

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2017
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2017 calendar year, or tax year beginning **JUL 1, 2017** and ending **JUN 30, 2018**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization NORTH FULTON COMMUNITY CHARITIES, INC		D Employer identification number 58-1521088
	Doing business as		E Telephone number 770-640-0399
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 5,831,040.
	City or town, state or province, country, and ZIP or foreign postal code ROSWELL, GA 30076		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
F Name and address of principal officer: BARBARA S DUFFY 11270 ELKINS ROAD, ROSWELL, GA 30076		I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	
J Website: ▶ WWW.NFCHELP.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1983 M State of legal domicile: GA	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO BUILD SELF-SUFFICIENCY AND PREVENT HOMELESSNESS AND HUNGER IN OUR COMMUNITY...		
	2 Check this box <input type="checkbox"/> 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 individuals employed in calendar year 2017 (Part V, line 2a)	5	57
	6 Total number of volunteers (estimate if necessary)	6	3950
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 4,733,679.	Current Year 4,482,167.
	9 Program service revenue (Part VIII, line 2g)	0.	0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4,516.	5,533.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,325,329.	1,236,444.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	6,063,524.	5,724,144.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	3,326,622.	3,368,990.
Expenses	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,492,619.	1,497,164.
	16 a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 161,346.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	744,610.	724,084.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	5,563,851.	5,590,238.
19 Revenue less expenses. Subtract line 18 from line 12	499,673.	133,906.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 4,722,091.	End of Year 5,218,532.
	21 Total liabilities (Part X, line 26)	132,665.	438,986.
	22 Net assets or fund balances. Subtract line 21 from line 20	4,589,426.	4,779,546.

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 <i>Barbara S Duffy</i>	Date 10/19/18
	BARBARA S DUFFY, EXECUTIVE DIRECTOR	Type or print name and title

Paid Preparer Use Only	Print/Type preparer's name CLAIRE E JONES	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN P00740170
	Firm's name ▶ MAGOON, FREEMAN, SPAIN & JONES, LLC	Firm's EIN ▶ 46-3472627			
	Firm's address ▶ 3600 MANSELL ROAD, SUITE 575 ALPHARETTA, GA 30022	Phone no. (770) 709-3250			

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