528,393	2,851,894
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.						2,851,894

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4	510,494	513,213	626,572	673,222	528,393	2,851,894
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1	7				8
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						2,851,902
12 Gross receipts from related activities, etc. (see instructions)					12	0
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 2014 (line 6, column (f) divided by line 11, column (f))	14	100.00 %
15 Public support percentage from 2013 Schedule A, Part II, line 14	15	63.62 %
16a 33 1/3% support test—2014. 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—2013. 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—2014. 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—2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► ☐		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► ☐		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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 2014 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2013 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18	%
19a 33 1/3% support tests—2014. 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—2013. 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 on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	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)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	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.	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)? If "Yes," describe in Part VI when and how the organization made the determination.	3b	
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.	3c	
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a	
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.	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)? 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.	4c	
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).	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 (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) 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 .	6	
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7	
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).	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))? If "Yes," provide detail in Part VI .	9a	
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b	
c Did a disqualified person (as defined in line 9(a)) 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 .	9c	
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.	10a	
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.)	10b	

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, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?

2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in **Part VI** how the organization maintained a close and continuous working relationship with the supported organization(s).

3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in **Part VI** the role the organization's supported organizations played in this regard.

	Yes	No
1		
2		
3		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):

- a ☐ The organization satisfied the Activities Test. Complete **line 2** below.
- b ☐ The organization is the parent of each of its supported organizations. Complete **line 3** below.
- c ☐ The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions).

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

a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI** identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.

b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in **Part VI** the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.

3 Parent of Supported Organizations. Answer (a) and (b) below.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in **Part VI**.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in **Part VI** the role played by the organization in this regard.

	Yes	No
2a		
2b		
3a		
3b		

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

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

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

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

Section D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes		
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity		
3	Administrative expenses paid to accomplish exempt purposes of supported organizations		
4	Amounts paid to acquire exempt-use assets		
5	Qualified set-aside amounts (prior IRS approval required)		
6	Other distributions (describe in Part VI). See instructions.		
7	Total annual distributions. Add lines 1 through 6.		
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.		
9	Distributable amount for 2014 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-2014	(iii) Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014:			
a				
b				
c				
d				
e	From 2013			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2014 distributable amount			
i	Carryover from 2009 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2014 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6	Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7	Excess distributions carryover to 2015. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a				
b				
c				
d	Excess from 2013 . . .			
e	Excess from 2014 . . .			

Schedule A (Form 990 or 990-EZ) 2014

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.

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

OMB No. 1545-0047

2014**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
- ¹
- /
- ₃
- % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

- ☐
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

- ☐
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the
- General Rule**
- applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$

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

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

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	\$ 48,000	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
2	FAYETTE CO. BOARD OF COMMISSIONERS 140 STONEWALL AVE WEST, STE 100 FAYETTEVILLE GA 30214	\$ 19,200	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
3	VERIZON P.O. BOX 21075 TULSA OK 74121-1075	\$ 10,000	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
4	CITY OF PEACHTREE CITY 151 WILLOWBEND RD PEACHTREE CITY GA 30269	\$ 7,500	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
5	THE MARY KAY FOUNDATION 16251 DALLAS PARKWAY ADDISON TX 75001	\$ 20,000	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
6	COMMUNITY FOUNDATION OF GREATER ATL THE HURT BUILDING, SUITE 449 ATLANTA GA 30303	\$ 5,000	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

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
7	FAYETTE COUNTY BAORD OF REALTORS 101 DEVANT ST., SUITE 706 FAYETTEVILLE GA 30214	\$ 9,000	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
8	NATIONAL CHRISTIAN FOUNDATION 11625 RAINWATER DRIVE, SUITE 500 ALPHARETTA GA 30009	\$ 5,000	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		\$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		\$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		\$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		\$	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" to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

OMB No. 1545-0047

2014**Open 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" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate 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" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (e.g., recreation or education)	☐ Preservation of a historically important land area
☐ Protection of natural habitat	☐ Preservation of a certified historic structure
☐ Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

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

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

4 Number of states where property subject to conservation easement is located ►

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ►

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included in Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

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

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

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

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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

	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 in Part XIII

Part V Endowment Funds.

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

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

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

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

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

- (i) unrelated organizations
 (ii) related organizations

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		102,143		102,143
b Buildings		536,124		536,124
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.) ▶				638,267

Part VII Investments—Other Securities.

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

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

Part VIII Investments—Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

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

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

Part XIII Supplemental Information (continued)

SCHEDULE G
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Supplemental Information Regarding Fundraising or Gaming Activities**

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2014Open to Public
Inspection

Name of the organization

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

Employer identification number

58-1826445**Part I****Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a ☐ Mail solicitations
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 ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

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

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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<u>VARIOUS FUNDRAI</u> (event type)	(event type)	<u>None</u> (total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	54,514			54,514
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)	54,514			54,514
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)				54,514

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

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

9 Enter the state(s) in which the organization 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:

- 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

2014**Open To Public
Inspection**Department of the Treasury
Internal Revenue Service

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

Name of the organization

**FAYETTE 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	42,548	
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 is not required
to be used for exempt purposes for the entire holding period?

	Yes	No
30a		X
31		X
32a		X
33		

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

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

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

b If "Yes," describe in Part II.

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

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2014**Open to Public
Inspection**

Name of the organization

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

Employer identification number

58-1826445**Form 990, Part VI, Line 11b - Organization's Process to Review Form 990****Board of Directors review the 990 before being issued.****Form 990, Part VI, Line 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

2014Attachment
Sequence No. **179**Department of the Treasury
Internal Revenue Service

(99)

▶ Attach to your tax return.
▶ Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.

Name(s) shown on return

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

Identifying number

58-1826445

Business or activity to which this form relates

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

1	Maximum amount (see instructions)	1	500,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,000,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2013 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2015. Add lines 9 and 10, less line 12	13	

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

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	20,478

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

17	MACRS deductions for assets placed in service in tax years beginning before 2014	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 2014 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 2014 Tax Year Using the Alternative Depreciation System

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

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	20,478
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2014)

FAYETTE COUNTY COUNCIL ON DOMESTIC 58-1826445

Form 4562 (2014)

Page **2****Part V Listed Property** (Include automobiles, certain other vehicles, certain aircraft, certain computers, and property used for entertainment, recreation, or amusement.)**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.**Section A—Depreciation and Other Information** (Caution: See the instructions for limits for passenger automobiles.)

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

Section B—Information on Use of Vehicles

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

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

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

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

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

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year	
42 Amortization of costs that begins during your 2014 tax year (see instructions):						
43 Amortization of costs that began before your 2014 tax year					43	994
44 Total. Add amounts in column (f). See the instructions for where to report					44	994

PROMISEPLAC FAYETTE COUNTY COUNCIL ON DOMESTIC
58-1826445
FYE: 6/30/2015

02/02/2016 8:59 AM

Federal Asset Report
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	332	56
3	WASHER & DRYER	12/01/03	1,346			1,346	7 MO S/L	1,157	189
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	111,363	4,977
6	BUILDING - SHELTER	4/04/08	345,795			345,795	31 MO S/L	68,157	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	579	120
9	COOKTOP	8/18/10	699			699	5 MO S/L	579	120
10	WASHING MACHINE	8/18/10	1,100			1,100	5 MO S/L	910	190
11	DRYER	8/18/10	1,150			1,150	5 MO S/L	951	199
12	REFRIGERATOR	8/18/10	1,301			1,301	5 MO S/L	1,076	225
13	REFRIGERATOR	8/18/10	1,301			1,301	5 MO S/L	1,076	225
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	1,266	169
16	HVAC - SHELTER	12/22/08	4,650			4,650	7 MO S/L	4,027	623
17	PLUMBING SYSTEM	5/26/10	4,138			4,138	7 MO S/L	3,099	591
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	724	152
21	AC UNIT	8/06/12	2,425			2,425	10 MO S/L	363	243
22	FURNITURE	7/01/91	9,792			9,792	5 MO S/L	6,568	0
23	FURNITURE	1/01/01	697			697	7 MO S/L	629	68
24	OFFICE FURNITURE	12/31/07	2,100			2,100	7 MO S/L	1,950	150
25	FURNACE HVAC	11/30/05	1,598			1,598	7 MO S/L	1,565	33
26	COMPUTER	3/01/97	1,648			1,648	5 MO S/L	1,648	0
27	SHREDDER	7/01/00	443			443	7 MO S/L	392	0
28	COMPUTER & PRINTER	12/01/03	1,291			1,291	5 MO S/L	1,179	0
29	COMPUTER	10/14/05	708			708	5 MO S/L	650	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	574	61
34	LAPTOP	9/30/10	585			585	5 MO S/L	483	102
35	COPIER	4/22/11	999			999	5 MO S/L	827	172
36	COMPUTER	6/30/11	600			600	5 MO S/L	496	104
37	LANDSCAPING	7/10/12	2,010			2,010	15 MO S/L	201	134
38	NETBOOKS	9/05/14	600			600	5 MO S/L	0	100
39	COMPUTER SYSYEM	6/01/15	1,550			1,550	5 MO S/L	0	26
40	DELL COMPUTERS	9/12/14	1,258			1,258	5 MO S/L	0	210
41	WEB SITE	3/24/15	550			550	3 MO S/L	0	46
42	PROJECTOR	9/05/14	494			494	7 MO S/L	0	59
43	DESK	9/24/14	375			375	7 MO S/L	0	40
44	SEPTIC SYSTEM	12/30/14	4,740			4,740	39 MO S/L	0	61
45	HVAC	1/14/15	1,638			1,638	15 MO S/L	0	55
Total Other Depreciation			<u>692,021</u>			<u>692,021</u>		<u>245,689</u>	<u>20,478</u>
Total ACRS and Other Depreciation			<u>692,021</u>			<u>692,021</u>		<u>245,689</u>	<u>20,478</u>
Amortization:									
46	LOAN FEE	10/31/13	2,983			2,983	3 MO Amort	1,077	994
			<u>2,983</u>			<u>2,983</u>		<u>1,077</u>	<u>994</u>
Grand Totals			695,004			695,004		246,766	21,472
Less: Dispositions and Transfers			0			0		0	0
Less: Start-up/Org Expense			0			0		0	0
Net Grand Totals			<u>695,004</u>			<u>695,004</u>		<u>246,766</u>	<u>21,472</u>

CITY OF PEACHTREE CITY

INTEROFFICE MEMORANDUM

TO: Mayor and Council
FROM: Jon Rorie, City Manager 
DATE: May 10, 2016
SUBJECT: Non-Profit Funding Request – Fayette Senior Services
5/19/2016 Consent Agenda - City Council Meeting

Recommendation:

That Council considers approval of this request for non-profit funding for Fayette Senior Services for the FY2017 budget year.

Discussion:

For the past several years, Council has approved funding support of Fayette Senior Services in accordance with CAR 8-3 (attached). As required in CAR 8-3, Fayette Senior Services has included with their request, a copy of their latest completed Form 990 (attached). Per the terms of the policy, Fayette Senior Services provides services to our seniors that the City does not provide. Fayette Senior Services has provided services to Fayette County Seniors since 1978. These services meet the basic needs of some of our residents in the form of home delivered meals and non-emergency medical transportation. Fayette Senior Services served 669 clients last fiscal year with 220 (32.88%) of those clients being in Peachtree City. These services included 54,343 home delivered meals and 14,378 non-emergency medical transports.

Attached is the request for funding for the FY2017 budget. The request is for \$15,000.00, to continue to provide social services. Should Council approve this request, both the City and Fayette Senior Services must sign an agreement indicating what services are provided.

Budget Impact:

This item will have a budgetary impact of \$15,000.00 to account 100-1505-572020, which will be included in the proposed FY2017 Budget to be presented pending Council approval of the request.

Attachment (s)



**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 & CEO

Financial Information:

Total Annual Budget: \$ 1,654,459
Total Clients Served Annually: 669 (last fiscal year)
Peachtree City Residents Served Annually: 220 - 32.88%

Funding Request Information:

Funding Amount Requested: \$15,000⁰⁰
Funding Use(s): home delivered meals, non-emergency medical trips.
Additional Information on Organization/Services: Fayette Senior Svcs, Inc.
has provided services to Fayette County Seniors since
1978. We provided 54,343 home delivered meals and
14,378 non emergency medical trips last fiscal year.

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:** _____

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

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

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

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

OMB No. 1545-0047

2014
Open to Public
Inspection**A** For the 2014 calendar year, or tax year beginning 07/01/14, and ending 06/30/15

B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Final return/terminated ☐ Amended return ☐ Application pending	C Name of organization <u>FAYETTE SENIOR SERVICES, INC.</u>		D Employer identification number <u>58-1364158</u>
	Doing business as		E Telephone number <u>770-461-0813</u>
	Number and street (or P.O. box if mail is not delivered to street address) <u>4 CENTER DRIVE</u>		
	City or town, state or province, country, and ZIP or foreign postal code <u>FAYETTEVILLE GA 30214</u>		G Gross receipts \$ <u>1,654,814</u>
	F Name and address of principal officer:		

H(a) Is this a group return for subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

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

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: WWW.FAYSS.ORG**H(c)** Group exemption number ▶**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation: 1982**M** State of legal domicile: GA**Part I Summary**

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>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.</u>		
	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)	<u>3</u>	<u>10</u>
	4 Number of independent voting members of the governing body (Part VI, line 1b)	<u>4</u>	<u>10</u>
	5 Total number of individuals employed in calendar year 2014 (Part V, line 2a)	<u>5</u>	<u>46</u>
	6 Total number of volunteers (estimate if necessary)	<u>6</u>	<u>322</u>
		7a Total unrelated business revenue from Part VIII, column (C), line 12	
	7b Net unrelated business taxable income from Form 990-T, line 34		<u>0</u>
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year <u>984,931</u>	Current Year <u>1,012,155</u>
	9 Program service revenue (Part VIII, line 2g)	<u>505,274</u>	<u>552,993</u>
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u>3,345</u>	<u>4,636</u>
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u>78,621</u>	<u>84,675</u>
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>1,572,171</u>	<u>1,654,459</u>
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		<u>0</u>
	14 Benefits paid to or for members (Part IX, column (A), line 4)		<u>0</u>
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<u>708,671</u>	<u>769,305</u>
	16a Professional fundraising fees (Part IX, column (A), line 11e)		<u>0</u>
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>27,743</u>		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<u>908,669</u>	<u>1,004,059</u>
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<u>1,617,340</u>	<u>1,773,364</u>
	19 Revenue less expenses. Subtract line 18 from line 12	<u>-45,169</u>	<u>-118,905</u>
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year <u>1,294,991</u>	End of Year <u>1,273,716</u>
	21 Total liabilities (Part X, line 26)	<u>51,645</u>	<u>148,282</u>
	22 Net assets or fund balances. Subtract line 21 from line 20	<u>1,243,346</u>	<u>1,125,434</u>

Part II Signature Block

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

Sign Here	Signature of officer <u>NANCY MEADERS</u>		Date	
	Type or print name and title <u>PRESIDENT</u>			
Paid Preparer Use Only	Print/Type preparer's name <u>David A. Nelms, C.P.A.</u>	Preparer's signature <u>David A. Nelms, C.P.A.</u>	Date	Check ☐ f PTIN self-employed <u>P00400911</u>
	Firm's name ▶ <u>BROWN, NELMS & Co., CPAs</u>	Firm's EIN ▶ <u>58-1737336</u>		
	Firm's address ▶ <u>300 Finance Avenue</u> <u>Peachtree City, GA 30269-6848</u>	Phone no. <u>770-461-5502</u>		
	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** (2014)

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

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

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

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

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

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

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

4a (Code:) (Expenses \$ 1,632,653 including grants of \$) (Revenue \$ 552,992)

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

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

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

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

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

4e Total program service expenses **1,632,653**

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	1 X	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2 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	3	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	4	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	5	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	6 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	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	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	9	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	10	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	11a 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	11b	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	11c	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	11d	X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e 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	11f	X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a 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	12b	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	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	14b	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	15	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	16	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)	17	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	18	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	19	X
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		X
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		X
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? If "Yes," complete Schedule L, Part 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? If "Yes," complete Schedule L, Part I		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
28a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
28b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		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? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, or IV, and Part V, line 1		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
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)? If "Yes," complete Schedule R, Part V, line 2		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
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
3b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
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
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
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		
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		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

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

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.	1a	10
b Enter the number of voting members included in line 1a, above, who are independent	1b	10
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3	X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5	X
6 Did the organization have members or stockholders?	6	X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	8a	X
b Each committee with authority to act on behalf of the governing body?	8b	X
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	X

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed ► GA
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: ►

NANCY MEADERS
FAYETTEVILLE

4 CENTER DRIVE

GA 30214

770-461-0813

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

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) NANCY MEADERS PRESIDENT	40.00 0.00			X				82,500	0	0
(2) MARTHA TEAL SECRETARY	3.00 0.00			X				0	0	0
(3) CHRIS MALLON CHAIRMAN	2.00 0.00			X				0	0	0
(4) BOB TRUITT VICE CHAIRMAN	2.00 0.00			X				0	0	0
(5) MARK GRAY TREASURER	2.00 0.00			X				0	0	0
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12)										
(13)										
(14)										
(15)										
(16)										
(17)										
(18)										
(19)										
1b Sub-total							82,500			
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							82,500			

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

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

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

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

	Yes	No
3		X
4		X
5		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
OPEN HAND ATLANTA ATLANTA GA 30384	176 OTTLEY DRIVE NE PROVIDES MEALS	163,892

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **1**

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
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 833,947			
	f All other contributions, gifts, grants, and similar amounts not included above	1f 178,208			
	g Noncash contributions included in lines 1a-1f: \$				
	h Total. Add lines 1a-1f	1,012,155			
Program Service Revenue	2a Center Fees	415,874	415,874		
	b Transportation	61,871	61,871		
	c Home Delivered Meals	38,042	38,042		
	d Congregate Program	23,700	23,700		
	e 40060 Multi-Purpose Building	9,655	9,655		
	f All other program service revenue	3,851	3,851		
	g Total. Add lines 2a-2f	552,993			
	3 Investment income (including dividends, interest, and other similar amounts)	4,991	4,991		
4 Income from investment of tax-exempt bond proceeds					
5 Royalties					
Other Revenue	6a Gross rents				
	b Less: rental exps.				
	c Rental inc. or (loss)				
	d Net rental income or (loss)				
	7a Gross amount from sales of assets other than inventory				
	b Less: cost or other basis & sales exps.	355			
	c Gain or (loss)	-355			
	d Net gain or (loss)		-355		
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	a 11,511			
	b Less: direct expenses	b			
	c Net income or (loss) from fundraising events	11,511			11,511
	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 Donations - Building Expansio		55,650	55,650		
b Building Fayette County (GIK)		12,000	12,000		
c 40201 Gift In Kind Income		5,223	5,223		
d All other revenue		291	291		
e Total. Add lines 11a-11d		73,164			
12 Total revenue. See instructions.		1,654,459	630,793	0	11,511

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	82,500	63,125	7,000	12,375
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	627,607	564,834	62,773	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	59,198	53,278	5,920	
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	28,169	25,352	2,817	
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	36,956	33,260	3,696	
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	81,656	73,490	8,166	
23 Insurance	40,959	36,863	4,096	
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 CONTRACT EXPENSE	304,229	304,229		
b MEALS	282,823	282,823		
c SUPPLIES	69,667	48,869	5,430	15,368
d MAINTENANCE	42,381	38,143	4,238	
e All other expenses	117,219	108,387	8,832	
25 Total functional expenses. Add lines 1 through 24e	1,773,364	1,632,653	112,968	27,743
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance 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	469,292	1	229,077
	2 Savings and temporary cash investments	527,472	2	431,442
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	85,891	4	85,112
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,100,294		
	b Less: accumulated depreciation	10b 793,948	212,336	10c 306,346
	11 Investments—publicly traded securities		11	221,739
	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)		1,294,991	16	1,273,716
Liabilities	17 Accounts payable and accrued expenses	13,028	17	87,083
	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	38,617	25	61,199
	26 Total liabilities. Add lines 17 through 25	51,645	26	148,282
	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		325,416	27	248,328
28 Temporarily restricted net assets		917,930	28	877,106
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		1,243,346	33	1,125,434
34 Total liabilities and net assets/fund balances	1,294,991	34	1,273,716	

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	1,654,459
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,773,364
3	Revenue less expenses. Subtract line 2 from line 1	3	-118,905
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,243,346
5	Net unrealized gains (losses) on investments	5	993
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	1,125,434

Part XII Financial Statements and Reporting

Check 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	2a	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	2b	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.	2c	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?	3a	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.	3b	

Form 990 (2014)

SCHEDULE A
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Public Charity Status and Public Support**Complete if the organization is a section 501(c)(3) organization or a section
4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2014Open to Public
Inspection

Name of the organization

FAYETTE SENIOR SERVICES, INC.

Employer identification number

58-1364158

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

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

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations _____
- g Provide the following information about the supported organization(s).

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

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	945,899	1,019,211	1,099,209	984,931	1,012,155	5,061,405
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge		12,000	12,000	12,000	12,000	48,000
4 Total. Add lines 1 through 3	945,899	1,031,211	1,111,209	996,931	1,024,155	5,109,405
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.						5,109,405

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4	945,899	1,031,211	1,111,209	996,931	1,024,155	5,109,405
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	10,423	7,353	3,930	3,344	4,991	30,041
9 Net income from unrelated business activities, whether or not the business is regularly carried on	34,377	56,069	36,444	38,473	10,511	175,874
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)		33,340				33,340
11 Total support. Add lines 7 through 10						5,348,660
12 Gross receipts from related activities, etc. (see instructions)					12	631,148
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 2014 (line 6, column (f) divided by line 11, column (f))	14	95.53 %
15 Public support percentage from 2013 Schedule A, Part II, line 14	15	95.64 %
16a 33 1/3% support test—2014. 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—2013. 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—2014. 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—2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► ☐		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► ☐		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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 2014 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2013 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18	%
19a 33 1/3% support tests—2014. 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—2013. 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 on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	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)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	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.	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)? If "Yes," describe in Part VI when and how the organization made the determination.	3b	
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.	3c	
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a	
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.	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)? 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.	4c	
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).	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 (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) 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 .	6	
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7	
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).	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))? If "Yes," provide detail in Part VI .	9a	
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b	
c Did a disqualified person (as defined in line 9(a)) 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 .	9c	
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.	10a	
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.)	10b	

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, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) 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.

	Yes	No
2a		
2b		

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
3a		
3b		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	

- 7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).

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

Section D - Distributions		Current Year	
1	Amounts paid to supported organizations to accomplish exempt purposes		
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity		
3	Administrative expenses paid to accomplish exempt purposes of supported organizations		
4	Amounts paid to acquire exempt-use assets		
5	Qualified set-aside amounts (prior IRS approval required)		
6	Other distributions (describe in Part VI). See instructions.		
7	Total annual distributions. Add lines 1 through 6.		
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.		
9	Distributable amount for 2014 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-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2014:			
a			
b			
c			
d			
e From 2013			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2014 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 Excess distributions carryover to 2015. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c			
d Excess from 2013 . . .			
e Excess from 2014 . . .			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions.)

Part II, Line 10 - Other Income Detail

GIFTS IN KIND	\$	31,025
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VENDORS COMP	\$	240
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MISCELLANEOUS REVENUE	\$	2,075
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Schedule B
(Form 990, 990-EZ,
or 990-PF)

 Department of the Treasury
 Internal Revenue Service

Schedule of Contributors

OMB No. 1545-0047

2014

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

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

Name of the organization

FAYETTE SENIOR SERVICES, INC.

Employer identification number

58-1364158

Organization type (check one):
Filers of:
Section:

Form 990 or 990-EZ

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

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

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

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

☐ 501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

- ☒ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃ % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year

▶ \$

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

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Name of organization

FAYETTE SENIOR SERVICES, INC.

Employer identification number

58-1364158

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	UNITED WAY OF METROPOLITAN ATLANTA 100 EDGEWOOD AVENUE NE ATLANTA GA 30303	\$ 50,963	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
2	ATLANTA REGIONAL COMMISSION 40 COURTLAND ST. NE ATLANTA GA 30303	\$ 443,882	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
3	FAYETTE COUNTY BOARD OF COMMISSIONER 140 STONEWALL AVENUE SUITE 100 FAYETTEVILLE GA 30214	\$ 174,556	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
4	CITY OF PEACHTREE CITY 151 WILLOWBEND ROAD PEACHTREE CITY GA 30269	\$ 197,000	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
5	CLOTHES LESS TRAVELED 459 HWY. 74S PEACHTREE CITY GA 30269	\$ 43,290	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" to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2014**Open to Public
Inspection**

Name of the organization

FAYETTE SENIOR SERVICES, INC.

Employer identification number

58-1364158

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

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	1	
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year	538	

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☒ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☒ No

Part II Conservation Easements.

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (e.g., recreation or education) ☐ Preservation of a historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

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

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

4 Number of states where property subject to conservation easement is located ▶

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 ▶ \$

(ii) Assets included in Form 990, Part X ▶ \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included in Form 990, Part VIII, line 1 ▶ \$

b Assets included in Form 990, Part X ▶ \$

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

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

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

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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

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

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21, 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 in Part XIII ☐

Part V Endowment Funds.

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

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

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

- a Board designated or quasi-endowment %
 b Permanent endowment %
 c Temporarily restricted endowment %

The percentages in lines 2a, 2b, and 2c should equal 100%.

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

- (i) unrelated organizations
 (ii) related organizations

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other		1,100,294	793,948	306,346
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				306,346

Part VII Investments—Other Securities.

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

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

Part VIII Investments—Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) 24100 Employee Benefits Payable	24,225
(3) 23210 Accrued Payroll	19,444
(4) Long term capital lease	9,110
(5) 23212 Lease Liability	3,166
(6) Payroll Liabilities:State Withholdin	2,232
(7) Payroll Liabilities	1,536
(8) *Sales Tax Payable	753
(9) Payroll Liabilities:SUTA	733
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►	
	61,199

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	1,654,459
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	1,654,459
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	1,654,459

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

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

1	Total expenses and losses per audited financial statements	1	1,773,364
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	1,773,364
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	1,773,364

Part XIII Supplemental Information.

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

Part X - Other Liabilities Continued

Description	Book Value
Accrued Liabilities	0

Part XIII Supplemental Information (continued)

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2014

**Open to Public
Inspection**

Employer identification number

FAYETTE SENIOR SERVICES, INC.

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.

4562

Depreciation and Amortization

(Including Information on Listed Property)

OMB No. 1545-0172

2014

Attachment
Sequence No.

179

Department of the Treasury
Internal Revenue Service

(99)

▶ Attach to your tax return.
▶ Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.

Name(s) shown on return

FAYETTE SENIOR SERVICES, INC.

Identifying number

58-1364158

Business or activity to which this form relates

Indirect Depreciation

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

1	Maximum amount (see instructions)	1	500,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,000,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2013 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2015. Add lines 9 and 10, less line 12	13	

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

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	81,657

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

17	MACRS deductions for assets placed in service in tax years beginning before 2014	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 2014 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	
				MM	S/L	

Section C—Assets Placed in Service During 2014 Tax Year Using the Alternative Depreciation System

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

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	81,657
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form 4562 (2014)

DAA

There are no amounts for Page 2

BROWN, NELMS & Co., CPAs
300 Finance Avenue
Peachtree City, GA 30269-6848
770-461-5502

November 2, 2015

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 6/30/15 shows no balance due.

You are using a Personal Identification Number (PIN) for signing your return electronically. Sign the IRS e-file Authorization and mail it as soon as possible to:

BROWN, NELMS & Co., CPAs
300 Finance Avenue
Peachtree City, GA 30269-6848

Initial and date the copies of the IRS e-file Signature Authorization and the Form 990. Retain them for your records. If previously signed and returned no further action is required for Form 8879-EO.

Your return is being filed electronically with the IRS and is not required to be mailed. Mailing a paper copy of your return to the IRS will delay the processing of your return.

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.

Attachment C and D

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 & Co., CPAs

CITY OF PEACHTREE CITY

INTEROFFICE MEMORANDUM

TO: Mayor & Council Members
VIA: Jon Rorie, City Manager
FROM: Joe O'Connor, Fire Chief
DATE: May 9, 2016
SUBJECT: Approval of State of Georgia Mutual Aid and Assistance Agreement.

Recommendation:

The Fire Department requests the Mayor and Council approve and the Mayor sign the attached State of Georgia Mutual Aid and Assistance Agreement. Due to the broad range of services that could be impacted, the City Manager and the Fire Chief listed as the City's Authorized Representatives and the Finance Director and Assistant Finance Director as the Fiscal Officers designated within this 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. 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.

Budget Impact:

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

STATEWIDE MUTUAL AID AND ASSISTANCE AGREEMENT

County/Municipality: City of Peachtree City

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 on 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 Agency/Homeland Security (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, (the Act) as amended 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 agreement 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 aspects of resource shortages, community disorders, insurgency, enemy attack, acts of terrorism, other significant events or a national 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 they 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 statutory 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 VII 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 that are 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 VIII 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 IX
TERM OF AGREEMENT

This Agreement, once executed, is valid until March 1, 2020. 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 X
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:

Jon Rorie

Print Name

City Manager

Job Title/Position

Signature of Above Individual

Joseph O'Conor

Print Name

Fire Chief/Emergency Manager

Job Title/Position

Signature of Above Individual

Print Name

Job Title/Position

Signature of Above Individual

Chief Executive Officer - Signature

Date: ____/____/____

Vanessa Fleisch, Mayor

Chief Executive Officer – Print Name

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

Print Name

Finance Director

Job Title/Position

Signature of Above Individual

Kelly Bush

Print Name

Asst. Finance Director

Job Title/Position

Signature of Above Individual

Print Name

Job Title/Position

Signature of Above Individual

Chief Executive Officer - Signature

Date: ____/____/____

Vanessa Fleisch, Mayor

Chief Executive Officer – Print Name

CITY OF PEACHTREE CITY

INTEROFFICE MEMORANDUM

TO: Mayor and City Council

VIA: City Manager *PS.*
Financial Services Director *ARE*
Purchasing Agent

FROM: Stormwater Manager

DATE: May 11, 2016

SUBJECT: Sale of Surplus Property – 402 Harbor Loop
May 19, 2016, City Council Meeting Consent Agenda

Recommendation:

Staff recommends that Mayor and Council approve the sale of the surplus property at 402 Harbor Loop to Ms. Michelle Thompson for \$6,051.00.

Discussion:

The residential structure at 402 Harbor Loop (property) experienced repetitive occurrences of structural flooding in the past. As part of the structural flooding mitigation project, the City purchased the property and demolished the structure in October 2015. Subsequent to the demolition, local residents expressed interest in potentially purchasing the property. Staff prepared all relevant documentation and the surplus property was advertised for sealed bid public auction with restrictions including no habitable structures may be constructed on the property and a minimum bid of \$6,000.00. The City received one sealed bid from Ms. Michelle Thompson in the amount \$6,051.00

Budget Impact:

If approved by Mayor and Council, the sale of the property will increase the City's revenue.

CITY OF PEACHTREE CITY

INTEROFFICE MEMORANDUM

TO: Mayor and Council

VIA: City Manager
Finance Director
Purchasing Agent *me P.S.*

FROM: Stormwater Manager *mm*

DATE: May 11, 2016

SUBJECT: Drainage Easement Approval – 208 Flat Creek Court
May 19, 2016 City Council Meeting Consent Agenda

Recommendation:

Staff recommends approval of the Permanent Drainage Easement acquisition at 208 Flat Creek Court.

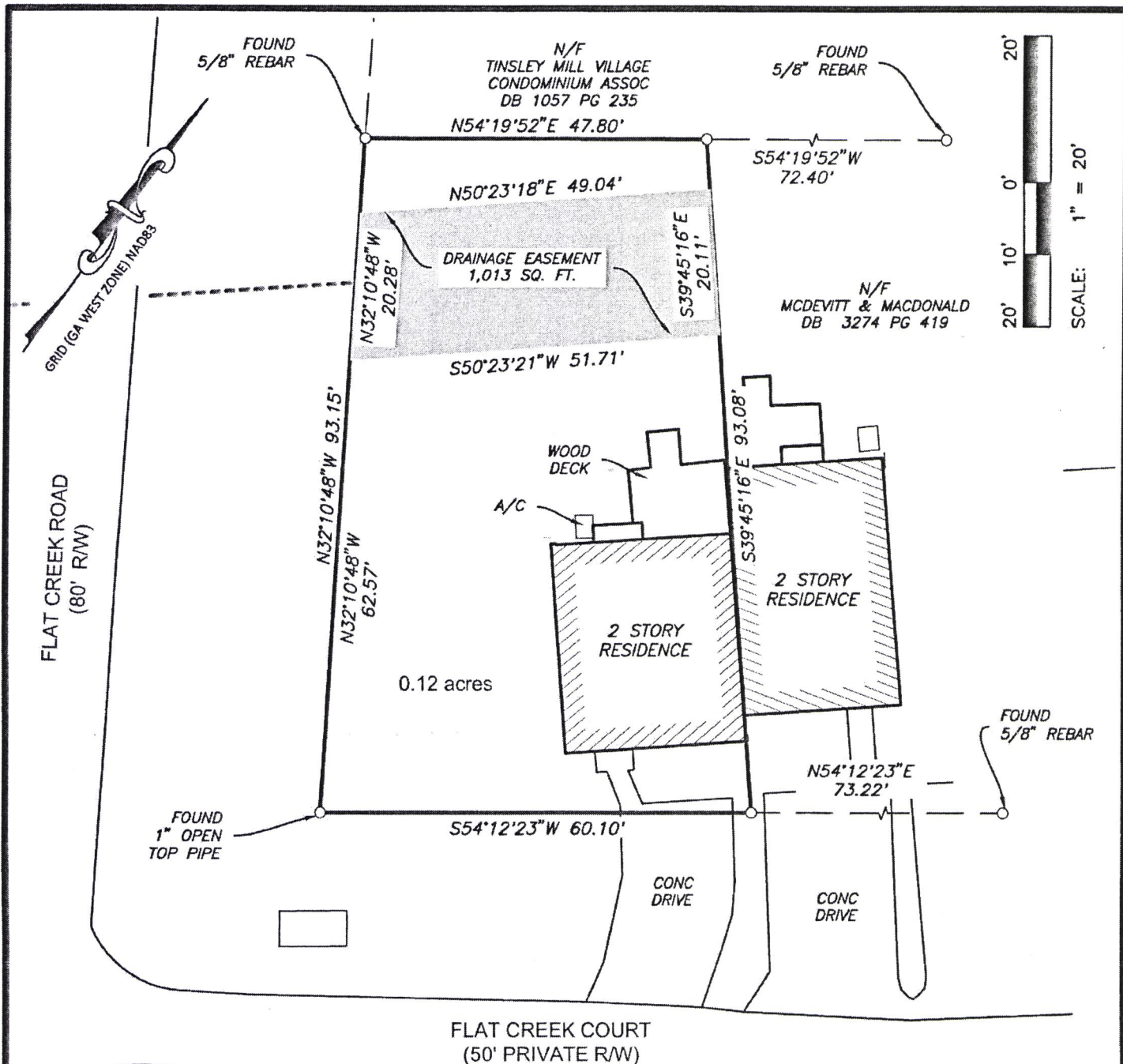
Discussion:

The existing privately owned corrugated metal storm drain pipe on the property of 208 Flat Creek Court is severely degraded and is in the process of collapsing. Numerous sinkholes have developed on the 208 Flat Creek Court property. The metal storm drain pipe on the 208 Flat Creek Court property is directly connected to a City owned concrete drainage pipe under Flat Creek Road. Staff is concerned that as the metal pipe continues to fail, it will continue to damage the City owned pipe under Flat Creek Road. Staff has observed sinkholes developing in the Flat Creek Road embankment and it appears that a section of the City owned pipe is starting to detach from the rest of the pipe system under Flat Creek Road.

Approval of the Permanent Drainage Easement will allow Stormwater to access the private property at 208 Flat Creek Court and replace the degraded metal pipe with concrete pipe and ensure that the replacement pipe is properly joined to the City owned pipe system under Flat Creek Road. It will also allow for future maintenance of the entire pipe system. The replacement project will also eliminate the migration of sinkholes up the roadway embankment.

Budget Impact:

Staff estimates that the entire project (easement acquisition and pipe materials) will cost \$4,600.00 and there are sufficient funds in Stormwater Account 521-4250-531175 Operating Supplies.



THIS SURVEY WAS PREPARED IN CONFORMITY WITH THE TECHNICAL STANDARDS FOR PROPERTY SURVEYS IN GEORGIA AS SET FORTH IN CHAPTER 180-7 OF THE RULES OF THE GEORGIA BOARD OF REGISTRATION FOR PROFESSIONAL ENGINEERS AND LAND SURVEYORS AND AS SET FORTH IN THE GEORGIA PLAT ACT O.C.G.A. 15-6-67. THE FIELD DATA UPON WHICH THIS MAP OR PLAT IS BASED HAS A CLOSURE PRECISION OF ONE FOOT IN 105,060 FEET, AND AN ANGULAR ERROR OF 6" PER ANGLE POINT, AND WAS ADJUSTED USING LEAST SQUARES. THIS MAP OR PLAT HAS BEEN CALCULATED FOR CLOSURE AND IS FOUND TO BE ACCURATE WITHIN ONE FOOT IN 95,211 FEET.

INTEGRATED SCIENCE & ENGINEERING LSF000136

Scott D. Grusenmeyer
 SCOTT D. GRUSENMEYER RLS 3130
 SGRUSENMEYER@INTSE.COM

FIELD WORK PERFORMED: 2/18/15
 DATE OF PLAT PREPARATION: 3/13/15

EQUIPMENT UTILIZED:
 LEICA TS12 P 3"

LAND LOT 127 OF THE 7TH DISTRICT, FAYETTE COUNTY, GEORGIA

3/16/15

DEED BOOK 3577 PAGE 703
 LOT 1 PB 17 PG 168

BOUNDARY SURVEY
 FOR
 BENJAMIN F. RODRIGUEZ



INTEGRATED
 Science &
 Engineering

1039 Sullivan Road, Suite 200, Newnan, Georgia 30265
 (p) 678.552.2106 (f) 678.552.2107
 Atlanta/Savannah

STAFF REPORT

TO: Mayor and City Council

VIA: Jon Rorie, City Manager

FROM: Michael Warrix, AICP
Planning and Development Director

DATE: May 12, 2016

SUBJECT: Public Hearing: Consider Variance Request, GI (General Industrial) Front Setback Requirements, 565 Dividend Dr.
May 19, 2016 City Council meeting

Case Number:	PV16-0002
Property Location:	565 Dividend Drive (Powers Storage Yard)
Current Zoning:	GI, General Industrial
Parcel Size:	2.585 Acres
Property Owner:	Mr. Tim Powers
Applicant:	Mr. Tim Powers

Request

The Applicant is requesting relief in the form of a variance from the front setback requirements of the GI, General Industrial zoning district. The GI zoning district requires a minimum front building setback of 50 feet. The Applicant is requesting a variance to allow for a 39.6 foot front building setback.

Case History

1. March 9, 2015 - Conceptual Site Plan Approved by Planning Commission
2. May 20, 2015 - Final Site Plan Approved by Staff
3. Pending – Landscape Plan Submittal
4. August 25, 2015 – Fence Permit Issued
5. October 2015 – Canopy Structure Erected (No Building Permit)
6. January 27, 2016 – Notice of Violation Issued (No Building Permit)
7. January 29, 2016 – Applied for Building Permit (Permit Not Issued)
8. February 20, 2016 – Notice of Violation Closed (Applicant to Seek Variance)
9. March 30, 2016 – Applied for Variance

Background

The subject property is located at 565 Dividend Drive. The Applicant has constructed a metal canopy structure without a building permit that is encroaching approximately 10.4 feet into the required front setback, thus necessitating the variance request.

565 Dividend Drive

Page 2

Variance Consideration

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

- (a) Relief, if granted, would be in harmony with, or could be made to be in harmony with, the general purpose and intent of the zoning ordinance; or*
- (b) The application of the particular provision of the zoning ordinance to a particular piece of property, due to extraordinary and exceptional conditions pertaining to that property because of its size, shape, or topography, would create an unnecessary hardship for the owner while causing no detriment to the public.*

Variance Criteria

Section 1207 of the Zoning Ordinance states:

In reviewing a request for a variance, the City Council shall not grant the request 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;*
- (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;*
- (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;*
- (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;*
- (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*
- (f) The granting of such variance will not create inconsistencies with any objective of the Comprehensive Plan.*

565 Dividend Drive

Page 3

If it is found that the request is not in conformance with these requirements or may possibly have an adverse effect on the surrounding area, the city council shall deny the request in writing, stating the reasons for the denial.



Please use blue or black ink to fill out this form.

VARIANCE APPLICATION

153 Willowbend Rd, Peachtree City, GA 30269

P: 770-487-5731

F: 770-631-2552

WWW.PEACHTREE-CITY.ORG

Admin. Variance Fee: \$25.00
Variance Fee: \$250.00

Receipt # 25219

Date Filed 3/30/2016

Case # PV160002

Office Use Only

VARIANCE LOCATION	Street Address <u>56.5 Dividend DR</u> <u>PEACHTREE CITY GA</u>	PROPERTY OWNER	Name <u>TIM POWERS</u>
	Zoning District: ☐ Residential ☐ Multi-Family ☒ Commercial\Industrial\Office		Phone <u>404 218 1400</u>
VARIANCE TYPE: ☐ Administrative ☐ Special Exception ☒ Variance (check one below)	Variance from which ordinance: ☐ Sign ☐ Fence ☐ Land Development ☒ Zoning	PROPERTY INFO	Email <u>CHERRI@CALLPOWERS.COM</u>
			Subdivision: _____
APPLICANT	Name <u>TIM POWERS</u>	SUPPORTING DOCUMENTS	Phase: _____ Lot # _____
	Address <u>258 MATTHEWS Rd</u>		Please submit the following evidentiary items in support of this application and the requested variances. (Please check off the items that are attached to this application) ☒ Site plan (with property lines and proposed work) ☐ A detailed report justifying the requested variance ☐ Letters of support from adjacent property owners ☒ Digital Photographs \ Renderings (CD or Email) ☐ Other Items Demonstrating Need (topo. Survey, etc)
City, State, Zip <u>FAYETTEVILLE GA 30215</u>			
Phone # <u>404-218-1400</u>			
Email <u>CHERRI@CALLPOWERS.COM</u>			

ADMINISTRATIVE VARIANCE	1.) Is a current survey included with the application?	☐ Yes ☐ No	Briefly describe why this variance is being requested: (A separate detailed report is still required to be attached to this application)
	2.) Does the application pertain to a zoning setback?	☐ Yes ☐ No	
	3.) Is the violation an existing setback violation?	☐ Yes ☐ No	
	4.) How long has the violation existed?	_____ Years	
	5.) What is the required setback?	_____ Feet	
	6.) How much of a variance is being requested?	_____ Feet	
	7.) Were you the owner of the property when the violation occurred? (If not, who was?)	☐ Yes ☐ No _____	

SPECIAL EXCEPTION	1.) Is a current survey included with the application?	☐ Yes ☐ No	Briefly describe why this variance is being requested: (A separate detailed report is still required to be attached to this application)
	2.) Has property been rezoned or deed restrictions?	☐ Yes ☐ No	
	3.) Is the violation an existing setback violation?	☐ Yes ☐ No	
	4.) Application for a bldg setback, fence, or parking?	(Circle One)	
	5.) What is the required setback, height, or spaces?	_____	
	6.) How much of a variance is being requested?	_____	

VARIANCE	Please review the ordinances and instructions on the back of this page.		Briefly describe why this variance is being requested: (A separate detailed report is still required to be attached to this application)
	1.) Is a current survey included with the application?	☒ Yes ☐ No	
	2.) How much of a variance is being requested?	<u>10'6" / 14'5"</u> Feet	
	3.) Were you the owner of the property when the violation occurred? (If not, who was?)	☒ Yes ☐ No	

I hereby certify that I am the owner of the property on which a variance is being requested and that all information provided as a part of this application is true and correct.

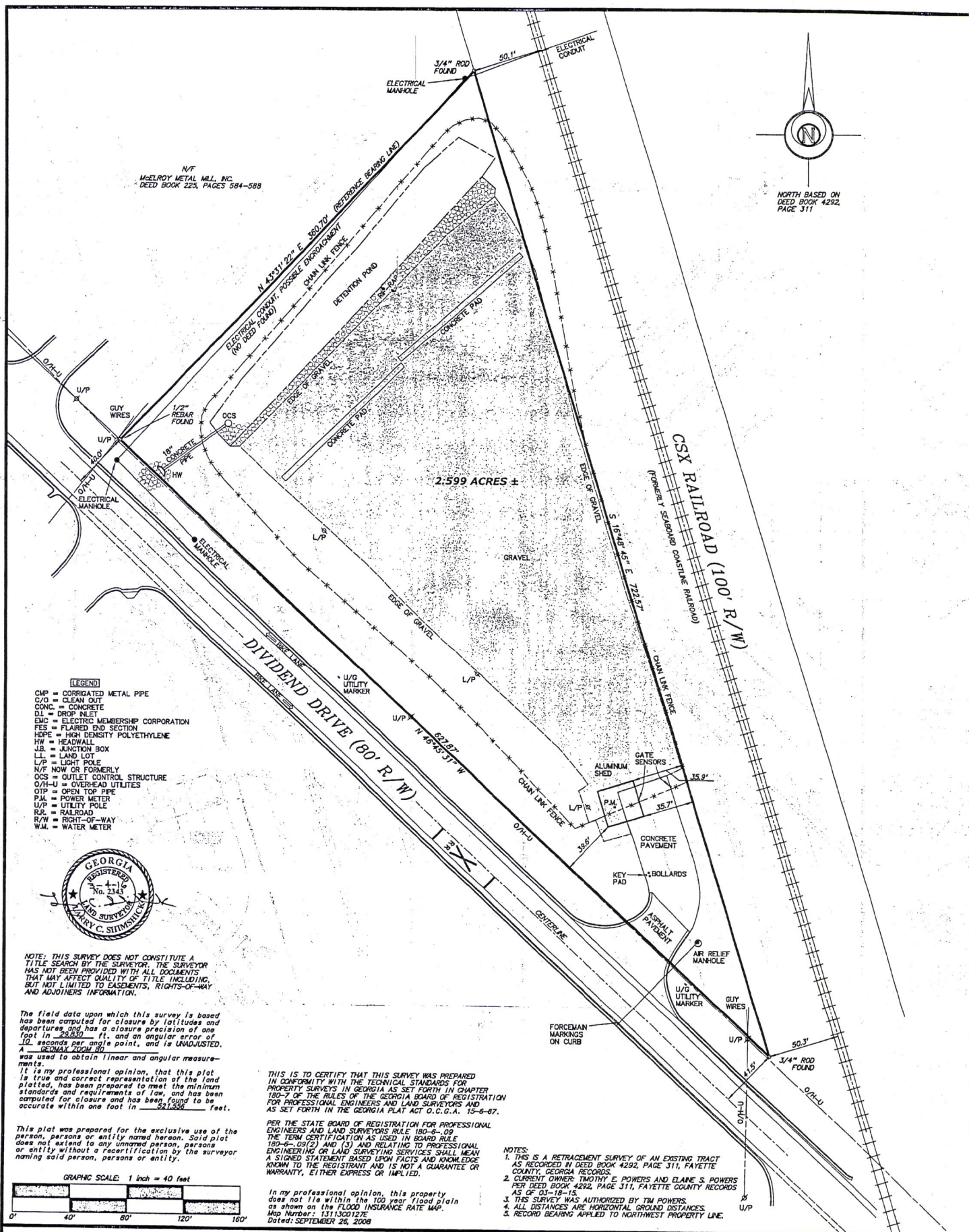
Signature of Owner/Agent: _____

Date: _____

OFFICE ONLY

ADMINISTRATIVE VARIANCE	Signature: _____	☐ Approved ☐ Denied
Date of Acceptance: _____	Date of Hearing: _____	☐ Approved with Conditions

SPECIAL EXCEPTIONS & VARIANCE FROM ORDINANCES	This application, along with the required fee and all necessary supplemental documents, has been properly submitted and is hereby accepted for consideration by the City Council at a public hearing in the City Council Chambers at 7:00 PM on the date shown below:		
Signature: <u>David E. Rant</u>	Date of Acceptance: <u>03-30-16</u>	Date of Public Hearing: <u>05-05-16</u>	19



W.D. Gray and Associates, Inc.

LSF000701
land surveyors - planners
160 GREENCASTLE ROAD SUITE B TYRONE
GEORGIA 30290
PH. 770-486-7552 FAX 770-486-0496

PREPARED FOR:

TIM POWERS

LAND LOT: 47

DATE OF SURVEY: 02-25-16

6th DISTRICT
CITY OF PEACHTREE CITY
FAYETTE COUNTY, GA.

DATE OF DRAWING: 03-03-16

REF:

SCALE: 1" = 40'

JOB NO. 1602012

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Tim & Elaine Powers
200 Tiger Way
Peachtree City, GA 30269
Email: elainepowers3883@aol.com
Phone: Tim (404-218-1400)

March 30, 2016

David E. Rast, Senior Planner
Planning & Development Zoning Department
153 Willowbend Road
Peachtree City, Georgia 30269

Reference: Powers Storage Yard – 565 Dividend Drive Property

We are requesting a variance on the property located at 565 Dividend Drive. The variance is requested to facilitate the understanding, acceptance and subsequent compliance of the labeling and definition of this particular property's boundary lines. Based on the following Sec. 1207 zoning ordinance criteria we propose that the boundaries have been mislabeled and should be revised for this piece of property based on the following:

- A. The property is unusually shaped in the form of an elongated triangle situated near the southern end of Dividend Drive beginning at the northwest corner across from Falcon Drive, heading southerly to the point of the triangle across from the entrance to Aviation Way, and then moving northerly being fully bordered by CSX Railroad along this line to the northern point of the elongated scalene triangle near the rear of the McElroy Metal Mill property and back to Dividend Drive along this border with McElroy Metal Mill's property. Because of the topography and the shape of the property and its alignment with Dividend Drive and the CSX Railroad; the southernmost point of the property is being utilized as the "front" and the common property line between McElroy Metal Mill, Inc. and 565 Dividend is being utilized as the back property line. Because of the "narrowness" of the front of the property at the front entrance and due to the unusual dimensions of the property this is the most effective best use of the property in continuity with the development of other tracts within this zoning area.
- B. The intent is that the "front" of the property be utilized as the entrance to the property. The necessity to provide a secured and closed access entrance to the property at or near the "front" of the property is consistent with the use of other properties within this zoning area. Additionally it is a high priority of the owners for the safety of the occupants as well as the public that the entrance be located at the front of property making it readily available to all forms of public safety. Therefore, a significant investment was made in providing a security access level heavy duty date access at the front entrance.
- C. Based on Section 1008.4 (d) the minimum side setback within this zoning area is 20 feet if the property does not border a residential area. The metal canopy structure was erected at the entranceway of the property to protect the security gate and its controls, provide a significantly dry environment for the spill kit for their property located on the lot as well as for the electrical panel for

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the outdoor lot security lights, a dry location for the security surveillance system and phone communications and the operations of the gate and controls.

- D. The applicant contends that the acceptance of the variance request to accept the "front" of the property as being that point located at the initial southerly contact with the CSX Railroad right away and Dividend Drive directly across from the intersection of Dividend Drive and Aviation Way is not in conflict with or granting of special privileges inconsistent with the current zoning intent.
- E. Additionally, the use of the metal canopy structure at the entrance area provides the occupants the ability to mount a security surveillance system which includes cameras and video recording which is materially significant for the public health, safety and general welfare of the area. The property is being utilized by Universal Environmental Services, LLC who operate within the same general industrial area and had a need for the additional parking and storage of Universal Environmental's or their agent's trailers and tractors. The addition of the solar panels to the structure is an effort by the owner of the property to provide some security measures in the case of power outages for the continued use of the surveillance system and the electrical gate access.
- F. The current utilization of the property does not detract from the intent of the GI zoning. We have reviewed the Dividend Drive properties within this zoning area and have not found any other properties with similar dimensional constraints. The property does not currently have any enclosed structures or buildings and the property is and will continue to be viable in the future for expansion or extension of compatible uses without creating any inconsistencies within the land use or zoning district based on the acceptance of the request to recognize the "front" of the property as shown on the attached W.D. Gray and Associates, Inc. survey as drawn on 3-3-2016.

Based on this information we are also attaching several photos of the property showing the dimension/shape of the property in relation to the design and intent of use as well as the canopy structure which we believe complies with the current zoning requirements for setbacks if the requested boundary conformities are accepted. It would be detrimental to the use of the property if the structure is not allowed to remain as it would adversely affect the ability for the property to be secured by the coded gate access, the ability to maintain the security surveillance system and phone lines for monitoring, the ability to have at least some shelter from the elements on the property in the event of a safety situation, and the ability for the solar power generation to provide alternate power in the case of a short term power outage. We find these safety features in the best interest of the community and public safety. The final photos attached to this document include pictures of a single tanker burning – this property holds an average of 20 tankers at any one time.

Your consideration is greatly appreciated.

Tim & Elaine Powers





View of property from the stop sign at Falcon



View of the property to the left (south) of Falcon Drive



View of the entrance area from Aviation Way.



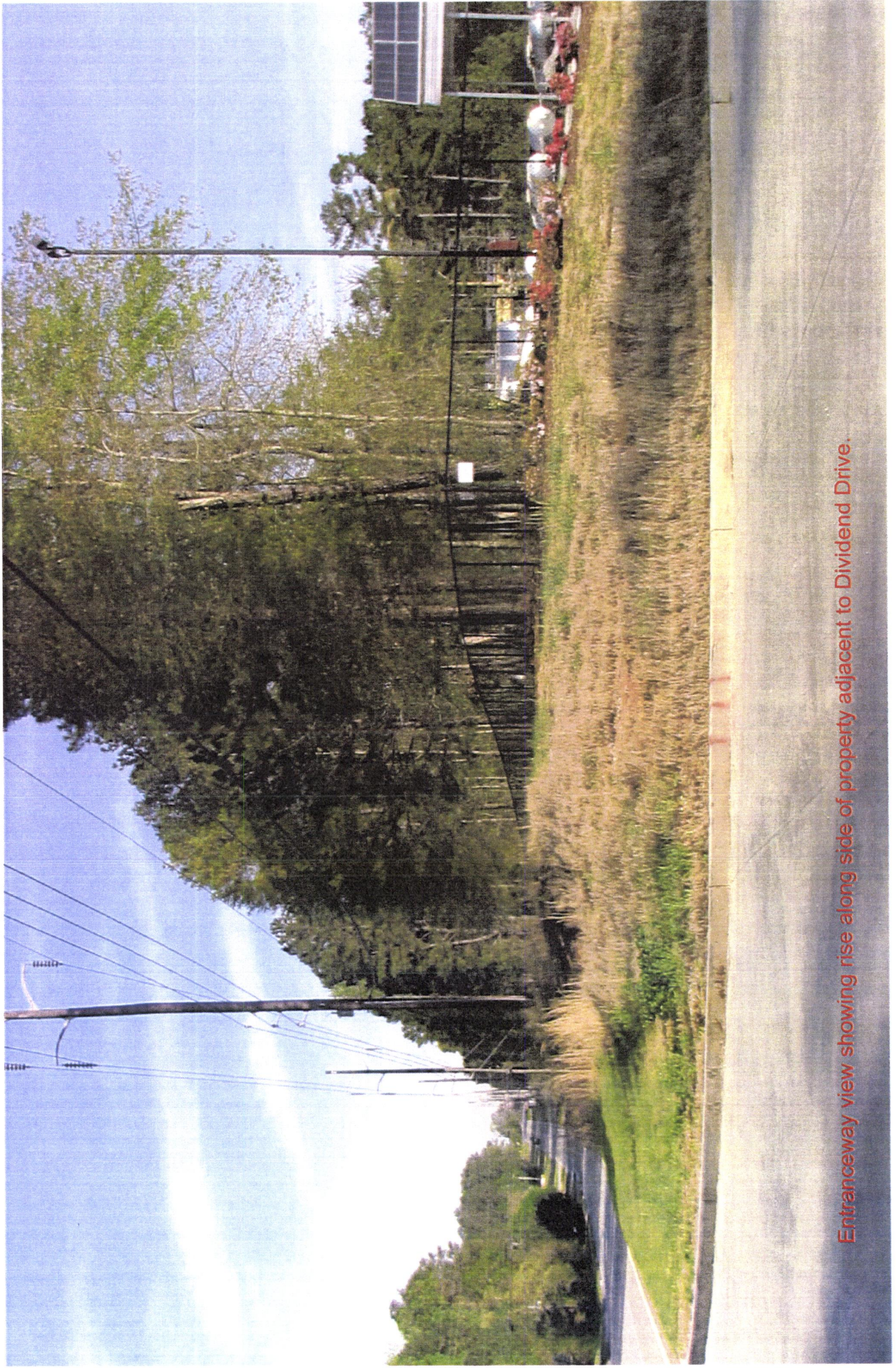
View from Aviation Way to the entrance area of property.



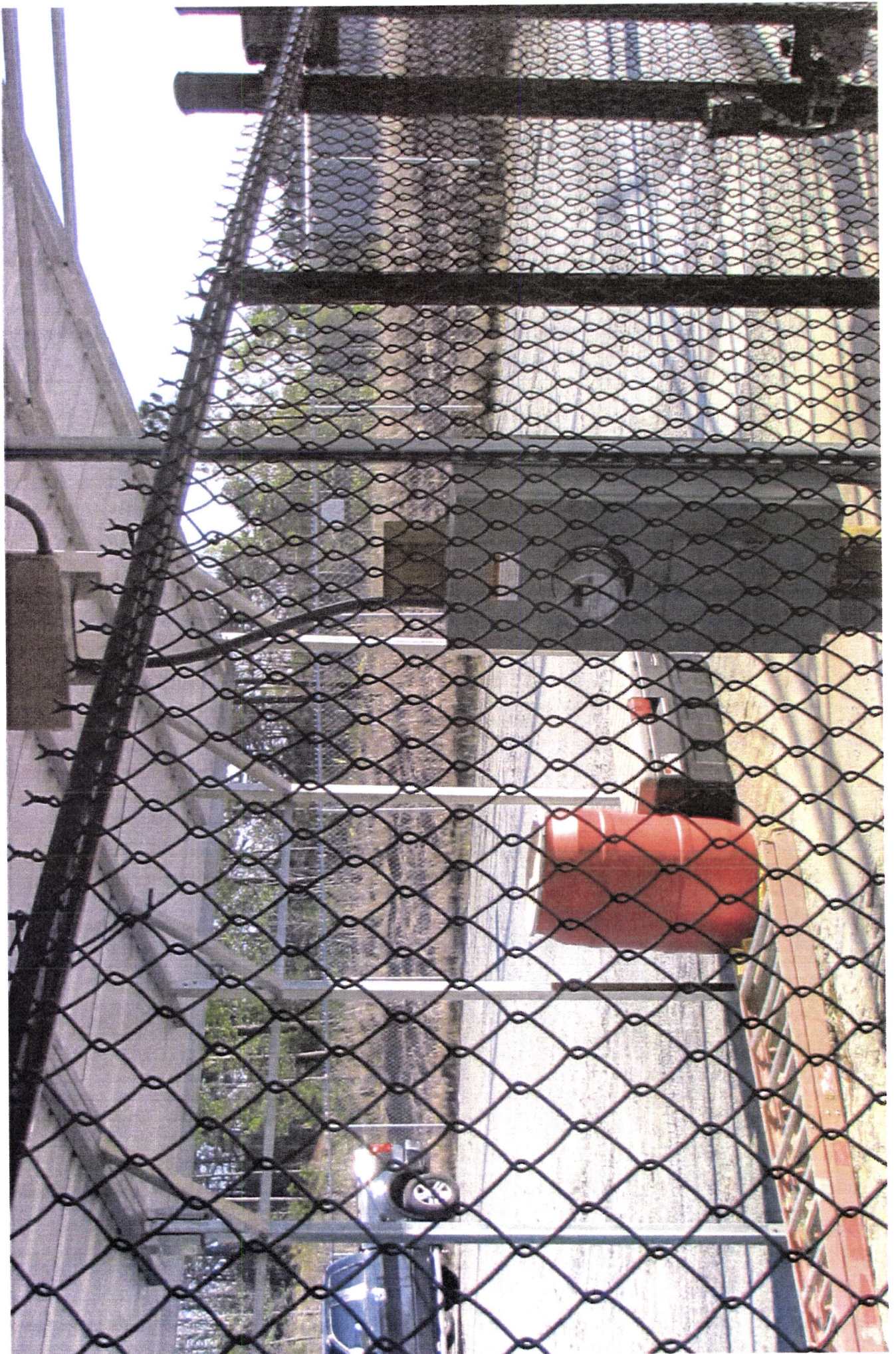
View of covered shelter for electrical, solar, security and safety at the entranceway of property.

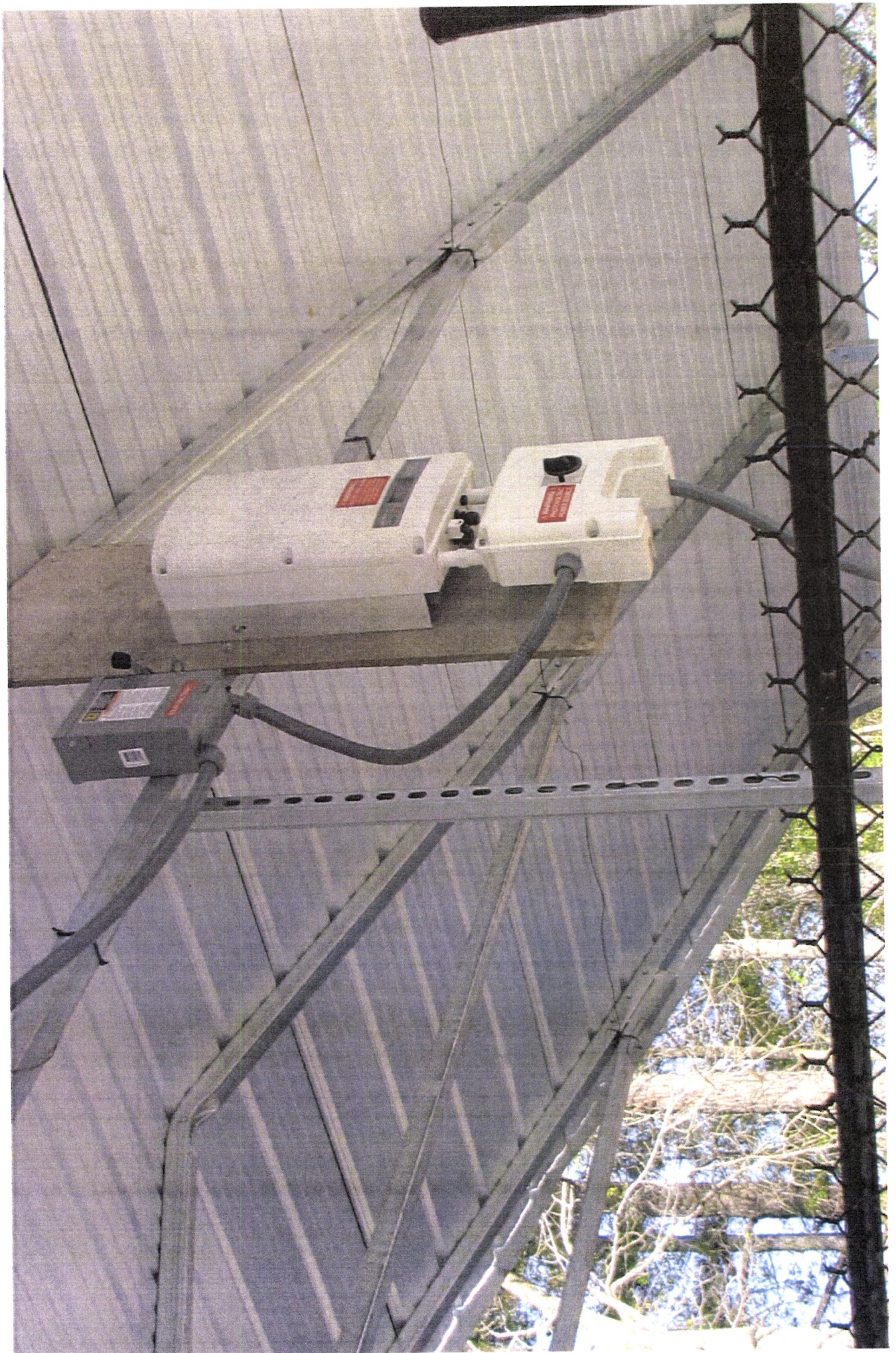


View of crest along side of property adjacent to Dividend Drive.



Entranceway view showing rise along side of property adjacent to Dividend Drive.









gas tanker explosion

Barker | Mexico Gas Explosions | Gas | Gas Tanker | Gasoline | Oil Gas | San Bernardino Explosion
Explosion | Explosions Caught On Tape | Explosion | Gas Explosion | Tanker Explosion | Gas Explosion



View page: jacksonville.com
700 x 997 - jpeg Image may be subject to copyright.

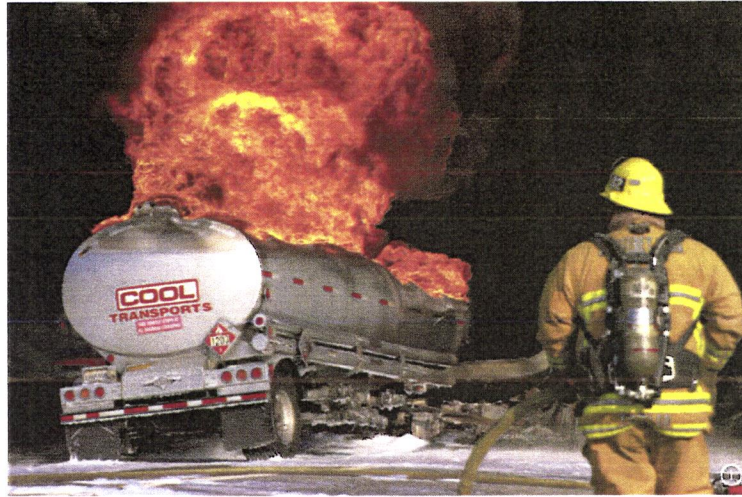
Gas Truck Explosion
The gas station explosion at Florida 16 and Masters Drive
— jacksonville.com

More about this image

2 pages with it

gas tanker explosion

Diesel	Tanker	Mexico City	Gas	Gasoline	S tanker	Tanker	Gasoline	School Bus	Gasoline Storage
Explosion	Explosion	Poll over	Airline	Explosion	Accident	Truck	Rail Trucks	Plunker Explosion	Tank Site Explosion



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620 x 413 · jpeg Image may be subject to copyright.

Gasoline Tanker Fire

A gasoline tanker under the Paramount Boulevard overpass — framework.latimes.com

[More about this image](#)

1 collection

Dogfly Inc.

Attn: Tim Powers

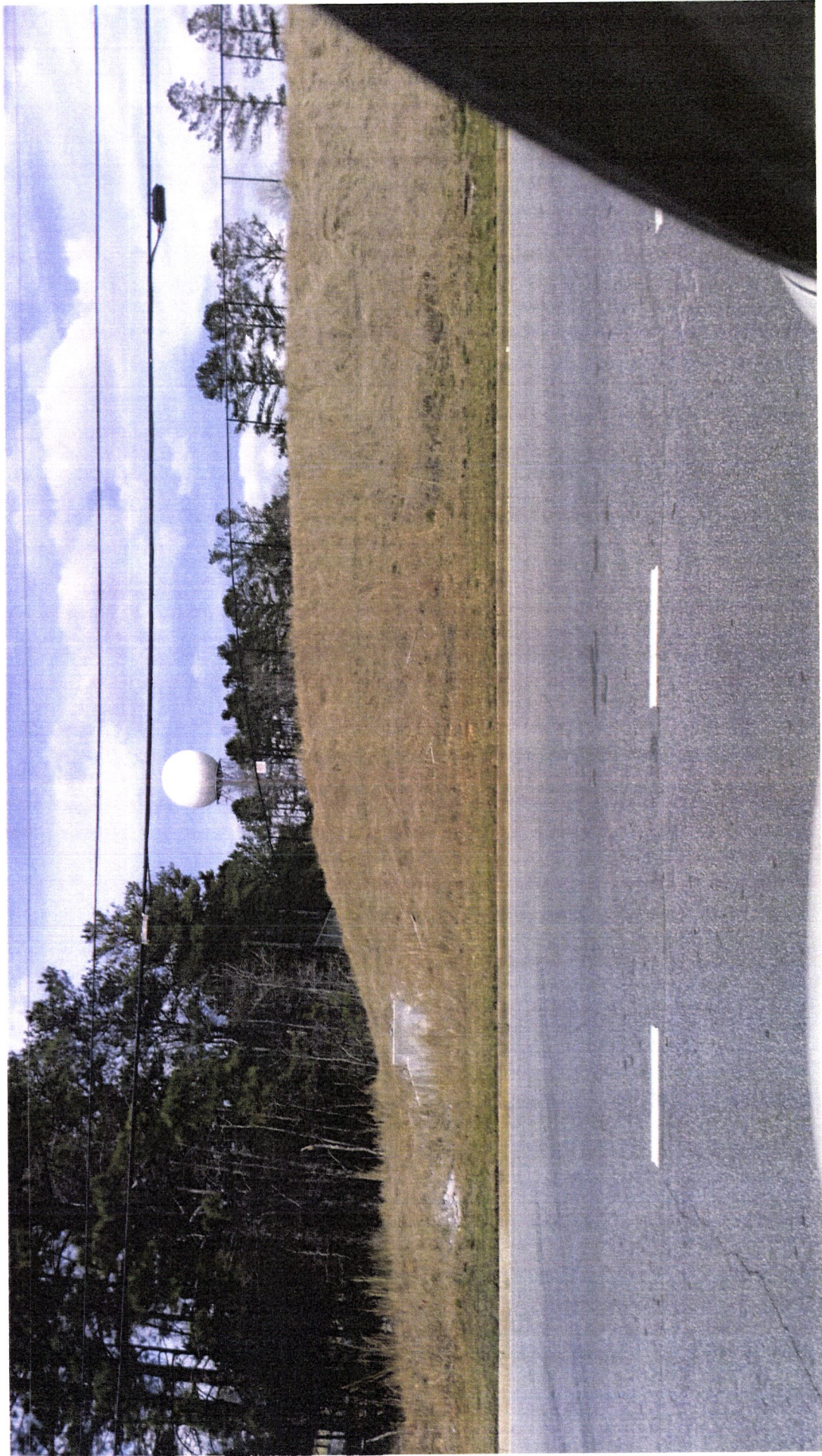
200 Tiger Way

Peachtree City, GA 30269

Re: Appeal for 565 Dividend Drive, Peachtree City, GA 30269

Reasons for our appeal:

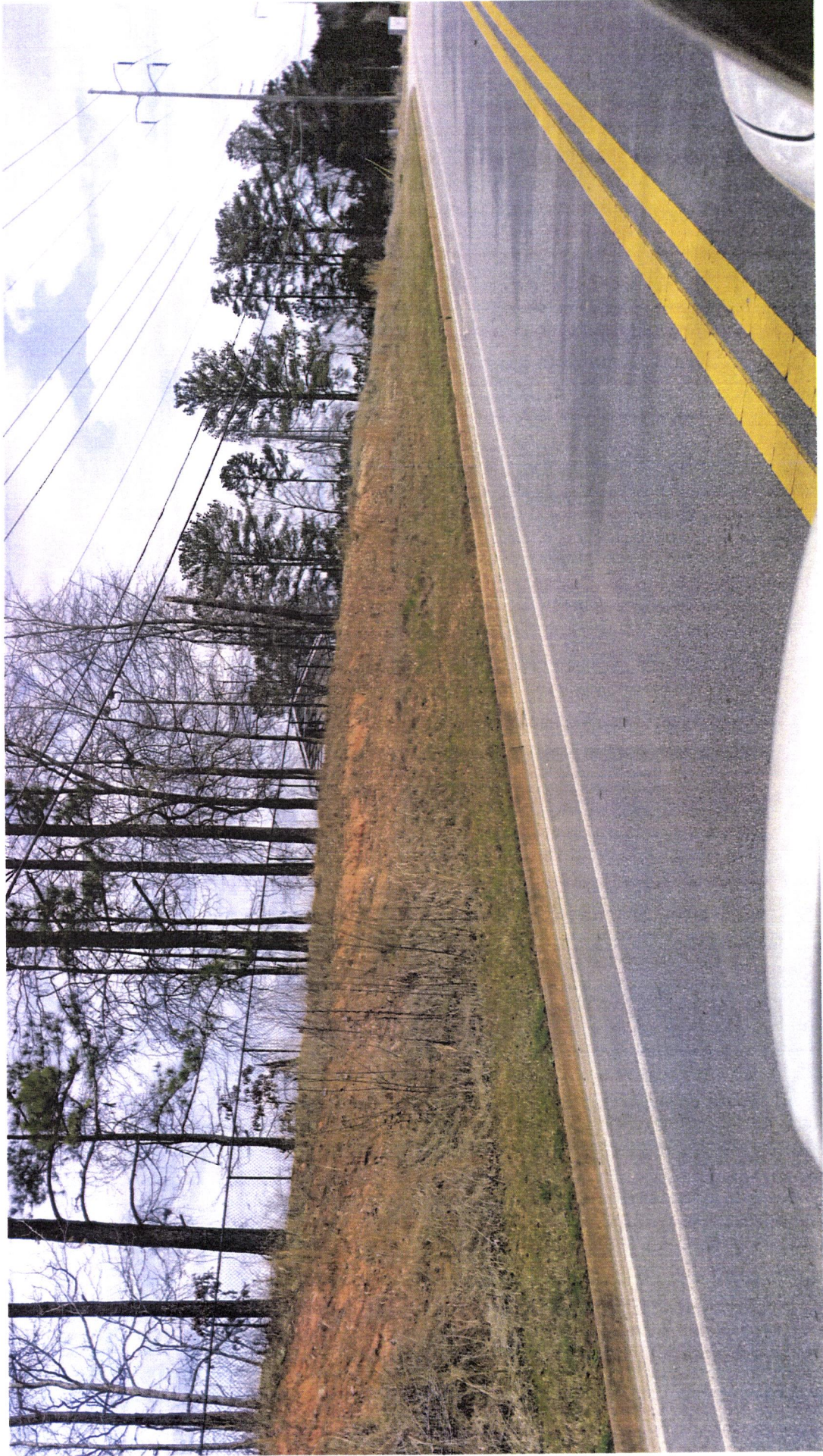
1. Makes electricity
2. Safety
 - a. Protects Gate and Controls
 - b. Protects Spill Kit
 - c. Protects Electrical Panel
 - d. Shade on very hot lot.
3. Security
 - a. Provides a mount for security cameras
 - i. Lot, Gate Access & Road
 - ii. Location for video recorder



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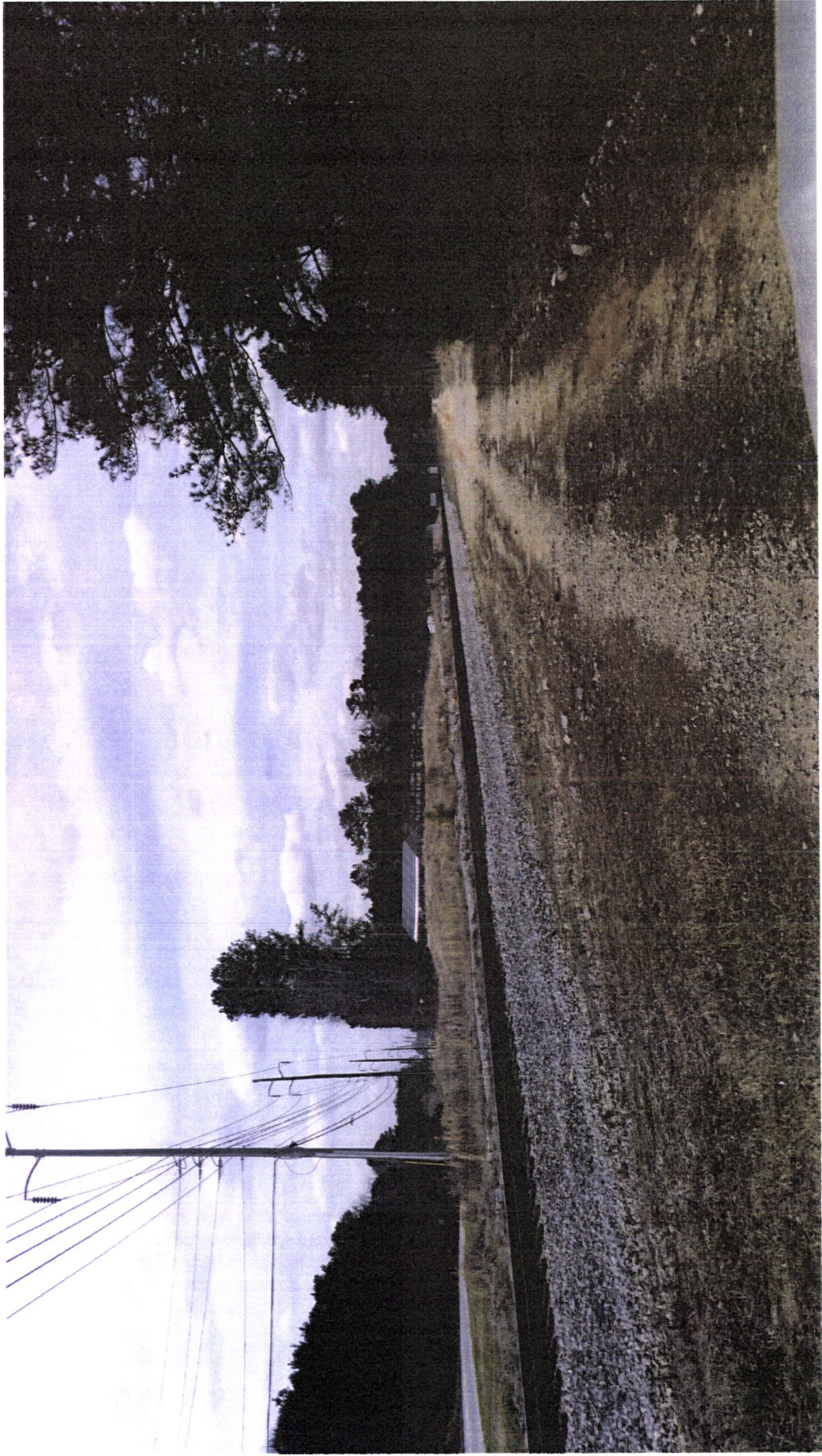
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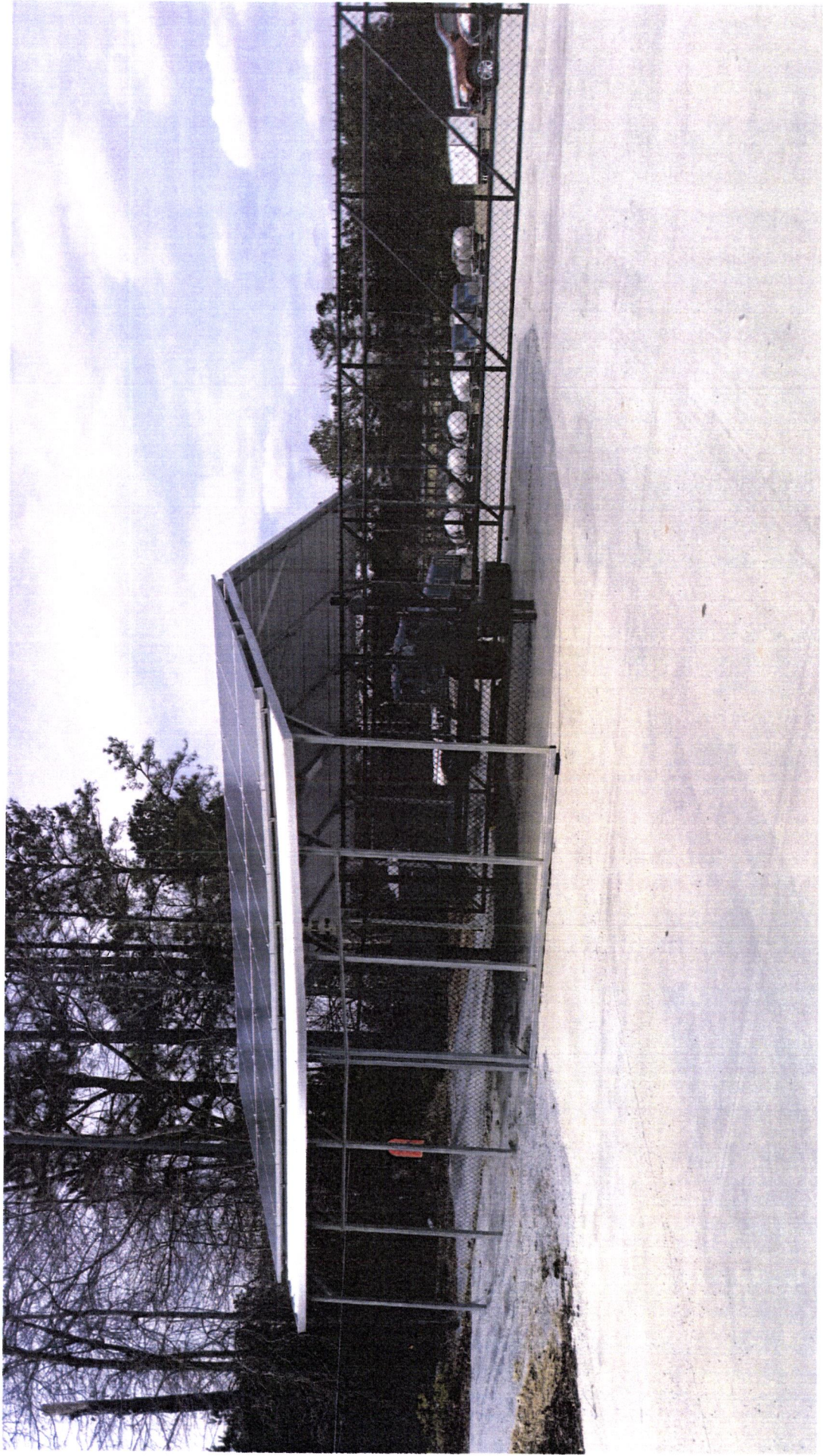
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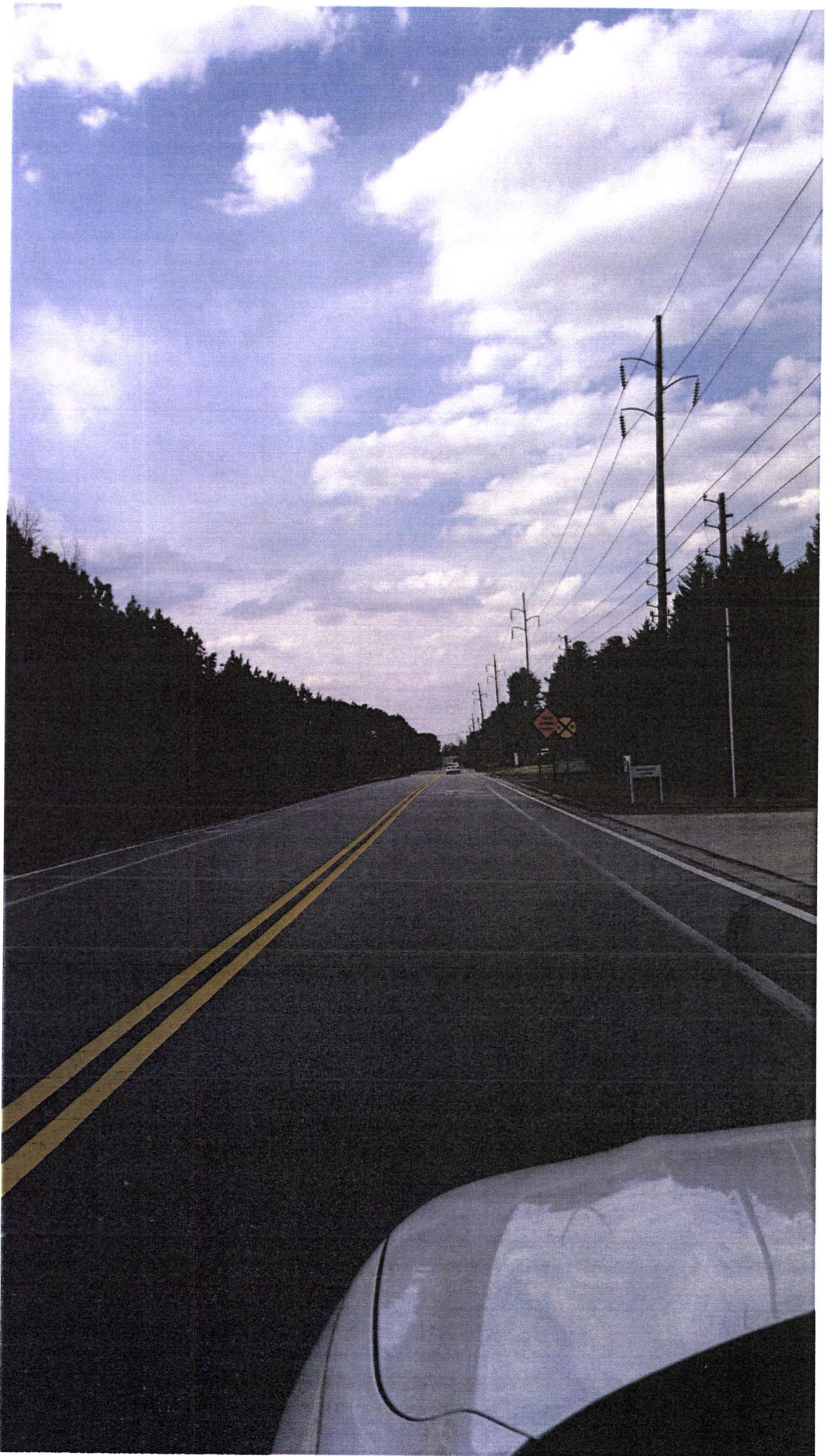


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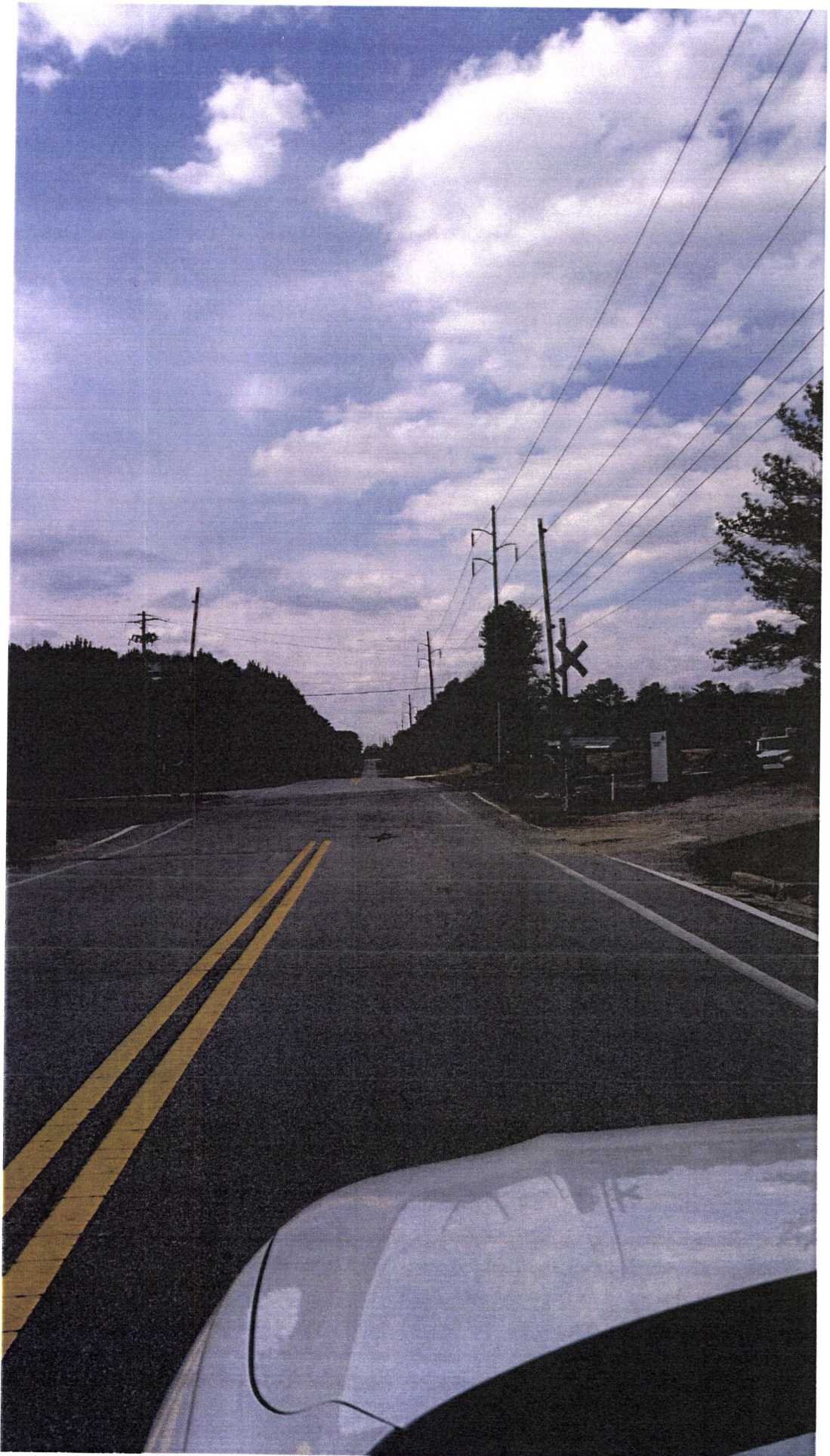


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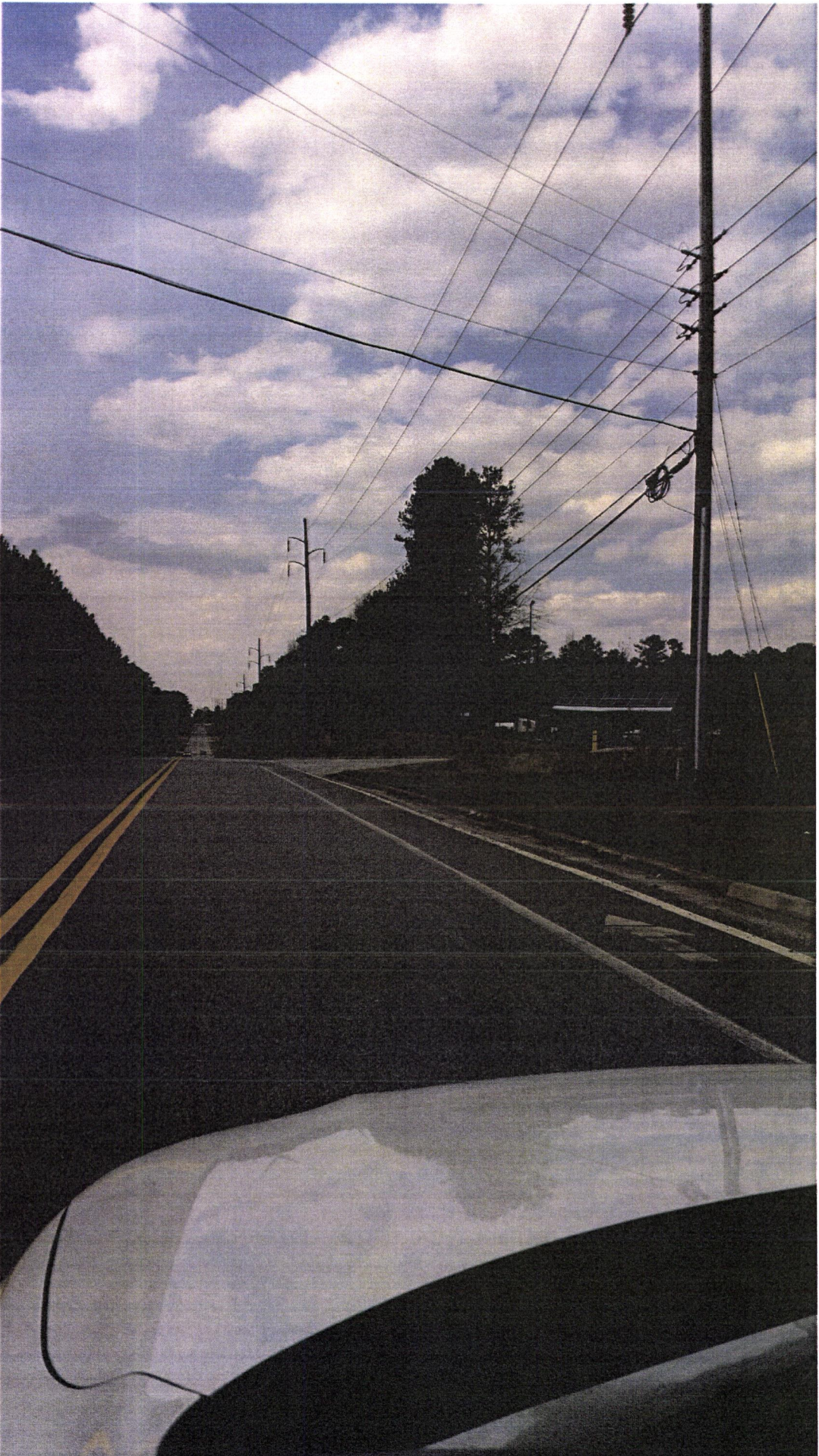
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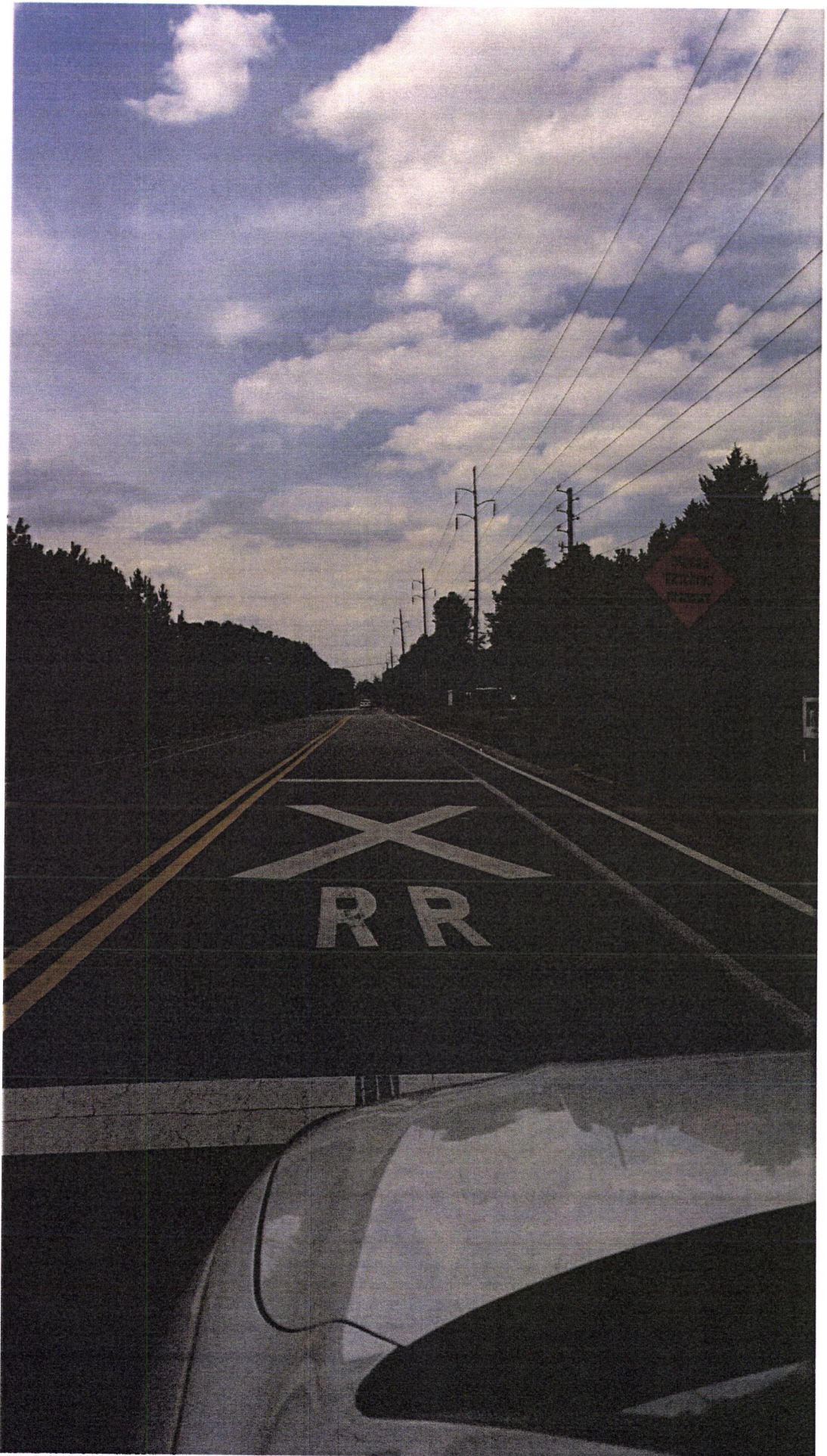


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RECEIVED MAR - 8 2016

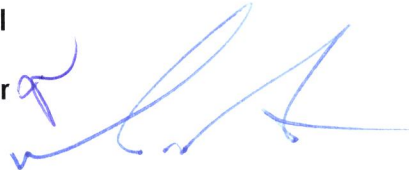


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STAFF REPORT

TO: Mayor and City Council

VIA: Jon Rorie, City Manager 

FROM: Michael Warrix, AICP
Planning and Development Director

DATE: May 12, 2016

SUBJECT: Public Hearing: Consider Variance Request, ER (Estate Residential) Side Setback Requirement, Tract 14 Ebenezer Road
May 19, 2016 City Council meeting

Case Number:	PV16-0003
Property Location:	Tract 14 Ebenezer Road
Current Zoning:	ER, Estate Residential
Parcel Size:	3.85 Acres
Property Owner:	Cygnus Peachtree, LLC
Applicant:	Cygnus Peachtree, LLC c/o Eric Brown

Request

The Applicant is requesting relief in the form of a variance from the side setback requirement of the ER, Estate Residential zoning district. The ER zoning district requires a minimum side building setback of 15 feet. The Applicant is requesting a variance from the requirements of the Zoning Ordinance to allow for a five (5) foot side building setback.

Background

The subject property, comprising 3.85 acres, is located on Ebenezer Road and adjoins unincorporated Fayette County to the north. The Applicant is requesting a variance from the side building setback requirement to allow for the construction of a single-family dwelling. A staff assessment of the Applicant's proposal concluded that additional variances will be required in addition to the side building setback. The Applicant has chosen to request only one variance at this time. Other required variances will include:

1. Variance from Section 723 (a) of the *Land Development Ordinance* Regarding the Required City-Owned Greenbelt Buffer;
2. Variance from Section 803 (a) (6) of the *Land Development Ordinance* to Permit a Driveway from Ebenezer Road;
3. Variance from Section 1007.4 (c) of the *Land Development Ordinance* Regarding Base Flood Elevations; and

565 Dividend Drive

Page 2

4. Variance from Section 1007.5 (f) of the Land Development Ordinance Regarding the Future Conditions Floodplain.

Variance Consideration

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

- (a) Relief, if granted, would be in harmony with, or could be made to be in harmony with, the general purpose and intent of the zoning ordinance; or
- (b) The application of the particular provision of the zoning ordinance to a particular piece of property, due to extraordinary and exceptional conditions pertaining to that property because of its size, shape, or topography, would create an unnecessary hardship for the owner while causing no detriment to the public.

Variance Criteria

Section 1207 of the Zoning Ordinance states:

In reviewing a request for a variance, the City Council shall not grant the request 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;*
- (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;*
- (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;*
- (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;*
- (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*

565 Dividend Drive

Page 3

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

If it is found that the request is not in conformance with these requirements or may possibly have an adverse effect on the surrounding area, the city council shall deny the request in writing, stating the reasons for the denial.



Please use blue or black ink to fill out this form.

VARIANCE APPLICATION

153 Willowbend Rd, Peachtree City, GA 30269

P: 770-487-5731

F: 770-631-2552

WWW.PEACHTREE-CITY.ORG

Admin. Variance Fee: \$25.00

Variance Fee: \$250.00

Receipt # 27808

Date Filed 4/11/16

Case # PV16-0003

Office Use Only

VARIANCE LOCATION	Street Address <u>Tract 14 Ebenezer Rd - 3.85 Acres</u> <u>Peachtree City, GA 30269</u>	PROPERTY OWNER	Name <u>Cygnus Peachtree, LLC</u>
	Zoning District: ☒ Residential ☐ Multi-Family ☐ Commercial\Industrial\Office		Phone <u>404-467-6106</u>
VARIANCE TYPE: ☐ Administrative ☐ Special Exception ☒ Variance (check one below)	Variance from which ordinance: ☐ Sign ☐ Fence ☐ Land Development ☒ Zoning	PROPERTY INFO	Subdivision: <u>Null</u>
			Phase: <u>Null</u> Lot # <u>24</u>
APPLICANT	Name <u>Cygnus Peachtree, LLC c/o Eric Brown</u>	SUPPORTING DOCUMENTS	Please submit the following evidentiary items in support of this application and the requested variances. (Please check off the items that are attached to this application) ☒ Site plan (with property lines and proposed work) ☒ A detailed report justifying the requested variance ☐ Letters of support from adjacent property owners ☐ Digital Photographs \ Renderings (CD or Email) ☐ Other Items Demonstrating Need (topo. Survey, etc)
	Address <u>3060 Peachtree Rd NW#1080</u>		
	City, State, Zip <u>Atlanta, GA 30305</u>		
	Phone # <u>404-467-6106</u>		
	Email <u>ebrown@cygnuscapital.com</u>		

ADMINISTRATIVE VARIANCE	1.) Is a current survey included with the application? ☐ Yes ☐ No	Briefly describe why this variance is being requested: (A separate detailed report is still required to be attached to this application)
	2.) Does the application pertain to a zoning setback? ☐ Yes ☐ No	
	3.) Is the violation an existing setback violation? ☐ Yes ☐ No	
	4.) How long has the violation existed? _____ Years	
	5.) What is the required setback? _____ Feet	
	6.) How much of a variance is being requested? _____ Feet	
	7.) Were you the owner of the property when the violation occurred? (If not, who was?) ☐ Yes ☐ No	

SPECIAL EXCEPTION	1.) Is a current survey included with the application? ☐ Yes ☐ No	Briefly describe why this variance is being requested: (A separate detailed report is still required to be attached to this application)
	2.) Has property been rezoned or deed restrictions? ☐ Yes ☐ No	
	3.) Is the violation an existing setback violation? ☐ Yes ☐ No	
	4.) Application for a bldg setback, fence, or parking? (Circle One)	
	5.) What is the required setback, height, or spaces? _____	
	6.) How much of a variance is being requested? _____	

VARIANCE	Please review the ordinances and instructions on the back of this page.	Briefly describe why this variance is being requested: (A separate detailed report is still required to be attached to this application)
	1.) Is a current survey included with the application? ☒ Yes ☐ No	
	2.) How much of a variance is being requested? 10 Feet	<u>We want to build a 4/2.5 home on the vacant property.</u>
	3.) Were you the owner of the property when the violation occurred? (If not, who was?) ☐ Yes ☐ No N/A	

I hereby certify that I am the owner of the property on which a variance is being requested and that all information provided as a part of this application is true and correct.

Signature of Owner/Agent: [Signature]

Date 3/31/2016

OFFICE ONLY

ADMINISTRATIVE VARIANCE	Signature: _____	☐ Approved ☐ Denied ☐ Approved with Conditions
Date of Acceptance: _____	Date of Hearing: _____	
SPECIAL EXCEPTIONS & VARIANCE FROM ORDINANCES	This application, along with the required fee and all necessary supplemental documents, has been properly submitted and is hereby accepted for consideration by the City Council at a public hearing in the City Council Chambers at 7:00 PM on the date shown below:	
Signature: <u>[Signature]</u>	Date of Acceptance: <u>3/31/16</u>	Date of Public Hearing: <u>05/19/2016</u>

RECEIVED APR 11 2016

VARIANCE & APPEALS ORDINANCE

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- Variance.

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 - Such wall or fence is justified by reason of security or privacy and will not unduly prevent passage of light and air to adjoining properties and is not incompatible with the surrounding neighborhood;
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- 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;
- 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;
- 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; and

- 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.

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- The location of steep slopes, significant stands of trees; creeks, watercourses, stormwater detention and drainage ways, floodplains, and any environmentally sensitive features.
- A description, rendering or drawing of the general characteristics of the proposed buildings, landscaping, and buffering.
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REVIEWED

By David Borkowski at 9:18 am, Feb 16, 2015

- 1 1000 GALLON SEPTIC TANK
- 2 PVC DRAINFIELD TRENCHES 360 LINEAR FT.
- 3 ALTERNATE DRAINFIELD LOCATION
- 4 BDRM, 2.5 BATH RESIDENCE

REQUIRED VARIANCES:

1. 15FT SIDE YARD SETBACK, 5FT REQUESTED
2. 30/70 REQUIREMENT FOR BUILDABLE AREA

Variance needed for:

Sec 1007.5 f. Standards for subdivisions.
(2) All residential lots shall have 70 percent of the minimum lot size (for that zoning district) area outside of the future-conditions floodplain such that encroachments into the future-conditions floodplain for residential structures will not be required.

1007.4 c. General standards.

(1) No development shall be allowed within any area located at or below the base flood elevation except for new multi-use paths and perpendicular road or path crossings. No new path or perpendicular road or path crossing shall be allowed that could result in any of the following items under this section.

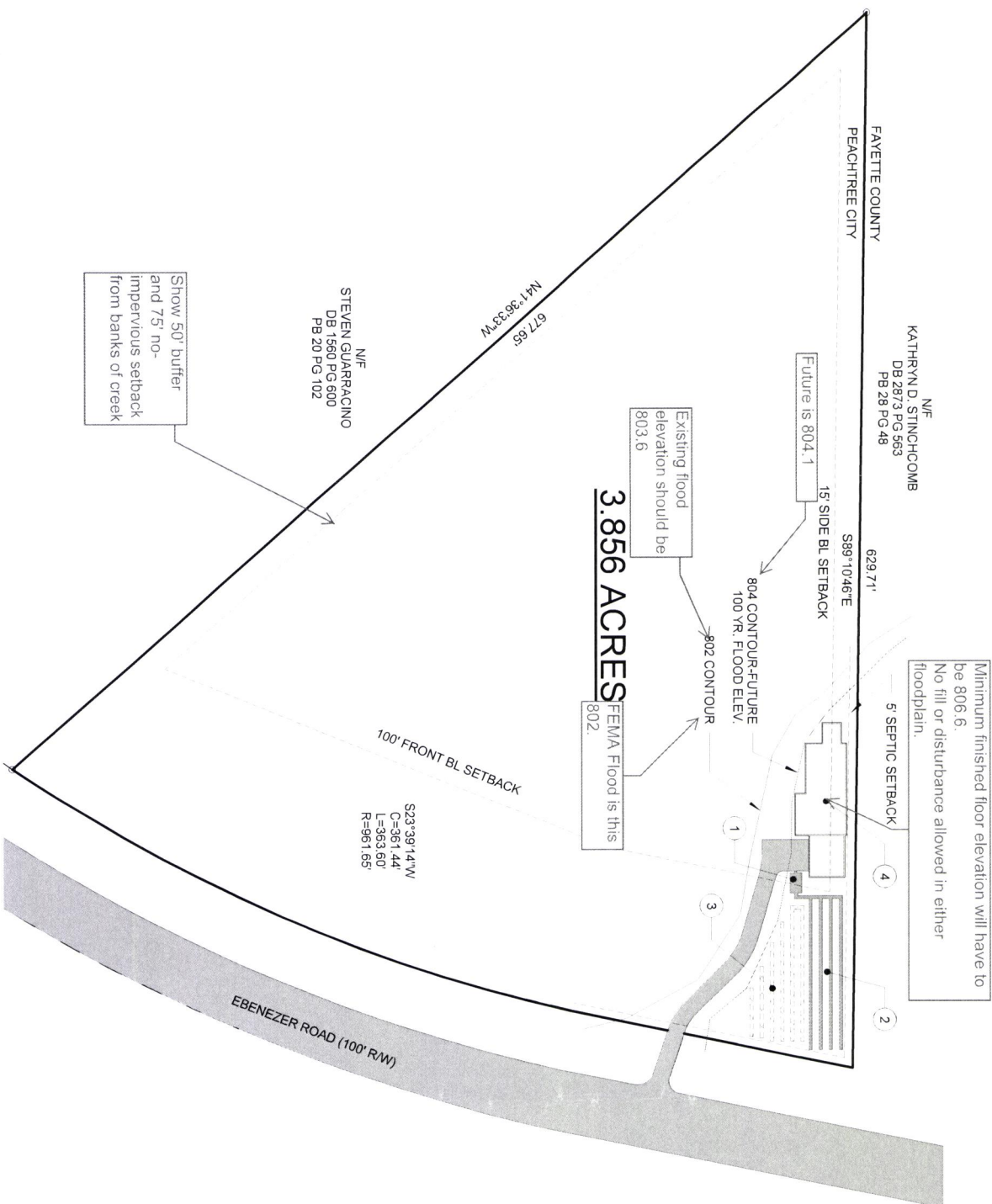
(If fill is placed engineer will have to model the proposed fill to show no increase in flood elevations.)



CYGNUS PEACHTREE, LLC

DATE: 02.12.15
SCALE: 1"=60'-0"

Ebenezer Road Site
SITE PLAN



CITY OF PEACHTREE CITY

INTEROFFICE MEMORANDUM

TO: Mayor and City Council

VIA: City Manager *[initials]*
Financial Services Director *[initials]*
Purchasing Agent *[initials]*

FROM: Stormwater Manager *[initials]*

DATE: May 5, 2016

SUBJECT: Stormwater Pipe Lining – Additional Pipe Length Change Order
Ratification
May 19, 2016, City Council Meeting

Recommendation:

Staff recommends that Mayor and Council authorize the City Manager to sign a change order for \$140,800.00 to pay for additional stormwater pipe lining.

Discussion:

Recently, Staff was notified that sinkholes were developing around drainage structures behind several homes along Hampton Green. Further investigation indicated that the entire length (686 feet) of the 30 inch diameter storm drain system was severely corroded and holes had developed in numerous locations along the pipe system. In addition, Staff was also notified that a 42 inch diameter storm pipe under the cart path behind St. Simons Cove did not have a bottom and a void was forming under the pipe. Further investigation indicated that the invert of the 42 inch pipe had completely rusted away.

Utility Asset Management (UAM) is currently under contract structurally rehabilitating several pipe systems via CCCP lining. The structural deficiencies observed in both the Hampton Green pipe and St. Simons Cove cart path pipe can be addressed via CCCP lining. Via their existing contract, UAM has already provided Staff with unit costs for pipe lining. As such, Staff requested UAM provide cost estimates for rehabilitating both pipes in accordance with the contract unit prices.

The change order cost of \$140,800.00 includes \$137,200.00 for lining the 686 feet of pipe along Hampton Green and \$3,600.00 for lining the 20 feet of pipe behind St. Simons Cove.

Budget Impact:

If approved by Council, the change order amount can be funded from Stormwater Project Account 521-4250-541946 and 521-4250-541947.



Quote 16124

April 16, 2016

To: Peachtree City

Attn: Michael Maddison

Re: Additional Work – Sea Island Drive and Hampton Green

Scope of Work:

Utility Asset Management, Inc. proposes to provide mobilization, materials, tools, labor, supervision, equipment, insurance and licensing to repair approximately 686 LF of existing inch and 20 LF of existing 42" CMP. Our proposed method of repair is by spin-casting an engineered 8000 PSI fiber reinforced pipe repair mortar at a finished thickness of 1 inch. This method will fully restore the structural integrity of the existing culvert. We do not anticipate the need for a major bypass operation, and have included minimal incidental pumping.

Cost of Work:

- 30" Centrifugally Cast Concrete Pipe – 686' x \$200.00 / LF = \$137,200.00
- 42" Centrifugally Cast Concrete Pipe - 20' x \$180.00 / LF = \$ 3,600.00

Utility Asset Management, Inc. guarantees its workmanship, and as a certified and licensed installer for the engineered materials, ensures that the manufacturer's warranty is intact.

Others to Provide:

1. Reasonable access to the jobsite.
2. Access to a potable water supply for materials mixing and equipment clean-up.

Please feel free to call if you have questions or if you require additional information.

Sincerely,



Anita Clyne
President

Utility Asset Management, Inc.

NATIONALLY CERTIFIED FEMALE BUSINESS ENTERPRISE

Corporate Office:
86 Peaches Drive
Reynolds, GA 31076
478-847-2301

Atlanta Area Office:
75 Mendel Drive
Suite C
Atlanta, GA 30336
404-691-4836

E-Fax : 678-623-0282