

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2019 calendar year, or tax year beginning _____, **and ending** _____

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization
COMMUNITY ASSISTANCE CENTER, INC.
 Doing business as _____
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
PO BOX 501298
 City or town, state or province, country, and ZIP or foreign postal code
ATLANTA GA 31150-1298

D Employer identification number
58-1825565

E Telephone number
770-552-4889

G Gross receipts\$ **3,157,602**

F Name and address of principal officer:
TAMARA CARRERA
1130 HIGHTOWER TRAIL
SANDY SPRINGS GA 30350

H(a) Is this a group return for subordinates Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. (see instructions)

I Tax-exempt status: 501(c)(3) 501(c) () **t** (insert no.) 4947(a)(1) or 527

J Website: **OURCAC.ORG** **H(c)** Group exemption number **u**

K Form of organization: Corporation Trust Association Other **u** **L** Year of formation: **1987** **M** State of legal domicile: **GA**

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: ASSIST INDIVIDUALS EXPERIENCING DOCUMENTD FINANCIAL CRISIS.		
	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	19
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	19
	5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	20
	6 Total number of volunteers (estimate if necessary)	6	1800
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
7b Net unrelated business taxable income from Form 990-T, line 39	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	3,189,664	2,713,665
	9 Program service revenue (Part VIII, line 2g)	0	0
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,957	4,525
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	272,268	408,153
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,465,889	3,126,343
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,847,036	1,873,755
	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)	534,911	649,418
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) u	112,473	
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	570,737	477,975
	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	2,952,684	3,001,148
Net Assets or Fund Balances	19 Revenue less expenses. Subtract line 18 from line 12	513,205	125,195
	20 Total assets (Part X, line 16)	4,343,324	4,435,970
	21 Total liabilities (Part X, line 26)	991,100	958,551
	22 Net assets or fund balances. Subtract line 21 from line 20	3,352,224	3,477,419

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: **TAMARA CARRERA** CEO Date: _____

Paid Preparer Use Only Print/Type preparer's name: **DALE K. GEESLIN, CPA** Preparer's signature: **DALE K. GEESLIN, CPA** Date: **07/17/20** Check if self-employed PTIN: **P00140648**

Firm's name: **GEESLIN GROUP LLC** Firm's EIN: **27-3022585**

Firm's address: **200 WESTPARK DR STE 240 PEACHTREE CITY, GA 30269-3506** Phone no.: **770-487-0001**

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

ASSIST INDIVIDUALS EXPERIENCING DOCUMENTD FINANCIAL CRISIS.

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

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

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

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

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

4a (Code:) (Expenses \$ **389,342** including grants of \$ **295,273**) (Revenue \$)

ASSIST HOUSEHOLDS IN FINANCIAL CRISIS TO PREVENT EVICTION BY HELPING PAY RENT AND UTILITY EXPENSES.

4b (Code:) (Expenses \$ **51,423** including grants of \$ **36,951**) (Revenue \$)

THE ADULT EDUCATION PROGRAM PROVIDED LIFE SKILLS CLASSES IN FINANCIAL LITERACY, COMPUTERS AND/OR ESOL TO OVER 800 STUDENTS.

THE VITA PROGRAM PREPARED 500 TAX RETURNS FOR LOW INCOME HOUSEHOLDS.

THE YOUTH ASSISTANCE PROGRAM DISTRIBUTED 10,000 SUMMER LUNCHESES FOR CHILDREN; SCHOOL SUPPLIES, HOLIDAY MEALS AND PRESENTS TO 1,300 CHILDREN.

4c (Code:) (Expenses \$ **2,156,600** including grants of \$ **1,541,531**) (Revenue \$)

THE FOOD PANTRY PROVIDED NUTRITIOUS FOOD TO THOSE IN THE COMMUNITY WHO REQUIRE ASSISTANCE.

ADDITIONALLY, CAC DISTRIBUTES DONATED GOODS TO MEMBERS OF THE COMMUNITY WHO ARE IN NEED.

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

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

4e Total program service expenses **u 2,597,365**

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

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a 20		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country u See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X

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 on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a 19		
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b 19		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

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

Section C. Disclosure

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

TAMARA CARRERA
SANDY SPRINGS

1130 HIGHTOWER TRAIL

GA 30350

770-552-4889

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

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

(A) Name and title	(B) Average hours per week per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) NANCY BERGER	2.00									
BOARD PRESIDENT	0.00	X		X			0	0	0	
(2) ANNE HICK	2.00									
1ST VICE PRESIDENT	0.00	X		X			0	0	0	
(3) CECE WEBSTER	2.00									
2ND VICE PRESIDENT	0.00	X		X			0	0	0	
(4) OWEN DWOSKIN	2.00									
TREASURER	0.00	X		X			0	0	0	
(5) EVON PFENNIG	2.00									
ASST. TREASURER	0.00	X		X			0	0	0	
(6) DORRIS SHELTON-GULLEY	2.00									
SECRETARY	0.00	X		X			0	0	0	
(7) NANCY DOSS	2.00									
RECORDING SECRETARY	0.00	X		X			0	0	0	
(8) JOHN JOKERST	2.00									
DIRECTOR	0.00	X					0	0	0	
(9) DICK DERRICK	2.00									
DIRECTOR	0.00	X					0	0	0	
(10) RYAN HAMILTON	2.00									
DIRECTOR	0.00	X					0	0	0	
(11) JENNIFER HARTZ	2.00									
DIRECTOR	0.00	X					0	0	0	

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

(A) Name and title	(B) Average hours per week per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) BRANDI HOYOS	2.00									
2ND VICE PRESIDENT	0.00	X					0	0	0	
(13) DOUG HUNTER	2.00									
DIRECTOR	0.00	X					0	0	0	
(14) ALANA LEVERETTE	2.00									
DIRECTOR	0.00	X					0	0	0	
(15) MATT LINDSAY	2.00									
DIRECTOR	0.00	X					0	0	0	
(16) ANNE MARIE LOCHNER	2.00									
DIRECTOR	0.00	X					0	0	0	
(17) MARIAN MACLEOD-ELLIOTT	2.00									
DIRECTOR	0.00	X					0	0	0	
(18) RABBI RACHEL MILLER	2.00									
DIRECTOR	0.00	X					0	0	0	
(19) LAURA SHANKER	2.00									
DIRECTOR	0.00	X					0	0	0	
1b Subtotal										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	211,773				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	2,501,892				
	g Noncash contributions included in lines 1a-1f	1g	\$ 1,553,921				
	h Total. Add lines 1a-1f	u	2,713,665				
	Program Service Revenue	2a	Business Code				
b							
c							
d							
e							
f All other program service revenue							
g Total. Add lines 2a-2f		u					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	u	4,525	4,525			
	4 Income from investment of tax-exempt bond proceeds	u					
	5 Royalties	u					
	6a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses	6b					
	c Rental inc. or (loss)	6c					
	d Net rental income or (loss)	u					
	7a Gross amount from sales of assets other than inventory	7a	(i) Securities				
			(ii) Other				
	b Less: cost or other basis and sales exps.	7b					
	c Gain or (loss)	7c					
d Net gain or (loss)	u						
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	8a		267,070				
			23,719				
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events	u		243,351				
9a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities	u						
10a Gross sales of inventory, less returns and allowances	10a		172,342				
			7,540				
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory	u		164,802	164,802			
Miscellaneous Revenue	11a	Business Code					
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d	u					
12 Total revenue. See instructions	u		3,126,343	169,327	0	0	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	1,873,755	1,873,755		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	602,522	323,050	222,822	56,650
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	46,896	25,144	17,343	4,409
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	17,742		17,742	
d Lobbying				
e Professional fundraising services. See Part IV, line 7				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12 Advertising and promotion				
13 Office expenses	10,573	9,443	676	454
14 Information technology	47,728	42,621	3,055	2,052
15 Royalties				
16 Occupancy				
17 Travel	977	872	63	42
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	5,688	4,147	1,341	200
20 Interest	43,627	38,959	2,792	1,876
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	129,474	115,621	8,286	5,567
23 Insurance	40,665	30,840	8,017	1,808
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a UTILITIES	47,542	42,455	3,043	2,044
b FUNDRAISING COSTS	33,392			33,392
c REPAIRS	21,951	19,602	1,405	944
d TELEPHONE	10,251	9,154	656	441
e All other expenses	68,365	61,702	4,069	2,594
25 Total functional expenses. Add lines 1 through 24e	3,001,148	2,597,365	291,310	112,473
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1 Cash—non-interest-bearing	32,521	1	37,796	
	2 Savings and temporary cash investments	744,445	2	961,802	
	3 Pledges and grants receivable, net	327,819	3	204,889	
	4 Accounts receivable, net		4		
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6	
	7 Notes and loans receivable, net			7	
	8 Inventories for sale or use	96,801	8	162,065	
	9 Prepaid expenses and deferred charges	14,858	9	19,887	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	3,772,195			
	b Less: accumulated depreciation	746,042	3,100,385	10c	3,026,153
	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	26,495	14	23,378	
	15 Other assets. See Part IV, line 11			15	
16 Total assets. Add lines 1 through 15 (must equal line 33)	4,343,324	16	4,435,970		
Liabilities	17 Accounts payable and accrued expenses	34,824	17	33,162	
	18 Grants payable		18		
	19 Deferred revenue		19		
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			22	
	23 Secured mortgages and notes payable to unrelated third parties	956,276	23	925,389	
	24 Unsecured notes and loans payable to unrelated third parties		24		
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D			25	
	26 Total liabilities. Add lines 17 through 25	991,100	26	958,551	
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.				
	27 Net assets without donor restrictions	2,905,002	27	3,167,797	
	28 Net assets with donor restrictions	447,222	28	309,622	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
	29 Capital stock or trust principal, or current funds		29		
	30 Paid-in or capital surplus, or land, building, or equipment fund		30		
	31 Retained earnings, endowment, accumulated income, or other funds		31		
32 Total net assets or fund balances	3,352,224	32	3,477,419		
33 Total liabilities and net assets/fund balances	4,343,324	33	4,435,970		

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,126,343
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,001,148
3	Revenue less expenses. Subtract line 2 from line 1	3	125,195
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,352,224
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	3,477,419

Part XII Financial Statements and Reporting

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

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

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

(A) Name and title	(B) Average hours per week per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(20) TAMARA CARRERA	40.00									
CEO	0.00			X			0	0	0	
1b Subtotal										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

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.

u Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization

COMMUNITY ASSISTANCE CENTER, INC.

Employer identification number

58-1825565

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

Section A. Public Support

Calendar year (or fiscal year beginning in) u	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,996,553	2,938,477	3,310,053	3,189,664	2,713,665	14,148,412
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	1,996,553	2,938,477	3,310,053	3,189,664	2,713,665	14,148,412
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.						14,148,412

Section B. Total Support

Calendar year (or fiscal year beginning in) u	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4	1,996,553	2,938,477	3,310,053	3,189,664	2,713,665	14,148,412
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,451	1,340	3,448	3,957	4,525	14,721
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						14,163,133
12 Gross receipts from related activities, etc. (see instructions)					12	1,509,156
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 <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	99.90 %
15 Public support percentage from 2018 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test—2019. 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 <input checked="" type="checkbox"/>		
b 33 1/3% support test—2018. 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 <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
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 <input type="checkbox"/>		

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) u	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) u	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests—2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests—2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

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

	Yes	No
11a		
11b		
11c		

Section B. Type I Supporting Organizations

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

	Yes	No
1		
2		

Section C. Type II Supporting Organizations

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

	Yes	No
1		

Section D. All Type III Supporting Organizations

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

	Yes	No
1		
2		
3		

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

	Yes	No
2a		
2b		
3a		
3b		

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

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

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

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)				
Section D - Distributions			Current Year	
1	Amounts paid to supported organizations to accomplish exempt purposes			
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes of supported organizations			
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reasonable cause required-explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
a	From 2014			
b	From 2015			
c	From 2016			
d	From 2017			
e	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2015			
b	Excess from 2016			
c	Excess from 2017			
d	Excess from 2018			
e	Excess from 2019			

Schedule of Contributors

2019

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

Name of the organization COMMUNITY ASSISTANCE CENTER, INC.	Employer identification number 58-1825565
--	---

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

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

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

Name of organization

Employer identification number

COMMUNITY ASSISTANCE CENTER, INC.

58-1825565

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ANONYMOUS 1130 HIGHTOWER TRAIL SANDY SPRINGS GA 30350	\$ 101,114	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	CITY OF SANDY SPRINGS 1 GALAMBOS WAY SANDY SPRINGS GA 30328	\$ 100,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	FULTON COUNTY HOUSING & COMMUNITY DE 137 PEACHTREE STREET ATLANTA GA 30303	\$ 81,733	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

u Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

u Attach to Form 990.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization

Employer identification number

COMMUNITY ASSISTANCE CENTER, INC.

58-1825565

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

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 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?

Part II Conservation Easements.

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 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. (Sub-rows: a Total number of conservation easements, b Total acreage restricted by conservation easements, c Number of conservation easements on a certified historic structure included in (a), d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register), 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year u, 4 Number of states where property subject to conservation easement is located u, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year u, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year u \$, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items., 1b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X, 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1, b Assets included in Form 990, Part X

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that make 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 program
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Yes No

Part V Endowment Funds.

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

- | | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|---|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | | | | | |
| b Contributions | | | | | |
| c Net investment earnings, gains, and losses | | | | | |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | | | | | |
| f Administrative expenses | | | | | |
| g End of year balance | | | | | |
- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment **u**
 - b** Permanent endowment **u**
 - c** Term endowment **u**
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|---------------|----|
| (i) Unrelated organizations | 3a(i) | |
| (ii) Related organizations | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		3,489,563	676,364	2,813,199
c Leasehold improvements				
d Equipment				
e Other		282,632	69,678	212,954
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)			u	3,026,153

Part VII Investments – Other Securities.

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

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

Part VIII Investments – Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

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

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	3,126,343
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e		
3	Subtract line 2e from line 1	3		3,126,343
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5		3,126,343

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

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

1	Total expenses and losses per audited financial statements		1	3,001,148
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e		
3	Subtract line 2e from line 1	3		3,001,148
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5		3,001,148

Part XIII Supplemental Information.

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

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**SCHEDULE G
(Form 990 or 990-EZ)**

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

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

2019

Department of the Treasury
Internal Revenue Service

U Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

Name of the organization

COMMUNITY ASSISTANCE CENTER, INC.

Employer identification number

58-1825565

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

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

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

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

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

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

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

		(a) Event #1 VINTAGE AFFAIR <small>(event type)</small>	(b) Event #2 <small>(event type)</small>	(c) Other events NONE <small>(total number)</small>	(d) Total events <small>(add col. (a) through col. (c))</small>
Revenue	1 Gross receipts	267,070			267,070
	2 Less: Contributions ..				
	3 Gross income (line 1 minus line 2)	267,070			267,070
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages ..				
	8 Entertainment				
	9 Other direct expenses	23,719			23,719
	10 Direct expense summary. Add lines 4 through 9 in column (d)				23,719
11 Net income summary. Subtract line 10 from line 3, column (d)				243,351	

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

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

9 Enter the state(s) in which the organization conducts gaming activities:
 a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain:

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain:

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name **u**

Address **u**

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization **u\$** and the amount of gaming revenue retained by the third party **u\$**
- c If "Yes," enter name and address of the third party:

Name **u**

Address **u**

16 Gaming manager information:

Name **u**

Gaming manager compensation **u\$**

Description of services provided **u**

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year **u\$**

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

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**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" on Form 990, Part IV, line 21 or 22.
u Attach to Form 990.
u Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Name of the organization

COMMUNITY ASSISTANCE CENTER, INC.

Employer identification number

58-1825565

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 Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated 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 noncash assistance	(h) Purpose of grant or assistance
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **u**
- 3 Enter total number of other organizations listed in the line 1 table **u**

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

Schedule I (Form 990) (2019)

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 RENT, UTILITIES		295,273			
2 YOUTH ASSIST, ADULT ED,		36,951			
3 FOOD PANTRY			1,541,531	THRIFT	FOOD, SUPPLIES
4					
5					
6					
7					

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

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SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

Transactions With Interested Persons

U Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

U Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

Open To Public Inspection

COMMUNITY ASSISTANCE CENTER, INC.

Employer identification number

58-1825565

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only).

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

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 **U** \$ _____

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization **U** \$ _____

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

1	(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the org.?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
				To	From			Yes	No	Yes	No	Yes	No
				(1)									
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													

Total **U** \$ _____

Part III Grants or Assistance Benefiting Interested Persons.

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

1	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 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 org. revenues?	
					Yes	No
(1)	CARLOS DIAZ	SPOUSE	5,000	VITA PROGRAM		X
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						

Part V Supplemental Information.

Provide additional information for responses to questions on Schedule L (see instructions).

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2019

**Open To Public
Inspection**

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

Department of the Treasury
Internal Revenue Service

Name of the organization

COMMUNITY ASSISTANCE CENTER, INC.

Employer identification number

58-1825565

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art — Works of art				
2 Art — Historical treasures				
3 Art — Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities — Publicly traded				
10 Securities — Closely held stock				
11 Securities — Partnership, LLC, or trust interests				
12 Securities — Miscellaneous				
13 Qualified conservation contribution — Historic structures				
14 Qualified conservation contribution — Other				
15 Real estate — Residential				
16 Real estate — Commercial				
17 Real estate — Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other u (.....	X	1	1,553,921	
26 Other u (.....				
27 Other u (.....				
28 Other u (.....				

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 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?		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 didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

u Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Name of the organization

COMMUNITY ASSISTANCE CENTER, INC.

Employer identification number

58-1825565

**FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990
THE BOARD IS PROVIDED A COPY OF THE 990 FOR APPROVAL PRIOR TO FILING THE
RETURN.**

**FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION
ALL INFORMATION IS AVAILABLE TO THE PUBLIC BY MAKING A REQUEST TO THE BOARD
OF DIRECTORS.**

Depreciation and Amortization
(Including Information on Listed Property)

u Attach to your tax return.

u Go to www.irs.gov/Form4562 for instructions and the latest information.

Name(s) shown on return **COMMUNITY ASSISTANCE CENTER, INC.** Identifying number **58-1825565**

Business or activity to which this form relates

INDIRECT DEPRECIATION

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	1,020,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,550,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2018 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2020. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	126,358

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

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2019	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/> u <input type="checkbox"/>		

Section B—Assets Placed in Service During 2019 Tax Year Using the General Depreciation System

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

Section C—Assets Placed in Service During 2019 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year			30 yrs.	MM	S/L	
d 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	126,358
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

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

Section B—Information on Use of Vehicles

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

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

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons. See instructions.

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

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2019 tax year (see instructions):					
43 Amortization of costs that began before your 2019 tax year				43	3,117
44 Total. Add amounts in column (f). See the instructions for where to report				44	3,117

Federal Asset Report

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv	Meth	Prior	Current
Other Depreciation:										
1	Phone System	3/22/05	3,672			3,672	5	MO S/L	3,672	0
	Sold/Scrapped: 6/30/19									
2	1130 Hightower Trail	9/03/04	860,818			860,818	39	MO S/L	316,370	22,072
3	Building Improvements	7/26/05	46,992			46,992	39	MO S/L	16,166	1,205
4	Building Improvements-Painting	2/16/05	397			397	39	MO S/L	140	10
5	Building Improvements-Garage Door	2/23/05	307			307	39	MO S/L	109	8
6	Building Improvements-Security System	4/28/05	282			282	39	MO S/L	98	7
7	Building Improvements-HVAC	7/27/05	8,095			8,095	39	MO S/L	2,786	208
8	Furnace	6/21/07	3,940			3,940	39	MO S/L	1,162	101
9	Dual Core Xeon Processor 5050	3/22/07	3,933			3,933	3	MO S/L	3,933	0
10	Optiplex 320 Desktop Pentium	3/22/07	618			618	3	MO S/L	618	0
	Sold/Scrapped: 6/30/19									
11	2-SE 177FP 17 Flatpanel Monitor	3/22/07	326			326	3	MO S/L	326	0
12	5 Dell Optiplex 320 PC's	11/12/07	5,049			5,049	3	MO S/L	5,049	0
	Sold/Scrapped: 6/30/19									
13	Buildout of Upstairs Computer Lab	11/18/08	3,698			3,698	39	MO S/L	1,036	95
14	Painting, Moving Wall	3/10/08	1,100			1,100	39	MO S/L	305	28
15	2-7000 BTU Furnace/AC	4/04/08	6,408			6,408	39	MO S/L	1,765	164
16	Carpet	12/19/08	1,850			1,850	39	MO S/L	473	47
17	2-Reach in Freezers-T49F	8/25/08	6,910			6,910	7	MO S/L	6,910	0
18	1-Reach In Freezer-T72	8/25/08	3,527			3,527	7	MO S/L	3,527	0
19	Chairs, Workstations, Training Tables	9/18/08	6,465			6,465	7	MO S/L	6,465	0
20	HVAC Units	9/01/09	12,133			12,133	10	MO S/L	11,323	810
21	Backflow Device	10/30/09	1,299			1,299	10	MO S/L	1,191	108
22	Dell Laptop	3/30/09	1,510			1,510	3	MO S/L	1,510	0
23	Dell Laptop	8/19/09	666			666	3	MO S/L	666	0
24	4 Dell PC's	12/18/09	3,093			3,093	3	MO S/L	3,093	0
25	Dell Computer	12/18/09	903			903	3	MO S/L	903	0
26	Sever	10/15/09	2,430			2,430	3	MO S/L	2,430	0
27	Software (Milner)	10/15/09	7,165			7,165	3	MO S/L	7,165	0
28	Dell Vostro 3500 Laptop	8/26/10	1,418			1,418	3	MO S/L	1,418	0
29	Dell Vostro 3500 Laptop	8/26/10	1,418			1,418	3	MO S/L	1,418	0
30	dell Vostro 3500 Laptop	8/26/10	1,418			1,418	3	MO S/L	1,418	0
31	Dell Vostro 3500 Laptop	8/26/10	1,418			1,418	3	MO S/L	1,418	0
32	5 Dell Latitude D531, AMO Athlon	12/19/07	7,228			7,228	3	MO S/L	7,228	0
	Sold/Scrapped: 8/15/19									
33	GE Refrigerator	11/21/11	1,125			1,125	7	MO S/L	1,125	0
34	Building Improvements	7/09/12	11,916			11,916	39	MO S/L	1,987	306
35	Food Pantry Equipment	2/09/12	2,758			2,758	7	MO S/L	2,725	33
36	Built-In Oak Cabinet	5/31/12	1,000			1,000	7	MO S/L	941	59
37	Nortel Phone System (30 Units)	5/31/12	1,770			1,770	5	MO S/L	1,770	0
38	Steel Case Set	5/31/12	1,000			1,000	5	MO S/L	1,000	0
39	Carpet	5/31/12	5,656			5,656	5	MO S/L	5,656	0
40	Tile	5/31/12	900			900	5	MO S/L	900	0
41	Desk Steelcase	5/31/12	500			500	7	MO S/L	469	31
42	Reception Case Steelcase	5/31/12	1,000			1,000	7	MO S/L	941	59
43	Dell 420 Server	10/31/13	4,600			4,600	3	MO S/L	4,600	0
44	Backup Software for Server	12/29/13	1,450			1,450	3	MO S/L	1,450	0
45	Epson EX3220 Projector	1/16/14	533			533	7	MO S/L	374	76
46	Optiplex 3020 Minitower-6	4/24/14	5,200			5,200	3	MO S/L	5,200	0
47	Latitude 15-Inch Laptops-4	4/24/14	3,900			3,900	3	MO S/L	3,900	0
48	Laptop For Kristen	4/24/14	1,300			1,300	3	MO S/L	1,300	0
49	Glass Door Refrigerator (2)	10/13/14	5,438			5,438	7	MO S/L	3,302	777
50	2008 Hino 268 Refrig. Truck	12/23/14	28,819			28,819	5	MO S/L	23,056	5,763
51	Waterproofing Building-Metro	9/24/15	15,530			15,530	5	MO S/L	10,095	3,106
52	Metal Rail Table Box	6/13/15	1,046			1,046	5	MO S/L	749	209
53	Cabinets and Lockers	11/23/15	1,225			1,225	5	MO S/L	755	245
54	6 Dell Latitude IO Essential Tablets	5/21/15	902			902	3	MO S/L	902	0
55	Dell Optiplex 3020	11/11/15	594			594	3	MO S/L	594	0
56	Dell Latitude E7450/7450CTO	8/28/15	1,390			1,390	3	MO S/L	1,390	0
57	4 Latitude 3550 Standard Base	8/28/15	2,483			2,483	3	MO S/L	2,483	0
58	Dell Latitude E5450/5450BTX	8/28/15	1,041			1,041	3	MO S/L	1,041	0
59	Mercedes Van	2/01/15	58,000			58,000	5	MO S/L	45,478	11,600
60	Pantry Equipment-Uline	4/13/16	2,779			2,779	7	MO S/L	1,092	397
61	Chairs, Lockers, Security Gate	6/24/16	3,480			3,480	7	MO S/L	1,201	497
62	Roof	1/13/16	26,376			26,376	39	MO S/L	2,028	676
63	AC Condensor	11/15/16	3,875			3,875	39	MO S/L	290	99
64	Store Equipment	4/21/16	1,656			1,656	7	MO S/L	651	237
65	Building Improvements - Fence	6/21/17	1,500			1,500	39	MO S/L	57	38
66	AC System	6/15/17	8,010			8,010	39	MO S/L	325	205
67	AC System	12/15/17	4,711			4,711	39	MO S/L	131	121
68	Building - Roswell Rd	6/21/17	1,775,000			1,775,000	39	MO S/L	68,269	45,513

Federal Asset Report

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
69	Shelving and Storage	4/20/17	17,254			17,254	7 MO S/L	4,108	2,465
70	Poly Trucks	10/01/17	2,995			2,995	7 MO S/L	535	428
71	Chairs and Table	1/23/17	1,244			1,244	7 MO S/L	341	178
72	Food Storage Equipment	3/30/17	3,128			3,128	7 MO S/L	782	447
73	Shelving and Storage	4/20/17	12,852			12,852	7 MO S/L	3,060	1,836
74	Sinks	4/25/17	1,064			1,064	7 MO S/L	253	152
75	Vehicle - Truck Lift	2/16/17	2,508			2,508	5 MO S/L	920	502
76	Roswell Rd Building Improvements	4/15/18	642,603			642,603	39 MO S/L	12,358	16,477
77	Satellite Building Improvements	5/15/18	8,057			8,057	39 MO S/L	138	207
78	Capital Improvements	6/30/18	20,701			20,701	39 MO S/L	265	531
79	Machinery and Equipment	6/30/18	6,860			6,860	39 MO S/L	88	176
80	Phone System	3/02/18	18,062			18,062	5 MO S/L	3,010	3,612
81	HVAC Units	4/16/18	4,359			4,359	39 MO S/L	75	112
84	Phone System - Dunwoody	12/17/19	5,676			5,676	7 MO S/L	0	0
85	5 Ton System with Drain	8/01/19	7,952			7,952	10 MO S/L	0	331
86	Toyota Forklift	7/01/19	12,577			12,577	5 MO S/L	0	1,258
87	Pantry Equipment - Webrestraurant	11/18/19	3,995			3,995	7 MO S/L	0	48
88	Kacom Refrigerator and Freezer	11/18/19	9,678			9,678	7 MO S/L	0	115
89	21 Laptop Computers	4/30/19	11,081			11,081	3 MO S/L	0	2,462
90	Shelving Units	5/14/19	1,167			1,167	7 MO S/L	0	111
	Total Other Depreciation		<u>3,788,762</u>			<u>3,788,762</u>		<u>636,251</u>	<u>126,358</u>
	Total ACRS and Other Depreciation		<u>3,788,762</u>			<u>3,788,762</u>		<u>636,251</u>	<u>126,358</u>
Amortization:									
82	Loan Costs	1/01/18	31,170			31,170	10 MO Amort	4,676	3,117
			<u>31,170</u>			<u>31,170</u>		<u>4,676</u>	<u>3,117</u>
	Grand Totals		3,819,932			3,819,932		640,927	129,475
	Less: Dispositions and Transfers		16,567			16,567		16,567	0
	Less: Start-up/Org Expense		0			0		0	0
	Net Grand Totals		<u>3,803,365</u>			<u>3,803,365</u>		<u>624,360</u>	<u>129,475</u>

GA Asset Report

Asset	Description	Date In Service	Cost	Basis for Depr	GA Prior	GA Current	Federal Current	Difference Fed - GA
Other Depreciation:								
1	Phone System Sold/Scrapped: 6/30/19	3/22/05	3,672	3,672	3,672	0	0	0
2	1130 Hightower Trail	9/03/04	860,818	860,818	316,369	22,072	22,072	0
3	Building Improvements	7/26/05	46,992	46,992	16,166	1,205	1,205	0
4	Building Improvements-Painting	2/16/05	397	397	141	10	10	0
5	Building Improvements-Garage Door	2/23/05	307	307	109	8	8	0
6	Building Improvements-Security System	4/28/05	282	282	99	7	7	0
7	Building Improvements-HVAC	7/27/05	8,095	8,095	2,785	207	208	1
8	Furnace	6/21/07	3,940	3,940	1,162	101	101	0
9	Dual Core Xeon Processor 5050	3/22/07	3,933	3,933	3,933	0	0	0
10	Optiplex 320 Desktop Pentium Sold/Scrapped: 6/30/19	3/22/07	618	618	618	0	0	0
11	2-SE 177FP 17 Flatpanel Monitor	3/22/07	326	326	326	0	0	0
12	5 Dell Optiplex 320 PC's Sold/Scrapped: 6/30/19	11/12/07	5,049	5,049	5,049	0	0	0
13	Buildout of Upstairs Computer Lab	11/18/08	3,698	3,698	956	95	95	0
14	Painting, Moving Wall	3/10/08	1,100	1,100	306	28	28	0
15	2-7000 BTU Furnace/AC	4/04/08	6,408	6,408	1,766	165	164	-1
16	Carpet	12/19/08	1,850	1,850	474	48	47	-1
17	2-Reach in Freezers-T49F	8/25/08	6,910	6,910	6,910	0	0	0
18	1-Reach In Freezer-T72	8/25/08	3,527	3,527	3,527	0	0	0
19	Chairs, Workstations, Training Tables	9/18/08	6,465	6,465	6,465	0	0	0
20	HVAC Units	9/01/09	12,133	12,133	11,324	809	810	1
21	Backflow Device	10/30/09	1,299	1,299	1,191	108	108	0
22	Dell Laptop	3/30/09	1,510	1,510	1,510	0	0	0
23	Dell Laptop	8/19/09	666	666	666	0	0	0
24	4 Dell PC's	12/18/09	3,093	3,093	3,093	0	0	0
25	Dell Computer	12/18/09	903	903	903	0	0	0
26	Sever	10/15/09	2,430	2,430	2,430	0	0	0
27	Software (Milner)	10/15/09	7,165	7,165	7,165	0	0	0
28	Dell Vostro 3500 Laptop	8/26/10	1,418	1,418	1,418	0	0	0
29	Dell Vostro 3500 Laptop	8/26/10	1,418	1,418	1,418	0	0	0
30	dell Vostro 3500 Laptop	8/26/10	1,418	1,418	1,418	0	0	0
31	Dell Vostro 3500 Laptop	8/26/10	1,418	1,418	1,418	0	0	0
32	5 Dell Latitude D531, AMO Athlon Sold/Scrapped: 8/15/19	12/19/07	7,228	7,228	7,228	0	0	0
33	GE Refrigerator	11/21/11	1,125	1,125	1,125	0	0	0
34	Building Improvements	7/09/12	11,916	11,916	1,986	306	306	0
35	Food Pantry Equipment	2/09/12	2,758	2,758	2,725	33	33	0
36	Built-In Oak Cabinet	5/31/12	1,000	1,000	940	60	59	-1
37	Nortel Phone System (30 Units)	5/31/12	1,770	1,770	1,770	0	0	0
38	Steel Case Set	5/31/12	1,000	1,000	1,000	0	0	0
39	Carpet	5/31/12	5,656	5,656	5,656	0	0	0
40	Tile	5/31/12	900	900	900	0	0	0
41	Desk Steelcase	5/31/12	500	500	470	30	31	1
42	Reception Case Steelcase	5/31/12	1,000	1,000	940	60	59	-1
43	Dell 420 Server	10/31/13	4,600	4,600	4,600	0	0	0
44	Backup Software for Server	12/29/13	1,450	1,450	1,450	0	0	0
45	Epson EX3220 Projector	1/16/14	533	533	374	77	76	-1
46	Optiplex 3020 Minitower-6	4/24/14	5,200	5,200	5,200	0	0	0
47	Latitude 15-Inch Laptops-4	4/24/14	3,900	3,900	3,900	0	0	0
48	Laptop For Kristen	4/24/14	1,300	1,300	1,300	0	0	0
49	Glass Door Refrigerator (2)	10/13/14	5,438	5,438	3,302	777	777	0
50	2008 Hino 268 Refrig. Truck	12/23/14	28,819	28,819	23,055	5,764	5,763	-1
51	Waterproofing Building-Metro	9/24/15	15,530	15,530	10,095	3,106	3,106	0
52	Metal Rail Table Box	6/13/15	1,046	1,046	750	209	209	0
53	Cabinets and Lockers	11/23/15	1,225	1,225	755	245	245	0
54	6 Dell Latitude IO Essential Tablets	5/21/15	902	902	902	0	0	0
55	Dell Optiplex 3020	11/11/15	594	594	594	0	0	0
56	Dell Latitude E7450/7450CTO	8/28/15	1,390	1,390	1,390	0	0	0
57	4 Latitude 3550 Standard Base	8/28/15	2,483	2,483	2,483	0	0	0
58	Dell Latitude E5450/5450BTX	8/28/15	1,041	1,041	1,041	0	0	0
59	Mercedes Van	2/01/15	58,000	58,000	45,433	11,600	11,600	0
60	Pantry Equipment-Uline	4/13/16	2,779	2,779	1,092	397	397	0
61	Chairs, Lockers, Security Gate	6/24/16	3,480	3,480	1,243	497	497	0
62	Roof	1/13/16	26,376	26,376	2,029	676	676	0
63	AC Condensor	11/15/16	3,875	3,875	215	100	99	-1
64	Store Equipment	4/21/16	1,656	1,656	631	236	237	1
65	Building Improvements - Fence	6/21/17	1,500	1,500	58	38	38	0
66	AC System	6/15/17	8,010	8,010	325	206	205	-1
67	AC System	12/15/17	4,711	4,711	131	121	121	0
68	Building - Roswell Rd	6/21/17	1,775,000	1,775,000	68,269	45,513	45,513	0

GA Asset Report

Asset	Description	Date In Service	Cost	Basis for Depr	GA Prior	GA Current	Federal Current	Difference Fed - GA
69	Shelving and Storage	4/20/17	17,254	17,254	4,108	2,465	2,465	0
70	Poly Trucks	10/01/17	2,995	2,995	535	428	428	0
71	Chairs and Table	1/23/17	1,244	1,244	341	177	178	1
72	Food Storage Equipment	3/30/17	3,128	3,128	782	447	447	0
73	Shelving and Storage	4/20/17	12,852	12,852	3,060	1,836	1,836	0
74	Sinks	4/25/17	1,064	1,064	253	152	152	0
75	Vehicle - Truck Lift	2/16/17	2,508	2,508	920	501	502	1
76	Roswell Rd Building Improvements	4/15/18	642,603	642,603	12,358	16,477	16,477	0
77	Satellite Building Improvements	5/15/18	8,057	8,057	138	206	207	1
78	Capital Improvements	6/30/18	20,701	20,701	265	531	531	0
79	Machinery and Equipment	6/30/18	6,860	6,860	88	176	176	0
80	Phone System	3/02/18	18,062	18,062	3,010	3,613	3,612	-1
81	HVAC Units	4/16/18	4,359	4,359	75	111	112	1
84	Phone System - Dunwoody	12/17/19	5,676	5,676	0	0	0	0
85	5 Ton System with Drain	8/01/19	7,952	7,952	0	331	331	0
86	Toyota Forklift	7/01/19	12,577	12,577	0	1,258	1,258	0
87	Pantry Equipment - Webrestraurant	11/18/19	3,995	3,995	0	48	48	0
88	Kacom Refrigerator and Freezer	11/18/19	9,678	9,678	0	115	115	0
89	21 Laptop Computers	4/30/19	11,081	11,081	0	2,462	2,462	0
90	Shelving Units	5/14/19	1,167	1,167	0	111	111	0
Total Other Depreciation			<u>3,788,762</u>	<u>3,788,762</u>	<u>636,077</u>	<u>126,359</u>	<u>126,358</u>	<u>-1</u>
Total ACRS and Other Depreciation			<u>3,788,762</u>	<u>3,788,762</u>	<u>636,077</u>	<u>126,359</u>	<u>126,358</u>	<u>-1</u>
Amortization:								
82	Loan Costs	1/01/18	31,170	31,170	3,117	3,117	3,117	0
			<u>31,170</u>	<u>31,170</u>	<u>3,117</u>	<u>3,117</u>	<u>3,117</u>	<u>0</u>
Grand Totals			3,819,932	3,819,932	639,194	129,476	129,475	-1
Less: Dispositions			16,567	16,567	16,567	0	0	0
Less: Start-up/Org Expense			0	0	0	0	0	0
Net Grand Totals			<u>3,803,365</u>	<u>3,803,365</u>	<u>622,627</u>	<u>129,476</u>	<u>129,475</u>	<u>-1</u>

AMT Asset Report

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per Conv	Meth	Prior	Current
7-year GDS Property:											
84	Phone System - Dunwoody	12/17/19	5,676			X	0	7	MQ200DB	0	5,676
			<u>5,676</u>				<u>0</u>			<u>0</u>	<u>5,676</u>
Other Depreciation:											
1	Phone System	3/22/05	3,672				3,672	5	MO S/L	3,672	0
	Sold/Scrapped: 6/30/19										
2	1130 Hightower Trail	9/03/04	860,818				860,818	39	MO S/L	316,370	22,072
3	Building Improvements	7/26/05	46,992				46,992	39	MO S/L	16,166	1,205
4	Building Improvements-Painting	2/16/05	397				397	39	MO S/L	140	10
5	Building Improvements-Garage Door	2/23/05	307				307	39	MO S/L	109	8
6	Building Improvements-Security System	4/28/05	282				282	39	MO S/L	98	7
7	Building Improvements-HVAC	7/27/05	8,095				8,095	39	MO S/L	2,786	208
8	Furnace	6/21/07	3,940				3,940	39	MO S/L	1,162	101
9	Dual Core Xeon Processor 5050	3/22/07	3,933				3,933	3	MO S/L	3,933	0
10	Optiplex 320 Desktop Pentium	3/22/07	618				618	3	MO S/L	618	0
	Sold/Scrapped: 6/30/19										
11	2-SE 177FP 17 Flatpanel Monitor	3/22/07	326				326	3	MO S/L	326	0
12	5 Dell Optiplex 320 PC's	11/12/07	5,049				5,049	3	MO S/L	5,049	0
	Sold/Scrapped: 6/30/19										
13	Buildout of Upstairs Computer Lab	11/18/08	3,698				3,698	39	MO S/L	1,036	95
14	Painting, Moving Wall	3/10/08	1,100				1,100	39	MO S/L	305	28
15	2-7000 BTU Furnace/AC	4/04/08	6,408				6,408	39	MO S/L	1,765	164
16	Carpet	12/19/08	1,850				1,850	39	MO S/L	473	47
17	2-Reach in Freezers-T49F	8/25/08	6,910				6,910	7	MO S/L	6,910	0
18	1-Reach In Freezer-T72	8/25/08	3,527				3,527	7	MO S/L	3,527	0
19	Chairs, Workstations, Training Tables	9/18/08	6,465				6,465	7	MO S/L	6,465	0
20	HVAC Units	9/01/09	12,133				12,133	10	MO S/L	11,323	810
21	Backflow Device	10/30/09	1,299				1,299	10	MO S/L	1,191	108
22	Dell Laptop	3/30/09	1,510				1,510	3	MO S/L	1,510	0
23	Dell Laptop	8/19/09	666				666	3	MO S/L	666	0
24	4 Dell PC's	12/18/09	3,093				3,093	3	MO S/L	3,093	0
25	Dell Computer	12/18/09	903				903	3	MO S/L	903	0
26	Sever	10/15/09	2,430				2,430	3	MO S/L	2,430	0
27	Software (Milner)	10/15/09	7,165				7,165	3	MO S/L	7,165	0
28	Dell Vostro 3500 Laptop	8/26/10	1,418				1,418	3	MO S/L	1,418	0
29	Dell Vostro 3500 Laptop	8/26/10	1,418				1,418	3	MO S/L	1,418	0
30	dell Vostro 3500 Laptop	8/26/10	1,418				1,418	3	MO S/L	1,418	0
31	Dell Vostro 3500 Laptop	8/26/10	1,418				1,418	3	MO S/L	1,418	0
32	5 Dell Latitude D531, AMO Athlon	12/19/07	7,228				7,228	3	MO S/L	7,228	0
	Sold/Scrapped: 8/15/19										
33	GE Refrigerator	11/21/11	1,125				1,125	7	MO S/L	1,125	0
34	Building Improvements	7/09/12	11,916				11,916	39	MO S/L	1,987	306
35	Food Pantry Equipment	2/09/12	2,758				2,758	7	MO S/L	2,725	33
36	Built-In Oak Cabinet	5/31/12	1,000				1,000	7	MO S/L	941	59
37	Nortel Phone System (30 Units)	5/31/12	1,770				1,770	5	MO S/L	1,770	0
38	Steel Case Set	5/31/12	1,000				1,000	5	MO S/L	1,000	0
39	Carpet	5/31/12	5,656				5,656	5	MO S/L	5,656	0
40	Tile	5/31/12	900				900	5	MO S/L	900	0
41	Desk Steelcase	5/31/12	500				500	7	MO S/L	469	31
42	Reception Case Steelcase	5/31/12	1,000				1,000	7	MO S/L	941	59
43	Dell 420 Server	10/31/13	4,600				4,600	3	MO S/L	4,600	0
44	Backup Software for Server	12/29/13	1,450				1,450	3	MO S/L	1,450	0
45	Epson EX3220 Projector	1/16/14	533				533	7	MO S/L	374	76
46	Optiplex 3020 Minitower-6	4/24/14	5,200				5,200	3	MO S/L	5,200	0
47	Latitude 15-Inch Laptops-4	4/24/14	3,900				3,900	3	MO S/L	3,900	0
48	Laptop For Kristen	4/24/14	1,300				1,300	3	MO S/L	1,300	0
49	Glass Door Refrigerator (2)	10/13/14	5,438				5,438	7	MO S/L	3,302	777
50	2008 Hino 268 Refrig. Truck	12/23/14	28,819				28,819	5	MO S/L	23,056	5,763
51	Waterproofing Building-Metro	9/24/15	15,530				15,530	5	MO S/L	10,095	3,106
52	Metal Rail Table Box	6/13/15	1,046				1,046	5	MO S/L	749	209
53	Cabinets and Lockers	11/23/15	1,225				1,225	5	MO S/L	755	245
54	6 Dell Latitude IO Essential Tablets	5/21/15	902				902	3	MO S/L	902	0
55	Dell Optiplex 3020	11/11/15	594				594	3	MO S/L	594	0
56	Dell Latitude E7450/7450CTO	8/28/15	1,390				1,390	3	MO S/L	1,390	0
57	4 Latitude 3550 Standard Base	8/28/15	2,483				2,483	3	MO S/L	2,483	0
58	Dell Latitude E5450/5450BTX	8/28/15	1,041				1,041	3	MO S/L	1,041	0
59	Mercedes Van	2/01/15	58,000				58,000	5	MO S/L	45,478	11,600
60	Pantry Equipment-Uline	4/13/16	2,779				2,779	7	MO S/L	1,092	397
61	Chairs, Lockers, Security Gate	6/24/16	3,480				3,480	7	MO S/L	1,201	497
62	Roof	1/13/16	26,376				26,376	39	MO S/L	2,028	676

AMT Asset Report

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
63	AC Condensor	11/15/16	3,875			3,875	39 MO S/L	290	99
64	Store Equipment	4/21/16	1,656			1,656	7 MO S/L	651	237
65	Building Improvements - Fence	6/21/17	1,500			1,500	39 MO S/L	57	38
66	AC System	6/15/17	8,010			8,010	39 MO S/L	325	205
67	AC System	12/15/17	4,711			4,711	39 MO S/L	131	121
68	Building - Roswell Rd	6/21/17	1,775,000			1,775,000	39 MO S/L	68,269	45,513
69	Shelving and Storage	4/20/17	17,254			17,254	7 MO S/L	4,108	2,465
70	Poly Trucks	10/01/17	2,995			2,995	7 MO S/L	535	428
71	Chairs and Table	1/23/17	1,244			1,244	7 MO S/L	341	178
72	Food Storage Equipment	3/30/17	3,128			3,128	7 MO S/L	782	447
73	Shelving and Storage	4/20/17	12,852			12,852	7 MO S/L	3,060	1,836
74	Sinks	4/25/17	1,064			1,064	7 MO S/L	253	152
75	Vehicle - Truck Lift	2/16/17	2,508			2,508	5 MO S/L	920	502
76	Roswell Rd Building Improvements	4/15/18	642,603			642,603	39 MO S/L	12,358	16,477
77	Satellite Building Improvements	5/15/18	8,057			8,057	39 MO S/L	138	207
78	Capital Improvements	6/30/18	20,701			20,701	39 MO S/L	265	531
79	Machinery and Equipment	6/30/18	6,860			6,860	39 MO S/L	88	176
80	Phone System	3/02/18	18,062			18,062	5 MO S/L	3,010	3,612
81	HVAC Units	4/16/18	4,359			4,359	39 MO S/L	75	112
85	5 Ton System with Drain	8/01/19	0			0	0 HY	0	0
86	Toyota Forklift	7/01/19	0			0	0 HY	0	0
87	Pantry Equipment - Webrestraurant	11/18/19	0			0	0 HY	0	0
88	Kacom Refrigerator and Freezer	11/18/19	0			0	0 HY	0	0
89	21 Laptop Computers	4/30/19	0			0	0 HY	0	0
90	Shelving Units	5/14/19	0			0	0 HY	0	0
	Total Other Depreciation		<u>3,736,636</u>			<u>3,736,636</u>		<u>636,251</u>	<u>122,033</u>
	Total ACRS and Other Depreciation		<u>3,736,636</u>			<u>3,736,636</u>		<u>636,251</u>	<u>122,033</u>
	Grand Totals		3,742,312			3,736,636		636,251	127,709
	Less: Dispositions and Transfers		16,567			16,567		16,567	0
	Net Grand Totals		<u>3,725,745</u>			<u>3,720,069</u>		<u>619,684</u>	<u>127,709</u>

58-1825565

Depreciation Adjustment Report

All Business Activities

Form Unit Asset

Description

Tax

AMT

AMT
Adjustments/
Preferences

There are no assets that meet the criteria of this report

Asset	Description	Date In Service	Cost	Tax	AMT
Other Depreciation:					
2	1130 Hightower Trail	9/03/04	860,818	22,073	22,073
3	Building Improvements	7/26/05	46,992	1,205	1,205
4	Building Improvements-Painting	2/16/05	397	10	10
5	Building Improvements-Garage Door	2/23/05	307	8	8
6	Building Improvements-Security System	4/28/05	282	7	7
7	Building Improvements-HVAC	7/27/05	8,095	207	207
8	Furnace	6/21/07	3,940	101	101
9	Dual Core Xeon Processor 5050	3/22/07	3,933	0	0
11	2-SE 177FP 17 Flatpanel Monitor	3/22/07	326	0	0
13	Buildout of Upstairs Computer Lab	11/18/08	3,698	95	95
14	Painting, Moving Wall	3/10/08	1,100	28	28
15	2-7000 BTU Furnace/AC	4/04/08	6,408	165	165
16	Carpet	12/19/08	1,850	48	48
17	2-Reach in Freezers-T49F	8/25/08	6,910	0	0
18	1-Reach In Freezer-T72	8/25/08	3,527	0	0
19	Chairs, Workstations, Training Tables	9/18/08	6,465	0	0
20	HVAC Units	9/01/09	12,133	0	0
21	Backflow Device	10/30/09	1,299	0	0
22	Dell Laptop	3/30/09	1,510	0	0
23	Dell Laptop	8/19/09	666	0	0
24	4 Dell PC's	12/18/09	3,093	0	0
25	Dell Computer	12/18/09	903	0	0
26	Sever	10/15/09	2,430	0	0
27	Software (Milner)	10/15/09	7,165	0	0
28	Dell Vostro 3500 Laptop	8/26/10	1,418	0	0
29	Dell Vostro 3500 Laptop	8/26/10	1,418	0	0
30	dell Vostro 3500 Laptop	8/26/10	1,418	0	0
31	Dell Vostro 3500 Laptop	8/26/10	1,418	0	0
33	GE Refrigerator	11/21/11	1,125	0	0
34	Building Improvements	7/09/12	11,916	305	305
35	Food Pantry Equipment	2/09/12	2,758	0	0
36	Built-In Oak Cabinet	5/31/12	1,000	0	0
37	Nortel Phone System (30 Units)	5/31/12	1,770	0	0
38	Steel Case Set	5/31/12	1,000	0	0
39	Carpet	5/31/12	5,656	0	0
40	Tile	5/31/12	900	0	0
41	Desk Steelcase	5/31/12	500	0	0
42	Reception Case Steelcase	5/31/12	1,000	0	0
43	Dell 420 Server	10/31/13	4,600	0	0
44	Backup Software for Server	12/29/13	1,450	0	0
45	Epson EX3220 Projector	1/16/14	533	76	76
46	Optiplex 3020 Minitower-6	4/24/14	5,200	0	0
47	Latitude 15-Inch Laptops-4	4/24/14	3,900	0	0
48	Laptop For Kristen	4/24/14	1,300	0	0
49	Glass Door Refrigerator (2)	10/13/14	5,438	777	777
50	2008 Hino 268 Refrig. Truck	12/23/14	28,819	0	0
51	Waterproofing Building-Metro	9/24/15	15,530	2,329	2,329
52	Metal Rail Table Box	6/13/15	1,046	88	88
53	Cabinets and Lockers	11/23/15	1,225	225	225
54	6 Dell Latitude IO Essential Tablets	5/21/15	902	0	0
55	Dell Optiplex 3020	11/11/15	594	0	0
56	Dell Latitude E7450/7450CTO	8/28/15	1,390	0	0
57	4 Latitude 3550 Standard Base	8/28/15	2,483	0	0
58	Dell Latitude E5450/5450BTX	8/28/15	1,041	0	0
59	Mercedes Van	2/01/15	58,000	922	922
60	Pantry Equipment-Uline	4/13/16	2,779	397	397
61	Chairs, Lockers, Security Gate	6/24/16	3,480	497	497
62	Roof	1/13/16	26,376	677	677
63	AC Condensor	11/15/16	3,875	100	100
64	Store Equipment	4/21/16	1,656	236	236
65	Building Improvements - Fence	6/21/17	1,500	39	39
66	AC System	6/15/17	8,010	206	206
67	AC System	12/15/17	4,711	121	121
68	Building - Roswell Rd	6/21/17	1,775,000	45,513	45,513
69	Shelving and Storage	4/20/17	17,254	2,465	2,465
70	Poly Trucks	10/01/17	2,995	428	428
71	Chairs and Table	1/23/17	1,244	177	177
72	Food Storage Equipment	3/30/17	3,128	447	447
73	Shelving and Storage	4/20/17	12,852	1,836	1,836
74	Sinks	4/25/17	1,064	152	152

Asset	Description	Date In Service	Cost	Tax	AMT
75	Vehicle - Truck Lift	2/16/17	2,508	501	501
76	Roswell Rd Building Improvements	4/15/18	642,603	16,477	16,477
77	Satellite Building Improvements	5/15/18	8,057	206	206
78	Capital Improvements	6/30/18	20,701	531	531
79	Machinery and Equipment	6/30/18	6,860	176	176
80	Phone System	3/02/18	18,062	3,613	3,613
81	HVAC Units	4/16/18	4,359	112	112
84	Phone System - Dunwoody	12/17/19	5,676	811	0
85	5 Ton System with Drain	8/01/19	7,952	796	0
86	Toyota Forklift	7/01/19	12,577	2,515	0
87	Pantry Equipment - Webrestraurant	11/18/19	3,995	570	0
88	Kacom Refrigerator and Freezer	11/18/19	9,678	1,383	0
89	21 Laptop Computers	4/30/19	11,081	3,694	0
90	Shelving Units	5/14/19	1,167	167	0
Total Other Depreciation			<u>3,772,195</u>	<u>113,512</u>	<u>103,576</u>
Total ACRS and Other Depreciation			<u>3,772,195</u>	<u>113,512</u>	<u>103,576</u>
<u>Amortization:</u>					
82	Loan Costs	1/01/18	31,170	3,117	3,117
			<u>31,170</u>	<u>3,117</u>	<u>3,117</u>
Grand Totals			<u>3,803,365</u>	<u>116,629</u>	<u>106,693</u>

Asset	Description	Date In Service	Cost	GA
Other Depreciation:				
2	1130 Hightower Trail	9/03/04	860,818	22,073
3	Building Improvements	7/26/05	46,992	1,205
4	Building Improvements-Painting	2/16/05	397	10
5	Building Improvements-Garage Door	2/23/05	307	8
6	Building Improvements-Security System	4/28/05	282	7
7	Building Improvements-HVAC	7/27/05	8,095	208
8	Furnace	6/21/07	3,940	101
9	Dual Core Xeon Processor 5050	3/22/07	3,933	0
11	2-SE 177FP 17 Flatpanel Monitor	3/22/07	326	0
13	Buildout of Upstairs Computer Lab	11/18/08	3,698	95
14	Painting, Moving Wall	3/10/08	1,100	28
15	2-7000 BTU Furnace/AC	4/04/08	6,408	164
16	Carpet	12/19/08	1,850	47
17	2-Reach in Freezers-T49F	8/25/08	6,910	0
18	1-Reach In Freezer-T72	8/25/08	3,527	0
19	Chairs, Workstations, Training Tables	9/18/08	6,465	0
20	HVAC Units	9/01/09	12,133	0
21	Backflow Device	10/30/09	1,299	0
22	Dell Laptop	3/30/09	1,510	0
23	Dell Laptop	8/19/09	666	0
24	4 Dell PC's	12/18/09	3,093	0
25	Dell Computer	12/18/09	903	0
26	Sever	10/15/09	2,430	0
27	Software (Milner)	10/15/09	7,165	0
28	Dell Vostro 3500 Laptop	8/26/10	1,418	0
29	Dell Vostro 3500 Laptop	8/26/10	1,418	0
30	dell Vostro 3500 Laptop	8/26/10	1,418	0
31	Dell Vostro 3500 Laptop	8/26/10	1,418	0
33	GE Refrigerator	11/21/11	1,125	0
34	Building Improvements	7/09/12	11,916	305
35	Food Pantry Equipment	2/09/12	2,758	0
36	Built-In Oak Cabinet	5/31/12	1,000	0
37	Nortel Phone System (30 Units)	5/31/12	1,770	0
38	Steel Case Set	5/31/12	1,000	0
39	Carpet	5/31/12	5,656	0
40	Tile	5/31/12	900	0
41	Desk Steelcase	5/31/12	500	0
42	Reception Case Steelcase	5/31/12	1,000	0
43	Dell 420 Server	10/31/13	4,600	0
44	Backup Software for Server	12/29/13	1,450	0
45	Epson EX3220 Projector	1/16/14	533	76
46	Optiplex 3020 Minitower-6	4/24/14	5,200	0
47	Latitude 15-Inch Laptops-4	4/24/14	3,900	0
48	Laptop For Kristen	4/24/14	1,300	0
49	Glass Door Refrigerator (2)	10/13/14	5,438	776
50	2008 Hino 268 Refrig. Truck	12/23/14	28,819	0
51	Waterproofing Building-Metro	9/24/15	15,530	2,329
52	Metal Rail Table Box	6/13/15	1,046	87
53	Cabinets and Lockers	11/23/15	1,225	225
54	6 Dell Latitude IO Essential Tablets	5/21/15	902	0
55	Dell Optiplex 3020	11/11/15	594	0
56	Dell Latitude E7450/7450CTO	8/28/15	1,390	0
57	4 Latitude 3550 Standard Base	8/28/15	2,483	0
58	Dell Latitude E5450/5450BTX	8/28/15	1,041	0
59	Mercedes Van	2/01/15	58,000	967
60	Pantry Equipment-Uline	4/13/16	2,779	397
61	Chairs, Lockers, Security Gate	6/24/16	3,480	497
62	Roof	1/13/16	26,376	677
63	AC Condensor	11/15/16	3,875	99
64	Store Equipment	4/21/16	1,656	237
65	Building Improvements - Fence	6/21/17	1,500	39
66	AC System	6/15/17	8,010	205
67	AC System	12/15/17	4,711	120
68	Building - Roswell Rd	6/21/17	1,775,000	45,513
69	Shelving and Storage	4/20/17	17,254	2,465
70	Poly Trucks	10/01/17	2,995	428
71	Chairs and Table	1/23/17	1,244	178
72	Food Storage Equipment	3/30/17	3,128	447
73	Shelving and Storage	4/20/17	12,852	1,836
74	Sinks	4/25/17	1,064	152

Asset	Description	Date In Service	Cost	GA
75	Vehicle - Truck Lift	2/16/17	2,508	502
76	Roswell Rd Building Improvements	4/15/18	642,603	16,477
77	Satellite Building Improvements	5/15/18	8,057	207
78	Capital Improvements	6/30/18	20,701	531
79	Machinery and Equipment	6/30/18	6,860	176
80	Phone System	3/02/18	18,062	3,612
81	HVAC Units	4/16/18	4,359	112
84	Phone System - Dunwoody	12/17/19	5,676	811
85	5 Ton System with Drain	8/01/19	7,952	796
86	Toyota Forklift	7/01/19	12,577	2,515
87	Pantry Equipment - Webrestraurant	11/18/19	3,995	570
88	Kacom Refrigerator and Freezer	11/18/19	9,678	1,383
89	21 Laptop Computers	4/30/19	11,081	3,694
90	Shelving Units	5/14/19	1,167	167
Total Other Depreciation			<u>3,772,195</u>	<u>113,554</u>
Total ACRS and Other Depreciation			<u>3,772,195</u>	<u>113,554</u>
<u>Amortization:</u>				
82	Loan Costs	1/01/18	31,170	3,117
			<u>31,170</u>	<u>3,117</u>
Grand Totals			<u>3,803,365</u>	<u>116,671</u>

Taxable Interest on Investments

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
INTEREST INCOME	\$ 4,525					
TOTAL	<u>\$ 4,525</u>					

Federal Statements

Form 990, Part IX, Line 24e - All Other Expenses

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Management & General</u>	<u>Fund Raising</u>
EQUIPMENT RENTAL	\$ 9,950	\$ 8,885	\$ 637	\$ 428
CONTRACT LABOR	9,638	8,607	617	414
VEHICLE EXPENSE	7,810	7,810		
WASTE DISPOSAL	7,680	6,858	492	330
SECURITY	6,667	5,953	427	287
MOVING EXPENSE	6,503	5,807	416	280
PRINTING	6,125	5,470	392	263
MISCELLANEOUS	4,355	3,706	471	178
SPECIAL EVENTS	4,110	3,670	263	177
VOLUNTEER EXPENSE	3,263	2,914	209	140
POSTAGE AND DELIVERY	2,264	2,022	145	97
TOTAL	<u>\$ 68,365</u>	<u>\$ 61,702</u>	<u>\$ 4,069</u>	<u>\$ 2,594</u>

Federal Statements

Schedule A, Part II, Line 1(e)

<u>Description</u>	<u>Amount</u>
GOVT GRANTS OR CONTRIBS	\$ 211,773
OTHER CONTRIBUTIONS	2,501,892
TOTAL	\$ <u>2,713,665</u>

Federal Statements**Schedule A, Part II, Line 5 - Excess Gifts**

<u>Donor Name</u>	<u>Total</u>	<u>Excess</u>
ANONYMOUS	\$ 101,114	\$
CITY OF SANDY SPRINGS	100,000	
FULTON COUNTY HOUSING & COMMUNITY DE	81,733	
TOTAL	<u>\$ 282,847</u>	<u>\$ 0</u>

Federal Statements

Schedule A, Part II, Line 12 - Current year

<u>Description</u>	<u>Amount</u>
INTEREST INCOME	\$ 4,525
THRIFT STORE	172,342
VINTAGE AFFAIR AND OTHER	<u>267,070</u>
TOTAL	<u>\$ 443,937</u>