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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 black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No. 1545-0047

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning JULY 01 , 2009, and ending JUNE 30 , 2010

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization NORTH FULTON COMMUNITY CHARITIES

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address) Room/suite: 11270 ELKINS ROAD

City or town, state or country, and ZIP + 4: ROSWELL GA 30076

D Employer identification number: 58-1521088

E Telephone number: (770) 640-0399

G Gross receipts $ 5,794,254

F Name and address of principal officer: SEE ATTACHMENT #1

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) Are all affiliates included? ☐ Yes ☐ No

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

H(c) Group exemption number ▶

I Tax-exempt status: ☒ 501(c)(3) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.NFCCHELP.ORG

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1983

M State of legal domicile: GA

Part I Summary

1 Briefly describe the organization's mission or most significant activities: SEE ATTACHMENT #2

2	Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets		
3	Number of voting members of the governing body (Part VI, line 1a)	3	23
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	23
5	Total number of employees (Part V, line 2a)	5	33
6	Total number of volunteers (estimate if necessary)	6	4,000
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	4,419,190	4,830,077
9	Program service revenue (Part VIII, line 2g)		
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	13,231	4,638
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	806,729	936,365
12	Total revenue -- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,239,150	5,771,080
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	3,806,405	4,173,591
14	Benefits paid to or for members (Part IX, column (A), line 4)		
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	750,417	826,383
16a	Professional fundraising fees (Part IX, column (A), line 11e)	10,000	
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 63,003		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	428,412	476,806
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	4,995,234	5,476,780
19	Revenue less expenses. Subtract line 18 from line 12	243,916	294,300

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	3,557,953	3,585,059
21	Total liabilities (Part X, line 26)	410,085	142,891
22	Net assets or fund balances. Subtract line 21 from line 20	3,147,868	3,442,168

Part II Signature Block

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

Sign Here

Signature of officer — Date: 11/12/10

BARBARA DUFFY EXECUTIVE DIRECTOR

Type or print name and title

Paid Preparer's Use Only

Preparer's signature	NONPAID PREPARER	Date: 11-05-2010	Check if self-employed ▶ ☐	Preparer's identifying number (see instr.)
Firm's name (or yours if self-employed), address, and ZIP + 4	JEFF C HAMLING PC ATTY 1160 GRIMES BRIDGE RD STE E ROSWELL, GA 30075		EIN ▶	Phone no ▶ (770) 587-3047

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

For Privacy Act and Paperwork Reduction Act Notice, see the separate Instructions.

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Part III **Statement of Program Service Accomplishments**

1 Briefly describe the organization's mission:

COMMUNITY CHEST - TO PROVIDE EMERGENCY ASSISTANCE TO NEEDY FAMILIES IN THE NORTH FULTON COMMUNITY, INCLUDING MEDICAL CARE, FOOD, RENT ASSISTANCE, TRANSPORTATION ASSISTANCE, CLOTHING AND FURNITURE, AND UTILITIES ASSISTANCE.

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 exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 1) (Expenses $ 1,653,591 including grants of $ 1,608,828) (Revenue $)

SEE ATTACHMENT #3

4b (Code 2) (Expenses $ 1,509,775 including grants of $ 1,246,786) (Revenue $)

4c (Code 3) (Expenses $ 998,522 including grants of $ 947,144) (Revenue $)

4d Other program services (Describe in Schedule O)

(Expenses $ 837,338 including grants of $ 370,833) (Revenue $)

4e **Total program service expenses** ▶ $ 4,999,226

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?	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? If "Yes," complete Schedule C, Part II	4		X
5	**Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III N/A	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where 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; 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 term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	X	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.			
	• 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			
	• 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			
	• 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			
	• Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	• 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? If "Yes," complete Schedule D, Part X			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	X	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional (Yes: , No: X)	12A		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, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	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	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
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X

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

			Yes	No
21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States 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 and other assistance to individuals in the United States 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 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? N/A	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? N/A	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? N/A	24d		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	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	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? 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 a grant selection committee member, or to a person related to such an individual? 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 of the organization (or a family member) 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, IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		X
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 11 and 19? **Note:** All Form 990 filers are required to complete Schedule O	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S Information Returns. Enter -0- if not applicable	1a	47		
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?		N/A		
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	33		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?				X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		N/A		
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 the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts.				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?				X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?				X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		N/A		
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?				X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		N/A		
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 and services provided to the payor?			X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?				X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?				X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?				X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		N/A		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?			X	
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		N/A		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?		N/A		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		N/A		
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?		N/A		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body	1a	23		
b	Enter the number of voting members that are independent	1b	23		
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 organizational documents since the prior Form 990 was filed?		4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		5		X
6	Does the organization have members or stockholders?		6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		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		9a		X

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

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? N/A	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	X	
11a	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	X	
13	Does the organization have a written whistleblower policy?	13	X	
14	Does 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," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? N/A	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 (501(c)(3)s only) available for public inspection Indicate how you make these available Check all that apply

☐ Own website ☐ Another's website ☒ Upon request

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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ SEE ATTACHMENT #4

Part VII **Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

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 Use Schedule J-2 if additional space is needed

- 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 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 the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)							(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				
BARBARA DUFFY EXECUTIVE DIRECTOR	50.00			X	X	X			82,038	0	0
JOHN SCHIAVONE CHAIRMAN OF THE BOARD	15.00	X							0	0	0
GUY KRISKE VICE CHAIRMAN	5.00	X							0	0	0
OLIVE ROBINSON SECRETARY	2.00	X							0	0	0
JIM POPE TREASURER	2.00	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	(C) Position (check all that apply)							(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				
1b **Total** ▶									82038	0	0

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

		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	3		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? If "Yes," complete Schedule J for such individual	4		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person	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

(A) Name and business address	(B) Description of services	(C) Compensation
SEE ATTACHMENT #5		

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

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMTS	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	259620				
	d Related organizations	1d					
	e Government grants (contributions)	1e	152722				
	f All other contributions, gifts, grants, & similar amounts not included above	1f	4417735				
	g Noncash contributions included in lines 1a-1f	$	3026990				
	h **Total.** Add lines 1a-1f ▶			4830077			
PROGRAM SERVICE REVENUE		**Business Code**					
	2a						
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g **Total.** Add lines 2a-2f ▶						
OTHER REVENUE	3 Investment income (including dividends, interest, and other similar amounts) ▶			2060			
	4 Income from investment of tax-exempt bond proceeds ▶						
	5 Royalties ▶						
		(i) Real	(ii) Personal				
	6a Gross Rents						
	b Less rental expenses						
	c Rental income or (loss)						
	d Net rental income or (loss) ▶						
		(i) Securities	(ii) Other				
	7a Gross amount from sales of assets other than inventory	2594					
	b Less cost or other basis and sales expenses	16					
	c Gain or (loss)	2578					
	d Net gain or (loss) ▶			2578			
	8a Gross income from fundraising events (not including $ 35085 of contributions reported on line 1c) See Part IV, line 18	a	20391				
	b Less direct expenses	b	23158				
	c Net income or (loss) from fundraising events ▶			-2767			
	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	939132				
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory ▶			939132			
	Miscellaneous Revenue		**Business Code**				
	11a						
	b						
	c						
	d All other revenue						
	e **Total.** Add lines 11a-11d ▶						
	12 **Total revenue.** See instructions ▶			5771080			

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) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S See Part IV, line 21				
2	Grants and other assistance to individuals in the U.S See Part IV, line 22	4173591	4173591		
3	Grants and other assistance to governments, organizations, and individuals outside the U.S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	80538		80538	
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	652166	488807	118905	44454
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	34456	26644	6402	1410
10	Payroll taxes	59223	39707	15991	3525
11	Fees for services (non-employees):				
a	Management				
b	Legal	12262		12262	
c	Accounting	12287		12287	
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other	26883	8700	18183	
12	Advertising and promotion	4326			4326
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy	20000	20000		
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	4397		4397	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	85135		85135	
23	Insurance	35037	26670	7386	981
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a	REPAIRS & MAINTENANCE	64569	52555	11444	570
b	SECURITY	58439	58439		
c	UTILITIES	56179	48197	6110	1872
d	MISCELLANEOUS	37934	25568	7590	4776
e	OFFICE SUPPLIES & POSTAGE	32207	18249	13671	287
f	All other expenses #6	27151	12099	14250	802
25	**Total functional expenses.** Add lines 1 through 24f	5476780	4999226	414551	63003
26	**Joint costs.** Check here ▶ ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

			(A) Beginning of year		(B) End of year
ASSETS	1	Cash -- non-interest bearing	372,642	1	368,843
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	62,750	3	50,000
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	143,228	8	152,675
	9	Prepaid expenses and deferred charges	15,937	9	16,813
	10a	Land, buildings, and equipment: cost or other basis Complete Part VI of Schedule D — 10a: 3,326,279			
	b	Less: accumulated depreciation — 10b: 329,551	2,963,396	10c	2,996,728
	11	Investments -- publicly traded securities		11	
	12	Investments -- other securities. See Part IV, line 11		12	
	13	Investments -- program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	3,557,953	16	3,585,059
LIABILITIES	17	Accounts payable and accrued expenses	54,468	17	50,142
	18	Grants payable		18	
	19	Deferred revenue	55,617	19	92,749
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22	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	300,000	23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities. Complete Part X of Schedule D		25	
	26	**Total liabilities.** Add lines 17 through 25	410,085	26	142,891
NET ASSETS OR FUND BALANCES		**Organizations that follow SFAS 117, check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	3,011,045	27	3,387,078
	28	Temporarily restricted net assets	136,823	28	55,090
	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117, 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	3,147,868	33	3,442,168
	34	Total liabilities and net assets/fund balances	3,557,953	34	3,585,059

Part XI Financial Statements and Reporting

			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?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
c	If "Yes" to lines 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	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both. ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
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 N/A	3b		

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.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization	**Employer identification number**
NORTH FULTON COMMUNITY CHARITIES INC	58-1521088

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

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

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☒ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions--subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a ☐ Type I **b** ☐ Type II **c** ☐ Type III-Functionally integrated **d** ☐ Type III-Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box . . . . . ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

		Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? . . . . . N/A	11g(i)		
(ii) A family member of a person described in (i) above? . . . . . N/A	11g(ii)		
(iii) A 35% controlled entity of a person described in (i) or (ii) above? . . . . . N/A	11g(iii)		

h 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 in col. (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	3636966	4096298	3632827	4419190	4830077	20615358
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	3636966	4096298	3632827	4419190	4830077	20615358
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						20615358

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	3636966	4096298	3632827	4419190	4830077	20615358
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1855	7939	4701	2374	2060	18929
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	397384	652894	770800	817586	938943	3577607
11 **Total support.** Add lines 7 through 10						24211894

12 Gross receipts from related activities, etc (see instructions) 12

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 2009 (line 6, column (f) divided by line 11, column (f))	14	85.15 %
15	Public support percentage from 2008 Schedule A, Part II, line 14	15	85.53 %

16a **33 1/3 % support test -- 2009.** 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 -- 2008.** 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 -- 2009.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

b **10%-facts-and-circumstances test -- 2008.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐

Part IV **Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10, Part II, line 17a or 17b, or Part III, line 12 Provide any other additional information See instructions

PART II, LINE 10: OTHER INCOME INCLUDES THRIFT SHOP SALES, SALES OF CONTRIBUTED SECURITIES, AND NET INCOME FROM SPECIAL EVENT PARTICIPANTS.

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, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization
NORTH FULTON COMMUNITY CHARITIES INC

Employer identification number
58-1521088

Part I **Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6

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

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

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

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

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

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

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	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 XIV, 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, 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 XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116, 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 relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

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

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

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

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

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

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 XIV 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? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

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 year end balance held as

a Board designated or quasi-endowment ▶ _____ %
b Permanent endowment ▶ _____ %
c Term endowment ▶ _____ %

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

		Yes	No
(i)	unrelated organizations	3a(i)	
(ii)	related organizations	3a(ii)	
b	If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

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

Part VI **Investments -- Land, Buildings, and Equipment.** See Form 990, Part X, line 10

	Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a	Land	1,265,345			1,265,345
b	Buildings	1,806,531		235,647	1,570,884
c	Leasehold improvements				
d	Equipment	80,895		38,893	42,002
e	Other	173,328		54,831	118,497
Total. Add lines 1a through 1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶					2,996,728

Part VII **Investments -- Other Securities.** 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
Financial derivatives		
Closely-held equity interests		
Other		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12) ▶		

Part VIII **Investments -- Program Related.** See Form 990, Part X, line 13

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX **Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15) ▶	

Part X **Other Liabilities.** See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount
Federal income taxes	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	

2. FIN 48 Footnote In Part XIV, 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

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	5,771,080
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	5,476,780
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	294,300
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net) Add lines 4 through 8	9	
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	10	294,300

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	5,794,236
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	23,156		
e	Add lines 2a through 2d			2e	23,156
3	Subtract line 2e from line 1			3	5,771,080
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 XIV.)	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	5,771,080

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	5,499,936
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 XIV.)	2d	23,156		
e	Add lines 2a through 2d			2e	23,156
3	Subtract line 2e from line 1			3	5,476,780
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 XIV.)	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	5,476,780

Part XIV Supplemental Information

Complete this part to 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, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

PART X: THE ORGANIZATION IS NOT SUBJECT TO FEDERAL OR STATE INCOME TAX EXAMINATIONS BY TAX AUTHORITIES FOR YEARS BEFORE 2007.

PART XII: LINE 2D: FUNDRAISING EXPENSES. DIRECT EXPENSES OF FUNDRAISING EVENTS ARE NETTED FROM REVENUE ON FORM 990, PART VIII, LINE 8 FOR FINANCIAL REPORTING PURPOSES, FUNDRAISING EVENT REVENUE AND EXPENSES ARE REPORTED SEPARATELY.

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. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
NORTH FULTON COMMUNITY CHARITIES INC

Employer identification number
58-1521088

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 of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes	(iii) No	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fund-raiser listed in col (i)	(vi) Amount paid to (or retained by) organization
Total . . . . . ▶						

3 List all states in which the organization is registered or licensed to solicit funds 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 on Form 990-EZ, line 6a List events with gross receipts greater than $5,000

		(a) Event #1 GOLF TOURNAM (event type)	(b) Event #2 FUN RUN (event type)	(c) Other events (total number)	(d) Total events (Add col (a) through col (c))
REVENUE	1 Gross receipts	43,770	11,706		55,476
	2 Less Charitable contributions	27,225	7,860		35,085
	3 Gross income (line 1 minus line 2)	16,545	3,846		20,391
DIRECT EXPENSES	4 Cash prizes				
	5 Noncash prizes	4,138	2,550		6,688
	6 Rent/facility costs	13,455	509		13,964
	7 Food and beverages	104	250		354
	8 Entertainment				
	9 Other direct expenses	1,047	1,105		2,152
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				(23,158)
	11 Net income summary Combine line 3, column (d), and line 10 ▶				-2,767

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) thru 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 % [X] No	Yes % [X] No	Yes % [X] No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				( )
	8 Net gaming income summary Combine line 1, column d, and line 7 ▶				

			Yes	No
9	Enter the state(s) in which the organization operates gaming activities			
a	Is the organization licensed to operate gaming activities in each of these states?	9a		X
b	If "No," explain			
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a		X
b	If "Yes," explain			
11	Does the organization operate gaming activities with nonmembers?	11		X
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?	12		X

				Yes	No
13	Indicate the percentage of gaming activity operated in				
a	The organization's facility	13a	%		
b	An outside facility	13b	%		
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records				
	Name ▶				
	Address ▶				
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a			X
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?	17a			X
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 ▶ $				

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
NORTH FULTON COMMUNITY CHARITIES INC

Employer identification number
58-1521088

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ... ☒ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000 *Check this box if no one recipient received more than $5,000.* Use Part IV and Schedule I-1 (Form 990) if additional space is needed ... ▶ ☒

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance

2 Enter total number of section 501(c)(3) and government organizations ▶

3 Enter total number of other organizations ▶

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22

Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
EMERGENCY ASSISTANCE	16,551	1,240,286	2,919,320	FMV	FOOD, CLOTHING, & OTHER HOUSEHOLD ITEMS; VEHICLES

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information

NUMBER OF RECIPIENTS REPRESENTS THE TOTAL NUMBER OF UNDUPLICATED INDIVIDUALS WHO HAVE BENEFITTED FROM AGENCY'S EMERGENCY ASSISTANCE PROGRAMS BASED ON OUR INTERNAL TRACKING SYSTEM.

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

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

OMB No. 1545-0047
2009
Open To Public Inspection

Name of the organization
NORTH FULTON COMMUNITY CHARITIES INC

Employer identification number
58-1521088

Part I **Excess Benefit Transactions** (section 501(c)(3) and section 501(c)(4) organizations only)

Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a or 25b, or Form 990-EZ, Part V, line 40b

	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected? Yes	(c) Corrected? No
1				

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 . . . . . ▶ $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ $

Part II **Loans to and/or From Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization? To	(b) Loan to or from the organization? From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	(e) In default? No	(f) Approved by board or committee? Yes	(f) Approved by board or committee? No	(g) Written agreement? Yes	(g) Written agreement? No
Total . . . . . ▶ $										

Part III **Grants or Assistance Benefitting Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 27

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount and type of assistance

Part IV **Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, lines 28a, 28b, or 28c

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues? Yes	(e) Sharing of organization's revenues? No
JIM POPE	DIRECTOR NFCC	350,000	LINE OF CREDIT -		X
	BANK PRESIDENT/		ZERO BALANCE		X

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

▶ Attach to Form 990.

OMB No 1545-0047

2009

Open To Public Inspection

Name of the organization
NORTH FULTON COMMUNITY CHARITIES INC

Employer identification number
58-1521088

Part I Types of Property

		(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1	Art -- Works of art				
2	Art -- Historical treasures				
3	Art -- Fractional interests				
4	Books and publications				
5	Clothing and household goods	X		329,636	RESALE VALUE
6	Cars and other vehicles	X	19	55,670	EXPERT OPINION
7	Boats and planes				
8	Intellectual property				
9	Securities -- Publicly traded	X	2	2,579	SALES PRICE
10	Securities -- Closely held stock				
11	Securities -- Partnership, LLC, or trust interests				
12	Securities -- Miscellaneous				
13	Qualified conservation contribution -- Historic structures				
14	Qualified conservation contribution -- Other				
15	Real estate -- Residential				
16	Real estate -- Commercial				
17	Real estate -- Other				
18	Collectibles				
19	Food inventory	X	625,559	1,593,540	REPLACEMENT COS
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ ( )				
26	Other ▶ ( )				
27	Other ▶ ( )				
28	Other ▶ (SEE ATTACHMENT #7)				

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

		Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 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?		X
b	If "Yes," describe the arrangement in Part II.		
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	X	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b	If "Yes," describe in Part II		
33	If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II		

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization

NORTH FULTON COMMUNITY CHARITIES INC

Employer identification number

58-1521088

PAGE 6, ITEM 11A: A COPY OF FORM 990 IS SENT BY EMAIL TO ALL BOARD MEMBERS. FORM 990 IS PREPARED BY A BOARD MEMBER WHO IS AN ATTORNEY AND IT IS REVIEWED BY THE CONTROLLER.

PAGE 6, ITEMS 15A & B: THE HUMAN RESOURCES COMMITTEE OF THE BOARD OF DIRECTORS REVIEWS AND APPROVES ALL COMPENSATION ADJUSTMENTS TAKING INTO CONSIDERATION THE RECOMMENDATION OF THE EXECUTIVE DIRECTOR BASED UPON THE EMPLOYEE'S ANNUAL PERFORMANCE REVIEW CONDUCTED BY A SUPERVISOR, SALARY SURVEY INFORMATION, AND RANGES FOR THE JOB TITLE APPROVED BY THE BOARD OF DIRECTORS. THE EXECUTIVE DIRECTOR'S COMPENSATION ADJUSTMENT IS DETERMINED BY THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS BASED UPON THE SAME FACTORS.

PAGE 6, ITEM 19: NFCC HAS A PUBLIC INSPECTION BOOK WHICH INCORPORATES ALL UPDATED GOVERNING DOCUMENTS, THE MOST RECENT FORM 990, AND AUDITED FINANCIAL STATEMENTS AND A COPY OF THE CONFLICT OF INTEREST POLICY.

PAGE 6, ITEM 12C: ALL BOARD MEMBERS AND EMPLOYEES ARE REQUIRED TO UPDATE ANNUALLY CONFLICT OF INTEREST STATEMENTS.

PRINCIPAL OFFICER NAME AND ADDRESS

ATTACHMENT 1: FORM 990 PAGE 1, LINE F

OPEN TO PUBLIC INSPECTION | For calendar year 2009, or tax period beginning 07-01-2009, and ending 06-30-2010.

Name of Organization	Employer Identification Number
NORTH FULTON COMMUNITY CHARITIES INC	58-1521088

990, Page 1, Line F

Principal officer name . . . . . BARBARA DUFFY

or

Business Name:

Street Address . . . . . 11270 ELKINS ROAD

U.S Address:

Zip code 30076 City ROSWELL State GA

or

Foreign Address

City . . . . . .

Province or State . . . . . .

Country . . . . . .

Postal code . . . . . .

PRIMARY EXEMPT PURPOSE

ATTACHMENT 2: FORM 990 PAGE 1, PART I

OPEN TO PUBLIC INSPECTION	For calendar year 2009 or tax period beginning 07-01	, and ending 06-30-2010.

Name of Organization	Employer Identification Number
NORTH FULTON COMMUNITY CHARITIES INC	58-1521088

Primary Purpose

COMMUNITY CHEST - TO PROVIDE EMERGENCY ASSISTANCE TO NEEDY FAMILIES IN THE NORTH FULTON COMMUNITY, INCLUDING MEDICAL CARE, FOOD, RENT ASSISTANCE, TRANSPORTATION ASSISTANCE, CLOTHING AND FURNITURE, AND UTILITIES ASSISTANCE.

PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENT

ATTACHMENT 3: FORM 990 PAGE 2, PART III

OPEN TO PUBLIC INSPECTION - | **For calendar year 2009, or tax period beginning** 07-01-2009, **and ending** 06-30-2010.

Name of Organization	**Employer Identification Number**
NORTH FULTON COMMUNITY CHARITIES INC	58-1521088

Part III - Statement of Program Service Accomplishments

Code: 1 Expenses. 1,653,591 including Grants of 1,608,828 Revenue:

Exempt Purpose Achievements

PROVIDED SUPPLEMENTAL FOOD AND STAPLE PRODUCTS TO NEEDY FAMILIES

PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENT

ATTACHMENT 3: FORM 990 PAGE 2, PART III

OPEN TO PUBLIC INSPECTION	For calendar year 2009, or tax period beginning 07-01-2009, and ending 06-30-2010.	
Name of Organization		**Employer Identification Number**
NORTH FULTON COMMUNITY CHARITIES INC		58-1521088

Part III - Statement of Program Service Accomplishments

Code: 2 Expenses: 1,509,775 including Grants of: 1,246,786 Revenue

Exempt Purpose Achievements

PROVIDED RENT AND UTILITIES ASSISTANCE, TRANSPORTATION, MEDICAL AND OTHER ASSISTANCE TO NEEDY FAMILIES.

PART III – STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENT

ATTACHMENT 3: FORM 990 PAGE 2, PART III

OPEN TO PUBLIC INSPECTION

For calendar year 2009, or tax period beginning 07-01-2009, and ending 06-30-2010.

Name of Organization	Employer Identification Number
NORTH FULTON COMMUNITY CHARITIES INC	58-1521088

Part III - Statement of Program Service Accomplishments

Code 3 Expenses 998,522 including Grants of 947,144 Revenue

Exempt Purpose Achievements

PROVIDED FOOD, SCHOOL SUPPLIES, AND HOUSEHOLD ITEMS TO NEEDY FAMILIES ON SPECIFIED HOLIDAYS.

PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENT

ATTACHMENT 3: FORM 990 PAGE 2, PART III

OPEN TO PUBLIC INSPECTION	For calendar year 2009, or tax period beginning 07-01-2009, and ending 06-30-2010.	
Name of Organization		**Employer Identification Number**
NORTH FULTON COMMUNITY CHARITIES INC		58-1521088

Part III - Statement of Program Service Accomplishments

Code 4 Expenses. 837,338 including Grants of 370,833 Revenue.

Exempt Purpose Achievements

PROVIDED VEHICLES, CLOTHING AND HOUSEHOLD ITEMS AND FINANCIAL PLANNING CLASSES TO NEEDY FAMILIES.

BOOKS ARE IN CARE OF

ATTACHMENT 4: FORM 990 PAGE 6, PART VI, SECTION C, LINE 20

OPEN TO PUBLIC INSPECTION - For calendar year 2009 or tax period beginning 07-01 , and ending 06-30-2010.

Name of Organization	Employer Identification Number
NORTH FULTON COMMUNITY CHARITIES INC	58-1521088

Part VI - Line 91a

Individual Name or Business Name: BARBARA DUFFY

Street Address: 11270 ELKINS ROAD

U S Address:

Zip code 30076 City ROSWELL State GA

or

Foreign Address

City

Province or State

Country

Postal code

Phone Number (770)640-0399

Fax Number

SCHEDULE OF OTHER EXPENSES

ATTACHMENT 6: FORM 990 PAGE 10, LINE 24 - OTHER EXPENSES

OPEN TO PUBLIC INSPECTION | **For calendar year 2009 or tax period beginning** 07-01-2009, **and ending** 06-30-2010.

Name of Organization
NORTH FULTON COMMUNITY CHARITIES INC

Employer Identification Number
58-1521088

Other Expenses	(A) Total	(B) Program Services	(C) Management and General	(D) Fundraising
PRINTING	16,692	1,640	14,250	802
TRUCK & DELIVERY	8,628	8,628		
RENT	1,831	1,831		
Total	27,151	12,099	14,250	802

FIVE HIGHEST COMPENSATED INDEPENDENT CONTRACTORS

ATTACHMENT 5: FORM 990 PAGE 8, PART VII

OPEN TO PUBLIC INSPECTION

For calendar year 2009 or tax period beginning 07-01-2009, and ending 06-30-2010.

Name of Organization	Employer Identification Number
NORTH FULTON COMMUNITY CHARITIES INC	58-1521088

Part VI Five Highest Compensated Independent Contractors

(a) Name and address of each independent contractor paid more than $100,000	(b) Type of service	(c) Compensation
NA		
		0

SCHEDULE M - PART I - OTHER TYPES OF PROPERTY

ATTACHMENT 7: SCH M, PART I - TYPES OF PROPERTY

OPEN TO PUBLIC INSPECTION | For calendar year 2009 or tax period beginning 07-01 , and ending 06-30-2010.

Name of Organization	Employer Identification Number
NORTH FULTON COMMUNITY CHARITIES INC	58-1521088

Part I Other Types of Property

Description	(a) Check if applicable	(b) number of contributions	(c) Revenues reported on Form 990 Part VIII, line 1g	(d) Method of determining revenues
HOLIDAY PROGRAM	X	30,261	935,830	EST REPL COST

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization
(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

OMB No. 1545-0172

2009

Attachment Sequence No. **67**

Name(s) shown on return	Business or activity to which this form relates	Identifying number
NORTH FULTON COMMUNITY CHARITI	FOR FORM 990	58-1521088

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 the instructions for a higher limit for certain businesses	1	$250,000
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	$800,000
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	250,000

6	(a) Description of property	(b) Cost (busn 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 2008 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	250,000
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 2010 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	3,738

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 2009	17	79,375
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 2009 Tax Year Using the General Depreciation System

	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depr (business/investment use only -- see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property		775	03	HY	200 DB	194
b	5-year property SEE STATEMENT						1,111
c	7-year property SEE STATEMENT						514
d	10-year property						
e	15-year property						
f	20-year property						
g	25-year property			25 yrs		S/L	
h	Residential rental property			27.5 yrs	MM	S/L	
				27.5 yrs	MM	S/L	
i	Nonresidential real property	05-2010	77,156	39 yrs	MM	S/L	181
					MM	S/L	

Section C -- Assets Placed In Service During 2009 Tax Year Using the Alternative Depreciation System

20a	Class life		1,191	55	HY	S/L	22
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	85,135
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	

5-YEAR ASSETS PLACED IN SERVICE DURING 2009
USING GENERAL DEPRECIATION SYSTEM

NORTH FULTON COMMUNITY CHARITIES INC
58-1521088

19b Asset Description	(b) Date in Service	(c) Basis	(d) Period	(e) Convention	(f) Method	(g) Depreciation
DELL PC FOR CWS TRAC	05-04-2010	786	5	HY	200 DB	26
DELL PCS (4)	11-24-2009	3,253	5	HY	200 DB	379
SAGE FUNDRAISING USE	01-01-2010	7,060	5	HY	200 DB	706
					Total	1,111

7-YEAR ASSETS PLACED IN SERVICE DURING 2009
USING GENERAL DEPRECIATION SYSTEM

NORTH FULTON COMMUNITY CHARITIES INC
58-1521088

19c Asset Description	(b) Date in Service	(c) Basis	(d) Period	(e) Convention	(f) Method	(g) Depreciation
CONF ROOM FURNITURE	08-06-2009	2,566	7	HY	200 DB	336
SHELVING FOR TS	06-04-2010	1,500	7	HY	200 DB	18
SHELVING MEZZANINE	03-18-2010	1,121	7	HY	200 DB	40
THRIFT SHOP SIGN	07-02-2009	840	7	HY	200 DB	120
					Total	514

2009 Federal Depreciation Schedule

NORTH FULTON COMMUNITY CHARITIES INC
58-1521088

11-05-2010

Description	Date	Method	Year	Cost	Land/ Other	§179	Spec Allow	Basis	Prior	Current
Form 990										
AWNING	01-23-06	200DBHY	7	2,538	0	0	0	2,538	1,239	363
BACKUP	01-02-08	200DBHY	5	802	0	0	0	802	241	160
BREAKROOM REFRIGERAT	05-07-09	200DBHY	7	891	0	0	0	891	21	127
BUILDING	02-01-05	S/LMM	39	1,188,369	0	0	0	1,188,369	131,216	29,709
BUILDING IMPROVEMENT	08-15-05	S/LMM	39	328,829	0	0	0	328,829	32,198	8,220
BUILDING IMPROVEMENT	02-01-05	S/LMM	480	10,702	0	0	0	10,702	1,182	268
CLIENT FILE ROOM	11-06-07	S/LMM	39	1,675	0	0	0	1,675	75	45
COMPUTER FIREWALL	11-13-07	200DBHY	5	1,061	0	0	0	1,061	354	212
CONF ROOM FURNITURE	08-06-09	200DBHY	7	2,566	0	0	0	2,566	0	336
DELL PC FOR CWS TRAC	05-04-10	200DBHY	5	786	0	0	0	786	0	26
DELL PCS (4)	11-24-09	200DBHY	5	3,253	0	0	0	3,253	0	379
ENTRANCE CANOPY	05-01-09	S/LMM	39	97,566	0	0	0	97,566	454	2,729
FOOD PANTRY SINK	03-17-09	200DBHY	7	5,085	0	0	0	5,085	182	726
FURNITURE	07-01-00	200DBHY	7	7,528	0	0	0	7,528	7,528	0
FURNITURE&FIXTURES	07-01-00	200DBHY	7	895	0	0	0	895	895	0
FURNITURE, TABLES	08-01-05	200DBHY	7	7,200	0	0	0	7,200	4,029	1,029
HVAC EQUIPMENT	09-20-06	200DBHY	7	38,203	0	0	0	38,203	15,008	5,458
HVAC UNIT#2	08-24-05	200DBHY	7	12,600	0	0	0	12,600	6,900	1,800
INDOOR-OUTDOOR SIGNS	06-04-09	200DBHY	7	11,700	0	0	0	11,700	139	1,671
ISUZU TRUCK	02-07-08	200DBHY	5	10,243	0	0	0	10,243	2,902	2,049
LAND	02-01-05	Land	0	1,188,369	1,188,369	0	0	0	0	0
LOBBY CHAIRS (52)	06-04-09	200DBHY	7	2,504	0	0	0	2,504	30	358
LOBBY DISPLAY BOARD	11-07-07	200DBHY	7	3,480	0	0	0	3,480	787	497
LOCKING SAFE	06-15-07	200DBHY	5	725	0	0	0	725	290	145
MICROSOFT 2007 LICEN	01-18-10	S/LHY	3	17,560	0	0	0	17,560	0	2,439
OFFICE EQUIPMENT	02-01-07	HY	60	6,056	0	0	0	6,056	2,927	1,211
OFFICE SECURITY BUZZ	02-19-09	200DBHY	7	1,049	0	0	0	1,049	50	175
PARKING LOT	05-17-10	S/LMM	39	77,156	0	0	0	77,156	0	181
QUICKBOOKS 2009	10-08-09	200DBHY	3	775	0	0	0	775	0	194
RACKS, SHELVES, CASE	08-01-05	200DBHY	7	4,200	0	0	0	4,200	2,350	600
ROOF	11-27-07	S/LMM	39	115,470	0	0	0	115,470	6,094	3,849
SAGE FUNDRAISING USE	06-11-10	S/L	55	1,191	0	0	0	1,191	0	22
SAGE FUNDRAISING USE	01-01-10	200DBHY	5	7,060	0	0	0	7,060	0	706
SECURITY SYSTEM	08-31-05	S/LHY	120	12,986	0	0	0	12,986	5,103	1,299
SECURITY SYSTEM UPGR	06-24-08	200DBHY	7	10,515	0	0	0	10,515	1,502	1,502
SERVER MEMORY	12-13-07	200DBHY	5	773	0	0	0	773	245	155
SHELVING FOR TS	06-04-10	200DBHY	7	1,500	0	0	0	1,500	0	18
SHELVING MEZZANINE	03-18-10	200DBHY	7	1,121	0	0	0	1,121	0	40
SIGN	09-15-05	200DBHY	7	1,660	0	0	0	1,660	909	237

* Asset disposed this year
~C Carryover basis in like-kind exchange transaction
~B Excess basis in like-kind exchange transaction

2009 Federal Depreciation Schedule

NORTH FULTON COMMUNITY CHARITIES INC
58-1521088

11-05-2010

Description	Date	Method	Year	Cost	Land/ Other	§179	Spec Allow	Basis	Prior	Current
Form 990										
TEC CASH REGISTERS 2	06-11-09	200DBHY	5	1,923	0	0	0	1,923	32	385
THRIFT SHOP SIGN	07-02-09	200DBHY	7	840	0	0	0	840	0	120
TRUCK	09-29-05	200DBHY	5	15,325	0	0	0	15,325	11,494	3,065
TRUCK (ISUZU16')	06-20-09	200DBHY	5	24,640	0	0	0	24,640	0	4,928
TRUCK MITSUBISHI16'	06-20-09	200DBHY	5	24,105	0	0	0	24,105	0	4,821
VOLUNTEER SUITE	06-30-07	S/LMM	39	34,956	0	0	0	34,956	1,856	928
WALK-IN COOLER	05-10-06	200DBHY	7	13,672	0	0	0	13,672	6,185	1,953
46 Assets		Totals		3,302,103	1,188,369	0	0	2,113,734	244,417	85,135
46 Assets		Grand Totals		3,302,103	1,188,369	0	0	2,113,734	244,417	85,135

* Asset disposed this year
~C Carryover basis in like-kind exchange transaction
~B Excess basis in like-kind exchange transaction

2009 AMT Depreciation Schedule

NORTH FULTON COMMUNITY CHARITIES INC
58-1521088

11-05-2010

Description	Date	Method	Year	Basis	Prior	AMT	Regular	Adjust
Form 990								
AWNING	01-23-06	150DBHY	7	2,538	1,178	311	363	52
BACKUP	01-02-08	150DBHY	5	802	325	143	160	17
BREAKROOM REFRIGERAT	05-07-09	150DBHY	7	891	0	170	127	-43
BUILDING	02-01-05	S/LMM	39	1,188,369	91,410	30,470	29,709	-761
BUILDING IMPROVEMENT	08-15-05	S/LMM	39	328,829	25,293	8,431	8,220	-211
BUILDING IMPROVEMENT	02-01-05	S/LMM	480	10,702	4,585	1,529	268	-1,261
CLIENT FILE ROOM	11-06-07	S/LMM	39	1,675	70	43	45	2
COMPUTER FIREWALL	11-13-07	150DBHY	5	1,061	430	189	212	23
CONF ROOM FURNITURE	08-06-09	150DBHY	7	2,566	0	275	336	61
DELL PC FOR CWS TRAC	05-04-10	150DBHY	5	786	0	118	26	-92
DELL PCS (4)	11-24-09	150DBHY	5	3,253	0	488	379	-109
ENTRANCE CANOPY	05-01-09	S/LMM	39	97,566	0	2,502	2,729	227
FOOD PANTRY SINK	03-17-09	150DBHY	7	5,085	0	973	726	-247
FURNITURE	07-01-00	150DBHY	7	7,528	1,383	0	0	0
FURNITURE&FIXTURES	07-01-00	150DBHY	7	895	165	0	0	0
FURNITURE, TABLES	08-01-05	150DBHY	7	7,200	3,341	882	1,029	147
HVAC EQUIPMENT	09-20-06	150DBHY	7	38,203	17,142	4,680	5,458	778
HVAC UNIT#2	08-24-05	150DBHY	7	12,600	5,848	1,544	1,800	256
INDOOR-OUTDOOR SIGNS	06-04-09	150DBHY	7	11,700	0	2,238	1,671	-567
ISUZU TRUCK	02-07-08	150DBHY	5	10,243	4,353	2,202	2,049	-153
LAND	02-01-05	Land	0	0	0	0	0	0
LOBBY CHAIRS (52)	06-04-09	150DBHY	7	2,504	0	479	358	-121
LOBBY DISPLAY BOARD	11-07-07	150DBHY	7	3,480	1,039	523	497	-26
LOCKING SAFE	06-15-07	150DBHY	5	725	423	121	145	24
MICROSOFT 2007 LICEN	01-18-10	S/LHY	3	17,560	0	2,926	2,439	-487
OFFICE EQUIPMENT	02-01-07	S/LHY	60	6,056	2,162	865	1,211	346
OFFICE SECURITY BUZZ	02-19-09	150DBHY	7	1,049	0	201	175	-26
PARKING LOT	05-17-10	S/LMM	39	77,156	0	248	181	-67
QUICKBOOKS 2009	10-08-09	150DBHY	3	775	0	194	194	0
RACKS, SHELVES, CASE	08-01-05	150DBHY	7	4,200	1,949	515	600	85
ROOF	11-27-07	S/LMM	39	115,470	4,814	2,961	3,849	888
SAGE FUNDRAISING USE	06-11-10	S/L	55	1,191	0	85	22	-63
SAGE FUNDRAISING USE	01-01-10	150DBHY	5	7,060	0	1,059	706	-353
SECURITY SYSTEM	08-31-05	S/LHY	120	12,986	335	108	1,299	1,191
SECURITY SYSTEM UPGR	06-24-08	150DBHY	7	10,515	3,138	1,580	1,502	-78
SERVER MEMORY	12-13-07	150DBHY	5	773	313	138	155	17
SHELVING FOR TS	06-04-10	150DBHY	7	1,500	0	161	18	-143
SHELVING MEZZANINE	03-18-10	150DBHY	7	1,121	0	120	40	-80
SIGN	09-15-05	150DBHY	7	1,660	770	203	237	34
TEC CASH REGISTERS 2	06-11-09	150DBHY	5	1,923	0	490	385	-105
THRIFT SHOP SIGN	07-02-09	150DBHY	7	840	0	90	120	30
TRUCK	09-29-05	150DBHY	5	15,325	9,197	2,553	3,065	512
TRUCK (ISUZU16')	06-20-09	150DBHY	5	24,640	0	4,900	4,928	28
TRUCK MITSUBISHI16'	06-20-09	150DBHY	5	24,105	0	4,900	4,821	-79
VOLUNTEER SUITE	06-30-07	S/LMM	39	34,956	1,829	896	928	32
WALK-IN COOLER	05-10-06	150DBHY	7	13,672	6,346	1,675	1,953	278
46 Assets		Totals		2,113,734	187,838	85,179	85,135	-44
46 Assets		Grand Totals		2,113,734	187,838	85,179	85,135	-44

* Asset disposed this year
~C Carryover basis in like-kind exchange transaction
~B Excess basis in like-kind exchange transaction