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Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Open to Publ

Department of the Treasury Internal Revenue Service benefit trust or private foundation)

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

2009 Open to Public

OMB No 1545-0047

	A F	or the	2009 cal	endar ye	ar, or tax	year begini	ning			, ar	nd endir	ng								
•		neck if app		Please	4	of organizatio		N-ATLANTA	A COMM	UNITY A	CTION	ΑU	D Employer i	dentification	number					
F	\Box_{A}	ddress cl	nange	use IRS label or	Doing	Business As			58-1926185											
i	=	ame cha	•	print or		er and street (Room/		E Telephone	number										
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l	==	ıtıal retur		See Specific		HANTILLY						(404) 320-0166								
ļ	╛╹	erminate	d	Instruc-	1		country, and ZIP					- 1	45.0							
Į	^	mended	return	tions	ATLANT	<u>A</u>			GA	3032	24		G Gross recei	ots \$		<u>98,596</u>				
[A	pplication	n pending	F N	ame and a	address of p	rıncıpal officer				H(a) Is th	is a group retur	n for affiliates?	Yes	X No				
				JOYCE	J DORS	SEY 3739 (Chateaguguay	Drive Dec	atur. GA	30034	н	H(b) Are all affiliates included? X Yes								
-								_		527		If "No," attach a list (see instructions)								
			pt status	- 		3) ◄ (ir	isert no)	4947(a)(1)	01] 527					····,					
	<u>J W</u>	ebsite:	► www	<u>v.facaa (</u>	org	_					H(c) Gro	up exemption ni	ımber 🟲						
	K Fo	rm of org	ganization	X co	rporation	Trust	Association	Other	•	L	Year of	ear of formation 1991 M State of legal domi								
	Pa	art I	Sur	nmary																
					the organ	nization's n	nission or mos	t significant	activitie	s. To a	ssist th	e low	-income ind	ividuals in 1	the city of A	tlanta				
							chieve self-suf													
	ė						ation of public													
	and											ور-اوا	ide aliabios	131011 01 411	ي ماطيقات عوا	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>				
	ern	housing and supportive services to homeless and elibible families and in Check this box																		
	Governance										sed of i	more	than 25% o	tits net ass	sets					
	8 (3	Number	of votin	g membe	ers of the g	overning body	∕ (Part VI, lır	ne 1a) .			•		3		<u> </u>				
	Activities &	4	Number	of indep	oendent v	oting mem	nbers of the go	overning boo	dy (Part	VI, line 1	b) .			4		<u>16</u>				
	avit	5	Total nu	mber of	employe	es (Part V,	, line 2a) .							5		76				
	Act	6	Total nu	mber of	voluntee	rs (estimat	e if necessary						[6		1,772				
							enue from Parl						. 1	7a		0				
							me from Forn							7b		0				
			1101 011110	Jidiou bi									Prior Year		Current Year	•				
		8	Contribu	itions ar	nd grants	(Part VIII	line-1h) = 1	ED .1					6,445	.268	-	97,298				
	ā						line 2g)				·		0,110	<u>,</u>	,	0				
	Revenue						nn (A), lines 3,	4 and 7€0	//· ·		-		13	,309		1,298				
	Şe	10	nvesime	ent inco	me (Part	VIII, COIUII	m (A), imes 3,	3/19/10 10%	1		· -			0		1,230				
	_), lines 5,16d,				· -		C 459		10.00	00 506				
							must equal Part			12)			6,458		10,9	98,596				
							(Part IX, column (A), lines 1-3)							0						
							irt IX; column			• •	·			0		0				
	တ္				er compensation, employee benefits (Part IX, column (A), lines 5–10) fundraising fees (Part IX, column (A), line 11e)						-10)	1,687,298			298 1,855,2					
	Expenses	16a	Professi	onal fun								,				0				
	ed.	b	Total fur	ndraising	g expense	es (Part IX	, column (D), i	ine 25) ▶			0)								
	ŵ,	17	Other ex	penses	(Part IX,	column (A), lines 11a-1	1d, 11f-24f)				4,764	,056	9,1	<u>30,508</u>				
		18	Total ex	penses	Add lines	s 13–17 (m	nust equal Par	t IX, columr	n (A), line	25) .			6,451	,354	10,98	85,755				
							ne 18 from lin		•				7	,223		12,8 <u>41</u>				
	, o c										В	eginn	ing of Current		End of Year					
_	ets	20	Total as:	sets (Pa	rt X. line	16)							442	945	6	17,228				
2010	Ass													350		46,792				
7	Net Assets Fund Baland						act line 21 fron							,595		70,436				
	Pa			nature		ccs. oublie	act iiiic 2 i iioi		• •	··				,000	=					
ಣ	ra	L H	Undo	ropolities	of persurv	I declare that	I have examined to	his return Inclu	ding accon	nanvina sc	hedules a	and sta	tements and to	the hest of my	v knowledge					
Z			and	eliel. Lus	true, correct	and complet	e Declaration of	reparer (other)	han officer	is based o	on all infor	mation	of which prepa	rer has any kn	owledge					
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	Sig		▕▕▐▘゙	Signature	of officer	1	\sim						Date	7 7						
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SCANNED			Type or print name and title Preparer's Date							Check	k ıf		Preparer's ide	entifying numbe	er					
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90			- I			SELF-PRE	EPARED RET	URN			emplo	yed	▶□							
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				ess, and Z									Phone no	 -	<u> </u>					
	Мау	the IR	S discus	ss this re	eturn with	the prepa	rer shown abo	ve? (see in	struction	s)	· ·	•	· · ·	· · ·	X Yes	No_				
For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.										Form 990 (2009)										

	Statement of Program Service Accomplishments
1	Briefly describe the organization's mission:
	To assist low income individuals in the city of Atlanta and Fulton County of Georgia to achieve self-sufficiency. This is done by
	mobilizing resources through a network of programs and services, provision of access to creation of public policy, education of
	community at-large and provision of affordable, safe, decent housing and supportive services to homeless and eligible families
	and individuals.
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
	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
•	
_	If "Yes," describe these changes on Schedule O.
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and
	allocations to others, the total expenses, and revenue, if any, for each program service reported
4a	(Code:) (Expenses \$ 1,555,027 including grants of \$ 0) (Revenue \$ 1,940,648)
Ta	
	CSBG- This program supports services that prevents homelessness and
	hardship due to deliquency in rental and utility expenses payments. It also
	provides educational and life-skill trainings, such as budgeting. Through this
	program clients obtain their GED ceritications. The program also provides
	case management, counseling, and job placement services to clients. The
	CSBG grant generally supports most of the programs and services.
	During the year, the program served 1,301 eligible households
4b	(Code) (Expenses \$ 7,753,578 including grants of \$ 0) (Revenue \$ 7,891,606)
	THE PARTY AND THE CONTRACT OF THE PARTY OF T
	LIHEAP- I his is an energy program which targets eligible low-income households and assists them in the direct payment of their energy bills to avoid
	disconnections and hardship. The grant is awarded to the agency by the state of
	Georgia and the states's Pubic Service Commission. During the year,
	20,965 households were served.
	
4c	(Code) (Expenses \$ 856,050 including grants of \$ 0) (Revenue \$ 859,090)
	TEAFAP- The Temporary Emergency Food Assistance Program (TEFAP)
	distributes foods to low-income and the elderly to help supplement their diets.
	This amount consists of operating cash of \$69,549 and food purchases
	valued and supplies by the state in the amount of \$786,501
	Food distributions were assessed by the assess which callided the hole of the
	Faith based communities, volonteers, and partnered with the Atlanta
	Community Food Bank. During the year, the 35,610 individuals were served
4d	Other program services (Describe in Schedule O.)
74	Other program activides (Describe in Concurs C.)
	(Eynences \$ 265,449 including grants of \$ 0.\ (Revenue \$ 307,252.\)
40	(Expenses \$ 265,449 including grants of \$ 0) (Revenue \$ 307,252) Total program service expenses ► 10,430,104

Part IV

Part	IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	_X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If</i> "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C,			
_	Part II	4		<u>X</u>
	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	<u> </u>		<u> </u>
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part	اٽ		 ^
3	X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or	40		
	quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable	11	Х	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
	Schedule D, Part VI.	i		
•	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
•	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			ļ
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	İ		
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that	[
	addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	<u> </u>		
	Schedule D, Parts XI, XII, and XIII.	12	Х	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	-	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	_		١,,
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	ļ	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	19		X
20	If "Yes," complete Schedule G, Part III	20		x
44	Did the orderization operate one of more hospitals; in 100, combined conceditors,			∟ : `

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States as Both IV, solvers (A) line 42 ft IV/se II as a relate September 1. Parts I and IV.	24		v
22	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		<u>X</u>
	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
L	24b through 24d and complete Schedule K If "No," go to line 25	24a		_ <u>X_</u> _X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24b		
·	to defease any tax-exempt bonds?	24c		Х
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
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			
00	990-EZ? If "Yes," complete Schedule L, Part I	25b		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	20		
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?			
	If "Yes," complete Schedule L, Part III	27		Х
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 current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.	28a		<u> X</u>
D	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		х
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a	200		
•	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,		į	
	Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
24	conservation contributions? If "Yes," complete Schedule M	30		<u>X</u>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?	-		
	If "Yes," complete Schedule N, Part II	32	1	Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u>X</u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,		.	
25	III, IV, and V, line 1	34_	_X	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35	x	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related	33	$\stackrel{\sim}{}$	
	organization? If "Yes," complete Schedule R, Part V, line 2	36	х	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part			
	VI	37		<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	<u> </u>	

Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	U.S. Information Returns. Enter -0- if not applicable			
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			
	gamıng (gambling) winnings to prize winners?	1c	Х	ļ
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 76			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	<u> </u>
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see			
	instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by		-	
	this return?	_3a_		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		X
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		X
b	If "Yes," enter the name of the foreign country: ▶			1
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank			
_	and Financial Accounts.			 -
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding	. .		
٥-	Prohibited Tax Shelter Transaction?	5c		X
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		х
L	organization solicit any contributions that were not tax deductible?	oa		├^
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	i	x
7	Organizations that may receive deductible contributions under section 170(c).	- 00		-^-
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
а	and services provided to the payor?	7a		х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		X
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			<u> </u>
C	required to file Form 8282?	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year			<u> </u>
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
•	benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		Х
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			
	required?	7h		Х
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		X
9	Sponsoring organizations maintaining donor advised funds.			ļ
а	Did the organization make any taxable distributions under section 4966?	9a		X
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b_		X
10	Section 501(c)(7) organizations. Enter:			1
а	Initiation fees and capital contributions included on Part VIII, line 12		. [
þ	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		. [
11	Section 501(c)(12) organizations. Enter:		.	
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources		. [
	against amounts due or received from them.)			<u> </u>
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		X
<u> b </u>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			

FULTON-ATLANTA COMMUNITY ACTION AUTHRITY INC 58-1926185 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions.

Sect	ion A. Governing Body and Management					Yes	No
1a	Enter the number of voting members of the governing body	1a		16			110
b	Enter the number of voting members that are independent	1b		16			
2	Did any officer, director, trustee, or key employee have a family relationship or a business rel		hip with			ļ	
	any other officer, director, trustee, or key employee?				2		X
3	Did the organization delegate control over management duties customarily performed by or u	ınder t	he direct				
	supervision of officers, directors or trustees, or key employees to a management company or				3		Х
4	Did the organization make any significant changes to its organizational documents since the prior Form 9	90 wa	s filed? .	L	4		Х
5	Did the organization become aware during the year of a material diversion of the organization	n's ass	ets?		5		Х
6	Does the organization have members or stockholders?				6		Х
7a	Does the organization have members, stockholders, or other persons who may elect one or	nore r	nembers				
	of the governing body?				7a_		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or of			·	7b		X
8	Did the organization contemporaneously document the meetings held or written actions under	rtaker	n during				
	the year by the following			-			
а	The governing body?	•		_	8a	_X	
b	Each committee with authority to act on behalf of the governing body?			<u> </u>	8b_	_X_	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot				_		
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedul				9a		X
	tion B. Policies (This Section B requests information about policies not required by the	e Inte	rnal				
Rev	enue Code.)					Yes	No
40-	Done the accomingtion have local charters, branches, or offlicted?			T-4	0a	X	NO
10a	2000 1110 019 1110 1110 1110 1110 1110 1			· -	ua	-	
b	If "Yes," does the organization have written policies and procedures governing the activities of affiliates, and branches to ensure their operations are consistent with those of the organization			4	0ь	х	
11	Has the organization provided a copy of this Form 990 to all members of its governing body to			· -	UD		
11	form?				11		Х
11A					•		
12a	Does the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>			· —	2a	Х	
b	Are officers, directors or trustees, and key employees required to disclose annually interests			` -			
J	rise to conflicts?		-	1	2b	х	
С	Does the organization regularly and consistently monitor and enforce compliance with the po						
	describe in Schedule O how this is done	-		1	2c	x	
13	Does the organization have a written whistleblower policy?			_	13	Х	
14	Does the organization have a written document retention and destruction policy?			_	14	Х	
15	Did the process for determining compensation of the following persons include a review and			·			
	independent persons, comparability data, and contemporaneous substantiation of the deliber			2			
а	The organization's CEO, Executive Director, or top management official				5a	X	_
b	Other officers or key employees of the organization				5b	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 a	arrang	ement				
	with a taxable entity during the year?	-		1	6a	Х	
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization	to ev	aluate				
	its participation in joint venture arrangements under applicable federal tax law, and taken ste	ps to s	afeguard				
	the organization's exempt status with respect to such arrangements?	<u> </u>	<u> </u>	. 1	6b	X	
Sect	tion C. Disclosure		-				
17	List the states with which a copy of this Form 990 is required to be filed ► UT	-					.
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, a	nd 990)-T (501(c)(3	s only	y)		
	available for public inspection. Indicate how you make these available. Check all that apply.						
	Own website Another's website X Upon request						
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents of the control	nents	conflict of in	terest			
	policy, and financial statements available to the public.						
20	State the name, physical address, and telephone number of the person who possesses the b						
	organization: ► FULTON ATLANTA COMM ACTION AUTH INC.		(404) 320	0-0166	S		
	1690 CHANTILLY DR., ATLANTA, GA 30324						

Form 990 (2009)

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed

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

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

Check this box if the organization did not compe	nsate any curr	ent of	fice	r, d	irec	tor, o	r tru	ustee.		
(A)	(B)	(C)						(D)	(E)	(F)
Name and Title	Average hours per week	Individual trustee or director		Officer		Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related
		8	stee			nsated			- "	organizations
Dr Verdree Lockhart Board Chairman	0	x	L					875	0	0
Mr. Floyd Wood Vice Chairman	0	х	L					0	0	0
Ms. Lous Watley 2nd Vice Chairwoman	0	. x	igspace	L				150	0	0
Mr. Walter Bellamy Board Treasurer	0	. x						0	0	0
Ms. Mattie Jackson Secretary	0	x		_	_			300	0	0
Ms Mary Darden Asst. Secretary	0	<u>x</u>						900	0	0
Mr. Horace Tribble Board member	0	X						500	0	0
Ms. Flossie Grier Baord Member	0	X.	L	_				150	0	0
Mr. Roger Bruce Board Member	0	X	L	_		_		0	0	0
Dr Howard Grant Board Member	0	. <u>x</u>						_ 0	0	0
Mrs_Patrise Perkins Hooker Board Member	0	<u> x</u>						0	0	0
Mr. Rick McDevitt Board Member	0	. x	L	_		_		0	0	0
Mr. Patrick C. Daniel Board Member	0	. x			_			0	0	0
Ms Zendra Hall Baord Member	_0	. x						0	0	0
Ms Diane Priitt Board member	0	. x		_				0	0	0
Ms. Aasia Mustakeem Board Member	0	. x						0	0	0

Form 990 (2009)

Part VII Section A. Officers, Directors, Tru	ustees, Key Em	ploy	ees,	and	Hig	hes	t Co	mpensated Em	ployees (contin	ued)	
(A)	(B)			(0	C)			(D)	(E)	(F)	
Name and title	Average hours per week	or director	r	(chec	k Key employee	a Highest co		Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimate amount other compensa from the organizat	of ation e
		rustee	il trustee		yee	Highest compensated employee		(** 2 1000 111100)	_	and relat organizati	ted
Dr. Joyce J. Dorsey President, CEO	_ 60			х				165,470	0		0
Mrs. Yvonne B. Thomas Vice President, Program	55.			x				104,129	O		0
Mr Christian A Onwusibe											
Vice President, Finance	_ 53		-	X			<u> </u>	104,929	0		0
Mrs. Patrıcia Bullock Vice President, Admin	52.			х				86,732	0		0
Ms. Sharon Quinn Vice Pres Exc. Bd Asst	45.			х				66,672	0		0
						_					
					_						
1b Total							. •	530,807	0		0
2 Total number of individuals (including but no		se lis	ted a	bove	e) wl	ho re	ceiv	ed more than \$1	00,000 in		
reportable compensation from the organization	tion ►			3						Tv I	
3 Did the organization list any former officer,	director or trusti	ee k	ev e	mnlo	vee	or h	inhe	st compensated	Г	Yes	No
employee on line 1a? If "Yes," complete Sc	hedule J for suc	:h inc	lividu	ual.						3	Х
4 For any individual listed on line 1a, is the su the organization and related organizations g	•										
ındividual		•		•			•		· <u> </u>	4	<u> </u>
5 Did any person listed on line 1a receive or a services rendered to the organization? If "Y	•				•			•		5	X
Section B. Independent Contractors											
Complete this table for your five highest cor compensation from the organization	npensated inde	pend	lent o	contr	acto	rs th	at re	ceived more tha	n \$100,000 of		
(A) Name and business a	address							(B) Description of sen	vices Co	(C) mpensation	
											0
							_				0
		-									0
									 		<u>0</u> 0
2 Total number of independent contractors (in	cluding but not	lımite	ed to	thos	se lis	sted :	abov	e) who received	<u> </u>	-	
more than \$100,000 in compensation from	_					 ^		_,			

Page 9

Form **990** (2009)

Par	: VIII	Statement of Revenue				_		
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
र इ	1a	Federated campaigns	1a					
ran Cur	b	Membership dues	1b	0				
Contributions, gifts, grants and other similar amounts	С	Fundraising events	_					
jifts ar a	d	Related organizations						
s, g	e	Government grants (contributions)						
ion sir	_	All other contributions, gifts, grants, and	<u> </u>	10,000,000				
ie ig	•	similar amounts not included above	15	107,448				
i ii	_	Noncash contributions included in lines 1a-1f		82,687				
S E	h				10,997,298			
	- ''-	Total, Add lines 1a-11	· · ·	Business Code	10,997,290			
Program Service Revenue	20			Business Code	0			
eve	2a				0			
e e	b							
چَ	C				0			
နို	d				0	<u></u>	·	
ם	e	***************************************			0		<u> </u>	
ē.	Ť	All other program service revenue			0			
	g	Total. Add lines 2a–2f			0	· · · · · · · · · · · · · · · · · · ·		
	3	Investment income (including dividends, intere						
		other similar amounts)			1,298			
	4	Income from investment of tax-exempt bond pr			0	-		
	5	Royalties		▶	0			
		(i) Real		(ii) Personal				
	6a	Gross Rents						
	b	Less ⁻ rental expenses .						
	С	Rental income or (loss)	0	0				
	d	Net rental income or (loss)			0			
	7a	Gross amount from sales of (i) Securiti	es	(II) Other	· · · · ·			
		assets other than inventory	0	O				
	b	Less: cost or other basis						
		and sales expenses	0	l ol				
	С	Gain or (loss)	0	ol				
		Net gain or (loss)			0	· · · · · · · · · · · · · · · · · · ·		
		Gross income from fundraising					·	
ě		events (not including \$ 0			i			
en /en		of contributions reported on line 1c).						
ٷ		See Part IV, line 18	а	l ol				
-	ь	Less direct expenses						
Other Revenue		Net income or (loss) from fundraising events .			0		· · · · · · · · · · · · · · · · · · ·	
U		Gross income from gaming activities		f i		-		
		See Part IV, line 19	. а	ol				
	ь	Less: direct expenses						
		Net income or (loss) from gaming activities			0			
		Gross sales of inventory, less	• •					
		returns and allowances	а	اما				
	h	Less: cost of goods sold						
		Net income or (loss) from sales of inventory		,	0			
		Massilanesus Davienus		Business Code	-			
	11a	 	_		0			
	b				0		<u>-</u>	
				-				
	ن	All other revenue	••	 	0			
	d			<u> </u>	0	_		
	е 12	Total. Add lines 11a–11d				0	0	0
	14	TOTAL TEVELLUE, SEE HISHUCHOUS		1	10,330,3301	U	. 0	ı U

Page **10**

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

_	All other organizations must complete column				d (D).
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21	0			
2	Grants and other assistance to individuals in				
_	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	U.S See Part IV, lines 15 and 16	<u> </u>			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors,				
_	trustees, and key employees	441,198	170,800	270,398	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	0	4 000 405	4 004	
7	Other salaries and wages	1,034,846	1,033,165	1,681	
8	Pension plan contributions (include section 401(k)		24.255		
_	and section 403(b) employer contributions)	28,305	21,086	7,219	
9	Other employee benefits	215,195	167,128	48,067	· · · · · · · · · · · · · · · · · · ·
10	Payroll taxes	135,703	116,650	19,053	
11	Fees for services (non-employees)			22.25	
a	Management	75,182	49,127	26,055	
b	Legal	4,005	22.222	4,005	
C	Accounting	27,588	26,368	1,220	
d	Lobbying	0			
e	Professional fundraising services. See Part IV, line 17	0			
f	Investment management fees	0			
g	Other	0			
12	Advertising and promotion	3,595		3,595	
13	Office expenses	129,696	99,479	30,217	
14	Information technology	30,671	17,102	13,569	
15	Royalties	0			
16	Occupancy	280,258	224,085	56,173	
17	Travel	33,189	12,500	20,689	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials .	0			
19	Conferences, conventions, and meetings	23,979	16,419	7,560	
20	Interest	2,873		2,873	
21	Payments to affiliates	45,000	45,000		
22	Depreciation, depletion, and amortization .	17,950	5,201	12,749	
23	Insurance	32,529	28,955	3,574	
24	Other expenses Itemize expenses not		i		
	covered above. (Expenses grouped together			j	
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below.)	0.450.446	0.450.445		
a	EMERGENCY ASSISTANCE TO LOW INCOME	8,153,118	8,153,118		
b	TRANSPORTATION	14,968	6,369	8,599	
C	VOLUNTEER/OTHER TIPENDS	86,925	81,659	5,266	
d	INKIND- SPACE DONATION	82,687	82,687		
e	All about the second se	0 205	70.000	40.000	
	All other expenses Miscellaneous	86,295	73,206	13,089	
25	Total functional expenses. Add lines 1 through 24f	10,985,755	10,430,104	555,651	
26	Joint costs. Check here ▶ if following				
	SOP 98-2. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising				
	solicitation				
		-			Form 990 (2009

Part X **Balance Sheet** (A) (B) Beginning of year End of year 94,741 1 314,245 2 2 Savings and temporary cash investments . . . 3 243,994 3 220,254 4 4 26,926 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of 0 5 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete 0 6 Assets 0 0 7 7 Inventories for sale or use 8 19,091 9 26,638 9 Prepaid expenses and deferred charges . . . 10a Land, buildings, and equipment: cost or 10a other basis. Complete Part VI of Schedule D 10c 56.091 **b** Less: accumulated depreciation . . . 10b 166,106 58,193 11 Investments—publicly traded securities 11 ol 12 0 12 Investments—other securities. See Part IV, line 11 . . . Investments—program-related See Part IV, line 11 ol 0 13 13 0 14 0 14 0 15 15 0 16 442,945 16 617,228 Total assets. Add lines 1 through 15 (must equal line 34) 17 Accounts payable and accrued expenses 91,466 17 145,434 18 18 19 43,823 19 34,002 20 Ol 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 Liabilities 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L ol 22 100,000 23 Secured mortgages and notes payable to unrelated third parties . . . ol 23 24 Unsecured notes and loans payable to unrelated third parties Ol 24 0 25 50,061 25 67,356 Other liabilities. Complete Part X of Schedule D. 26 Total liabilities. Add lines 17 through 25 185,350 26 346,792 Organizations that follow SFAS 117, check here ► X and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 27 264,823 Unrestricted net assets 249,035 Temporarily restricted net assets 28 8,560 28 5,613 Permanently restricted net assets 29 29 Organizations that do not follow SFAS 117, check here▶ and complete lines 30 through 34. 30 30 31 Paid-in or capital surplus, or land, building, or equipment fund . . . 31 32 32 Retained earnings, endowment, accumulated income, or other funds. 33 257,595 33 270,436 617,228 Total liabilities and net assets/fund balances . . . 442,945 34

Form 990 (2009)

Form 9	990 (2009) FULTON-ATLANTA COMMUNITY ACTION AUTHRITY INC	58-1926185	Р	age 12
Part	XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
	Schedule O			ļ
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	. <u>2a</u>		X
b	Were the organization's financial statements audited by an independent accountant?	. 2b	X	
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			ĺ
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	. 2c	Х	L
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			ĺ
	issued on a consolidated basis, separate basis, or both:			
	Separate basis X Consolidated basis Both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
	the Single Audit Act and OMB Circular A-133?	. 3a	Χ	L
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	Χ	
		Fo	rm 99 ((2009)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047
2009

Department of the Treasury Internal Revenue Service Name of the organization Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

See separate instructions.

Open to Public Inspection

Employer identification number

-UL	ΓΟΝ-	ATLANTA CO	DMMUNITY ACT	TON AUTHRITY INC						58-1	926185		
Pai	t I	Reason	for Public Ch	narity Status (All org	ganizatio	ns must	complete	this pai	t.) See ıı	<u>nstructio</u>	ns		
The	o <u>rga</u> r		•	ation because it is: (Fo		_							
1	\sqcup	A church, co	nvention of chu	rches, or association o	of churche	es describ	ed in sec	tion 170(b)(1)(A)(i) .			
2	\square	A school des	scribed in <mark>sectio</mark>	on 170(b)(1)(A)(ii). (At	tach Sche	edule E)							
3		A hospital or	a cooperative h	nospital service organi	zation de	scribed in	section '	170(b)(1)	(A)(iii).				
4			_	ation operated in conju	inction wi	th a hospi	tal descril	bed in se	ction 170	(b)(1)(A)	(iii). Ent	er the	
5		An organizat		the benefit of a collect	ge or univ	ersity owr	ned or ope	erated by	a govern	mental ur	nit descri	ibed	
6	\Box			(Complete Part II.) ernment or governmer	ntal unit d	escribed	in section	170(b)(⁻	1)(A)(v).				
7	\boxtimes		•	y receives a substanti						or from th	e genera	al publ	ıc
•				(1)(A)(vi). (Complete I		· annulata [Don't II V						
8	\vdash	-		l in section 170(b)(1)(
9	Ш	receipts from support from	n activities relate i gross investme	y receives: (1) more the doto its exempt function on the income and unrelated after June 30, 1975	ons—subj ted busine	ject to cer ess taxabl	tain excer e income	otions, an (less sec	d (2) no ration 511	nore thar	1 33 1/3 ¹	% of it	
10		An organizat	tion organized a	nd operated exclusive	ly to test	for public	safety. Se	e sectio	n 509(a)(4).			
11	\Box	An organizat	tion organized a	nd operated exclusive	ly for the	benefit of	, to perfor	m the fur	ctions of,	or to car	ry out th	е	
	_			blicly supported organ									on
		509(a)(3). Cl	heck the box tha	at describes the type of	f support	ing organi	zation an	d comple	te lines 1	1e throug	h 11h		
		a 🔛 Type	1 b	Type II c	Туре	III–Fund	tionally in	tegrated		d 📙 1	ype III-	Other	
е				y that the organization									
		•		on managers and othe	r than on	e or more	publicly s	supported	l organiza	itions des	cribed in	n section	on
			section 509(a)(2	•									
f		_	zation received a , check this box	a written determinatior	n from the	RS that	it is a Typ	e I, Type	II, or Typ	e III supp	orting		
g			t 17, 2006, has	the organization acce	pted any	gift or con	tribution f	rom any	of the	•	•		با
				or indirectly controls,	either aloi	ne or toae	ther with	persons (described	in (iı)	1	Yes	No
				erning body of the su							11g(i)		
		(ii) A fami	ily member of a	person described in (i	above?						11g(ii)		
				y of a person describe							11g(iii)		
h		Provide the t	following informa	ation about the suppor					1		1 , ,		-4
(i)		of supported	(ii) EIN	(iii) Type of organization (described on lines 1–9		sted in your		ou notity		Is the tion in col	1 ' '	Amount support	OI .
	orga	anization	İ	above or IRC section		document?	col (i)	of your	(i) organi	zed in the			
				(see instructions))	Yes	No	supr Yes	No	Yes	S? No	1		
					163	140	163	140	163	.,,	 		
	_												0
													0
									-		 		
										-	_		0
							-				<u> </u>		0
	_											_	0
Tota	1												0

Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Gifts, grants, contributions, and membership fees received. (Do not 6,445,268 10,997,297 30,762,286 include any "unusual grants.") 7,929,875 5,389,846 Tax revenues levied for the organization's benefit and either paid to or expended on 0 0 its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 10,997,297 0 30,762,286 7,929,875 5,389,846 6,445,268 Total, Add lines 1 through 3 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) . . 30,762,286 Public support. Subtract line 5 from line 4 Section B. Total Support (e) 2009 (d) 2008 (f) Total (a) 2005 (b) 2006 (c) 2007 Calendar year (or fiscal year beginning in) 0 Amounts from line 4 . . . 6,445,268 10,997,297 30,762,286 7,929,875 5,389,846 7 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar 12,336 13,309 1,299 32,285 5,341 sources Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . 30,794,571 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 12 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) 13 Section C. Computation of Public Support Percentage 99 90% Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 15 0 00% 15 Public support percentage from 2008 Schedule A, Part II, line 14 33 1/3% support test-2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 33 1/3% support test-2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this 17a 10%-facts-and-circumstances test-2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10%

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

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

18

Par				ion 509(a)(2)			
Soot	(Complete only if you checked to	ne box on line	9 of Part I)				
	tion A. Public Support endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
Calt	• • • • • • • • • • • • • • • • • • • •	(a) 2005	(b) 2000	(6) 2007	(u) 2008	(e) 2009	(i) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not	ا	_				0
	include any "unusual grants ")	0	0				0
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	0	0				0
3	Gross receipts from activities that are not an						0
4	unrelated trade or business under section 513 Tax revenues levied for the organization's						0
4	benefit and either paid to or expended on						
	its behalf	l ol	o				0
5	The value of services or facilities	ď				-	
•	furnished by a governmental unit to the						
	organization without charge	l ol	o				0
6	Total. Add lines 1 through 5	0	0	0	0	0	0
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons			_			0
	Assessment in alcohold on linear O and O security and						
D	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						0
_	Add lines 7a and 7b	0	0	0	0	0	0
8	Public support (Subtract line 7c from						
_	line 6)						0
Sec	tion B. Total Support						
Cale	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6	o	0	0	0	ol	0
-	Gross income from interest, dividends,				Ü		
104	payments received on securities loans,		i				
	rents, royalties and income from similar						
	sources						. 0
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						0
С	Add lines 10a and 10b	0	0	0	0	_0	0
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly						0
12	carried on				-		
12	loss from the sale of capital assets						
	(Explain in Part IV.)	lo	o				0
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	l o	0	0	0	o	0
14	First five years. If the Form 990 is for the org	ganization's firs	t, second, third	d, fourth, or fifth	n tax year as a	section 501(c)	(3)
	organization, check this box and stop here .						. ▶∟
Sec	tion C. Computation of Public Support	Percentage					
15	Public support percentage for 2009 (line 8, co		d by line 13, c	olumn (f)) .		15	0 00%
16	Public support percentage from 2008 Schedu		-			16	0 00%
	tion D. Computation of Investment Inc					•	
17	Investment income percentage for 2009 (line			e 13. column (f))	17	0 00%
18	Investment income percentage from 2008 Sc					18	0.00%
19a	33 1/3% support tests-2009. If the organiza						
	not more than 33 1/3%, check this box and s						
b	33 1/3% support tests-2008. If the organization d	•		•		-	
	line 18 is not more than 33 1/3%, check this box as						▶ [_
20	Private foundation. If the organization did n			-	-		s ▶ 🗀

Schedule A (Form	1 990 or 990-EZ) 2009	FULTON-ATI	LANTA COMM	UNITY ACTION	ON AUTHRITY I	INC	58-1926185	Page 4
Part IV		Information.	Complete thi	s part to pro	vide the expla	nations required	by Part II, line 1	0:
							See instructions	
•	T ait ii, iiile 17a	or 17b, and 1	art III, IIIIC 12	I TOVIGE at	ly out of addition	mai imormation	OCC IIIOU GOUGIN	
	••••							
								••
	• • • • • • • • • • • • • • • • • • • •							
							• • • • • • • • • • • • • • • • • • • •	
• • • • • • • • • • • • •								
							-	

SCHEDULE D (Form 990)

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990. ► See separate instructions.

	Open to Public
	Inspection
Employer identifi	cation number

	ON-ATLANTA COMMUNITY ACTION AUTHRITY INC.	58-1926185
<u>Part</u>		unds or Accounts. Complete if
	the organization answered "Yes" to Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year) .	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held	
	funds are the organization's property, subject to the organization's exclusive legal contra	
6	Did the organization inform all grantees, donors, and donor advisors in writing that gran	nt funds can be
	used only for charitable purposes and not for the benefit of the donor or donor advisor,	or for any other
	purpose conferring impermissible private benefit?	Yes . No
Part		
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
•		of an historically important land area
		•
	Protection of natural habitat	of a certified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribute	tion in the form of a conservation
	easement on the last day of the tax year.	
		Held at the End of the Tax Year
а	Total number of conservation easements	. 2a
b	Total acreage restricted by conservation easements	
С	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06	2d
3	Number of conservation easements modified, transferred, released, extinguished, or te	rminated by the organization
	during the tax year	
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection	on, handling of
	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservatio	n easements during the year
		
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation east	sements during the year
	▶ \$	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements	F 1
	170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	Yes No
9	In Part XIV, describe how the organization reports conservation easements in its reven	•
	balance sheet, and include, if applicable, the text of the footnote to the organization's fi	nancial statements that describes
	the organization's accounting for conservation easements.	
Pari		r Similar Assets.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116, not to report in its revenue s	
	art, historical treasures, or other similar assets held for public exhibition, education, or	
	service, provide, in Part XIV, the text of the footnote to its financial statements that des	
ь	If the organization elected, as permitted under SFAS 116, to report in its revenue state	
	historical treasures, or other similar assets held for public exhibition, education, or rese	earch in furtherance of public
	service, provide the following amounts relating to these items:	▶ ⊕
	(i) Revenues included in Form 990, Part VIII, line 1	\$
_	(ii) Assets included in Form 990, Part X	* * * * * * * * * * * * * * * * * * *
2	If the organization received or held works of art, historical treasures, or other similar as	sets for financial gain, provide the
	following amounts required to be reported under SFAS 116 relating to these items:	
а	Revenues included in Form 990, Part VIII, line 1	• \$
þ	Assets included in Form 990, Part X	· ▶ \$

		•
Р	ane	
•	-9.	

Part	Organizations Maintaining	g Collections of	Art, His	torical 1	Treasures, c	or Oth	<u>er Similar A</u>	ssets (c	<u>ontinι</u>	ıed)
3	Using the organization's acquisition		other reco	rds, ched	ck any of the t	followii	ng that are a	significan	i	
а	use of its collection items (check al	i that apply)	d \Box	Loan	or exchange	nroara	me			
b	Scholarly research		ě 📙	Other		_				
		4.	€	Other						
С	Preservation for future gener									
4	Provide a description of the organize Part XIV.	zation's collections	and expl	ain how t	hey further th	e orga	nization's exe	empt purp	ose in	I
5	During the year, did the organization assets to be sold to raise funds rate	her than to be mair	ntained a	s part of t	he organizati	on's co	ollection?.	Y	es 🔲] No
Part	IV Escrow and Custodial A IV, line 9, or reported an a					nswer	ed "Yes" to I	Form 990), Par	t
1a	Is the organization an agent, truste included on Form 990, Part X?			•					es 🔲	No
b	If "Yes," explain the arrangement in									
								Amount		
С	Beginning balance					. <u>1c</u>				
d	Additions during the year									
е	5						ļ			
f	Ending balance					. <u>1f</u>				0
2a	Did the organization include an am		Part X, II	ne 21? .				Ye	es X	No
b	If "Yes," explain the arrangement in									
Part	V Endowment Funds. Com	iplete if the organ	<u>pization a</u>	nswere						
		(a) Current year	(b) Pri	or year	(c) Two years t	back	(d) Three years ba	ack (e) Fo	ur years	back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains,									
	and losses	i								
d	Grants or scholarships							.		
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses			_				<i>-</i>		
g	End of year balance	0		. 0						
2	Provide the estimated percentage			as						
a	Board designated or quasi-endown		%							
D	Permanent endowment									
C	Term endowment	. %		ination th	at ara bald ar	.d .d.	sinuatored for	the		
3a	Are there endowment funds not in	ne possession or t	ine organ	ization th	at are nero ar	iu auri	iiiistereu ioi	(iie [Yes	No
	organization by: (i) unrelated organizations							3a(i)	163	110
	(ii) related organizations							3a(ii)		
b	If "Yes" to 3a(ii), are the related org		 e require	don Sch	edule R2	•		3b		
4	Describe in Part XIV the intended u		-			• •		<u> </u>		
Part						X lin	e 10			
ı arı	Description of investment	(a) Cost or ot			st or other		cumulated	(d) Bo	ok value	
	bescription of investment	(investm			(other)		preciation	(0, 50	OK TOIO	•
1a	Land		0		0	•				0
b	Buildings	🗀	0		0		0			0
c	Leasehold improvements		0		32,015		6,403		2	5,612
d	Equipment		0		190,182		159,703			0,479
е	Other		0	·	0		O			0
Total	. Add lines 1a through 1e. (Column	(d) must equal For	m 990, P	art X, col	umn (B), line	10(c).)		50	6,091

FULTON-ATLANTA COMMUNITY ACTION AUTHRITY INC. 58-1926185 Schedule D (Form 990) 2009 Page 3 Investments—Other Securities. See Form 990, Part X, line 12. (c) Method of valuation (a) Description of security or category (b) Book value (including name of security) Cost or end-of-year market value Financial derivatives . . ol ol Closely-held equity interests . . . 0 ol 0 ol ol o ol 0 0 0 Total. (Column (b) must equal Form 990, Part X, ∞I (B) line 12) Part VIII Investments—Program Related. See Form 990, Part X, line 13 (c) Method of valuation (a) Description of investment type (b) Book value Cost or end-of-year market value 0 o 0 0 ol ol ol 0 ol 0 Total. (Column (b) must equal Form 990, Part X, col (B) line 13) ol Other Assets. See Form 990, Part X, line 15. Part IX (a) Description (b) Book value 0 0 0 0 0 0 0 0 0 0 Total. (Column (b) must equal Form 990, Part X, col. (B) line 15) 0 Part X Other Liabilities. See Form 990, Part X, line 25 (a) Description of liability (b) Amount 0 Federal income taxes 67,356 **DUE TO GRANTOR** 0 ol ol oļ 0 0 0 0

2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

Total. (Column (b) must equal Form 990, Part X, col (B) line 25)

0

67,356

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements 1 Total revenue (Form 990, Part VIII, column (A), line 12).	12,841
2 Total expenses (Form 990, Part IX, column (A), line 25) 3 Excess or (deficit) for the year Subtract line 2 from line 1 3 Net unrealized gains (losses) on investments 5 Donated services and use of facilities 6 Investment expenses 7 Prior period adjustments 8 Other (Describe in Part XIV.) 9 Total adjustments (net) Add lines 4 through 8 10 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 10 Excess or (deficit) for the year per audited financial statements With Revenue per Return 1 Total revenue, gains, and other support per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains on investments. b Donated services and use of facilities c Recovenes of prior year grants d Other (Describe in Part XIV.) Add lines 2a through 2d 3 Subtract line 2e from line 1 a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV.) c Add lines 4a and 4b. Total revenue, add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return 1 Total expenses and losses per audited financial Statements With Expenses per Return 1 Total expenses and losses per audited financial Statements 2 Amounts included on line 1 but not on Form 990, Part I, line 12.) 5 Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return 1 Total expenses and losses per audited financial Statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 a Donated services and use of facilities c Other (Describe in Part XIV.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part IVIII, line 7b 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part IVIII, line 7b	10,998,596 10,985,755 12,841 0 12,841
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Net unrealized gains (losses) on investments	0
5 Donated services and use of facilities	
6 Investment expenses . 6 Prior period adjustments . 7	
7 Prior period adjustments 7 8 Other (Describe in Part XIV.) 8 9 Total adjustments (net) Add lines 4 through 8 9 10 Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return 1 Total revenue, gains, and other support per audited financial statements With Revenue per Return 1 Total revenue, gains, and other support per audited financial statements	
8 Other (Describe in Part XIV.) 8 9 Total adjustments (net) Add lines 4 through 8 9 10 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 10 Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return 1 Total revenue, gains, and other support per audited financial statements 1 1 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains on investments 2 2b 2b 2c 2b 2c 2d 2d 2d 2d 2d 2d 2d 2d 2d 2d 2d 2d 2d	
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b Donated services and use of facilities	
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b Other (Describe in Part XIV.)	
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Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities. Description of Expenses per Audited Financial Statements With Expenses per Return 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities. Description of Expenses per Audited Financial Statements With Expenses per Return 2 Amounts included on Form 990, Part IX, line 25: Donated services and use of facilities. 2 Description of Expenses per Audited Financial Statements With Expenses per Return 1 Description of Expenses per Audited Financial Statements With Expenses per Return 2 Description of Expenses per Audited Financial Statements With Expenses per Return 2 Description of Expenses per Audited Financial Statements With Expenses per Return 2 Description of Expenses per Audited Financial Statements With Expenses per Return 2 Description of Expenses per Audited Financial Statements With Expenses per Return 2 Description of Expenses per Audited Financial Statements With Expenses per Return 2 Description of Expenses per Audited Financial Statements With Expenses per Return 2 Description of Expenses per Audited Financial Statements With Expenses per Return 2 Description of Expenses per Audited Financial Statements With Expenses per Return 2 Description of Expenses per Audited Financial Statements With Expenses per Return 2 Description of Expenses per Audited Financial Statements With Expenses per Return 2 Description of Expenses per Audited Financial Statements With Expenses per Return 2 Description of Expenses per Audited Financial Statements With Expenses per Return 2 Description of Expenses per Audited Financial Statements With Expenses per Return 2 Description of Expenses per Audited Financial Statements	
Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIV.) e Add lines 2a through 2d Subtract line 2e from line 1 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	0
1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments c Other losses. d Other (Describe in Part XIV.) e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 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. 4 Amounts included on Form 990, Part VIII, line 7b. 4 Amounts included on Form 990, Part VIII, line 7b. 4 Amounts included on Form 990, Part VIII, line 7b. 4 Amounts included on Form 990, Part VIII, line 7b. 4 Amounts included on Form 990, Part VIII, line 7b.	10,998,596
2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments c Other losses. d Other (Describe in Part XIV.) e Add lines 2a through 2d. 2e 3 Subtract line 2e from line 1. 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. 4 Amounts included on Form 990, Part VIII, line 7b. 4 Amounts included on Form 990, Part VIII, line 7b.	
a Donated services and use of facilities	10,985,755
b Prior year adjustments c Other losses	
c Other losses	
d Other (Describe in Part XIV.)	
e Add lines 2a through 2d	
3 Subtract line 2e from line 1	
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	0
a Investment expenses not included on Form 990, Part VIII, line 7b . 4a	10,985,755
b Other (Describe in Part XIV)	
c Add lines 4a and 4b	0
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	10,98 <u>5,755</u>
Part XIV Supplemental Information	
Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information	

FULTON-ATLANTA COMMUNITY ACTION AUTHRITY INC 58-1926185 Schedule D (Form 990) 2009 Page 5 Supplemental Information (continued)

SCHEDULE M (Form 990)

Noncash Contributions

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

► Attach to Form 990.

OMB No 1545-0047

2009

Open To Public Inspection

Employer identification number

58-1926185

Department of the Treasury Internal Revenue Service Name of the organization

FULTON-ATLANTA COMMUNITY ACTION AUTHRITY INC.

		(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1	Art—Works of art				
2	Art—Historical treasures				
3	Art—Fractional interests				
4	Books and publications .				
5	Clothing and household				
	goods				
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			<u> </u>	
12	Securities-Miscellaneous				
13	Qualified conservation				
	contribution—Historic				
	structures	1			
14	Qualified conservation				
	contribution—Other	i l			
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 ► (Rental Space)	X	(82,687	Per Square footage valuation
26	Other ► ()			0	
27	Other ► ()		(0	
28	Other ► ()		(olo	
29	Number of Forms 8283 received which the organization complete				29 Yes No

30 a	During the year, did the organization receive by contribution any property reported in Part I, lines 1–28 that it must hold for at least three years from the date of the initial contribution, and which is not		
	required to be used for exempt purposes for the entire holding period?	30a	X
b	If "Yes," describe the arrangement in Part II		
31	Does the organization have a gift acceptance policy that requires the review of any non-standard		
	contributions?	31	X
32 a	Does the organization hire or use third parties or related organizations to solicit, process, or sell		Í
	noncash contributions?	32a	 X
b	If "Yes," describe in Part II		
33	If the organization did not report revenues in column (c) for a type of property for which column (a) is		
	checked, describe in Part II.		

FULTON-ATLANTA COMMUNITY ACTION AUTHRITY INC

58-1926185

Schedule M (F	orm 990) 2009 Page 2
Part II	Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.
•••••	
•••••	

SCHEDULE O (Form 990)

Supplemental Information to Form 990

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

OMB No 1545-0047 Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990.

FULTON-ATLANTA COMMUNITY ACTION AUTHRITY INC 58-1926185 Form 990 Part VI Section B Line 12c policy is regularly reviewed by management with the staff and Form 990 Part VI Section B Line 15a The Board Personnel Committee do reviews and evaluateds the Form 990 Part VI Section B Line 15b The CEO and the top management review and evaluate their subordinates. Form 990 Part VI Section C Line 19 are then reviewed with the staff and the board of directors as these changes are made. Form 990 The updated policies and procedures are made available to the staff and the board after the reviews. Form 990 the reviews. A copy of each manual, board of dirctor's minutes, audit reports as well as other public documents are provided to any interested public member upon a written

SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Service

Partl

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

► See separate instructions.

1545-0047	. 600	
OMB No 1	20	
0		ľ

Open to Public

▶ Attach to Form 990.

(f)
Direct controlling
entity (f) Direct controlling entity Employer identification number Identification of Related Tax-Exempt Organizations (Complete If the organization answered "Yes" to Form 990, Part IV, line 34 because it (e)
Public chanty status
(if section 501(c)(3)) (e) End-of-year assets 58-1926185 0 (d) Exempt Code section Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.) (d) Total income (c)
Legal domicile (state
or foreign country) Legal domicile (state or foreign country) (b) Primary activity Primary activity had one or more related tax-exempt organizations during the tax year) FULTON-ATLANTA COMMUNITY ACTION AUTHRITY INC. (a)Name, address, and EIN of related organization (a) Name, address, and EIN of disregarded entity Name of the organization

Part II

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

Schedule R (Form 990) 2009

Schedule R (Form 990) 2009 Part III

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

ŝ (j) General or managing partner? Yes Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV line 34 heading it had one or more related accompanient frontiers or the complete in the companient of the complete in the companient of the c (i)
Code V—UBI
amount in box 20 of
Schedule K-1
(Form 1065) (h)
Disproportionate
allocations? ž Yes (g) Share of end-of-year assets 0 (f) Share of total income (e)
Predominant
income (related,
unrelated,
excluded from
tax under
sections
512-514) (d)

Ourect controlling
entity (c)
Legal
domicile
(state or
foreign Primary activity Name, address, and EIN of related organization Part IV

IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)	ited organizations	s treated as a c	corporation or to	rust during the	tax year.)		
(a) Name, address, and EIN of related organization	(b) Pnmary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
FULTON ATLANTA CASCADE, INC. 58-2266254 1690 CHANTILLY DRIVE, ATLANTA, GA 30324	TAC CREDIT	GA	FULTON ATLAC Corp	C Corp	0	-1,464	100 00%
	PARTNER				0	0	%
					0	0	%
					0	0	%
					0	0	%
					0	0	%
					0	0	%

Schedule R (Form 990) 2009

Schedule R (Form 990) 2009

Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36.) Part V

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule	,	Ye	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	arts II–IV?			
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		1a ×		ļ
b Giff, grant, or capital contribution to other organization(s)		1b	_	×
c Giff. grant. or capital contribution from other organization(s).	•	10	_	×
d Loans or loan distantees to or for other organization(s)		79		
	· · ·			,
e Loans or loan guarantees by otner organization(s)		ש	}	$\langle [$
	,	4.		7,
t Sale of assets to other organization(s).		=	1	اے
g Purchase of assets from other organization(s)		19		$_{\times}$
		무		×
		1i		×
i Lease of facilities. equipment, or other assets from other organization(s)		1j		×
b Defermance of continuous or fundations collections for other organization(s)		=======================================		×
		=		×
m Sharing of facilities, equipment, mailtral lists or other assets	•	: E		
Sharing of paid employees	•	12		
	•			
o Reimbursement paid to other organization for expenses		10		×
		1p		×
q Other transfer of cash or property to other organization(s)		19		×
		1.		×
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	onships and transac	tion thres	holds.	
(a)	(q)	(c)	1	
Name of other organization	type (a–r)	Amount involved	Noived	
(1) FA-CASCADE	P		45,0	45,000
(2)				0
(3)				이
(4)				0
(5)	-			0
				'
(9)				7
	Schedule	Schedule R (Form 990) 2009	990) 2	600

58-1926185

Part VI

Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

of gloss revenue) that was not a related organization. See instructions regarding excusion to certain investment partitionally.	Usu ucuons regaining exc	יוחצוחון וחו הפונשוון	IIISANI	וון	mersinps.	٩		107		3
رم) Name, address, and EIN of entity	Primary activity	Legal domicile	Are all partners	artners		Disproportionate	rtionate	Code V—UBI	Ğ.	General or
		(state or foreign country)	section 501(c)(3)	(S)	end-of-year assets	allocat	csuoi	of Schedule K-1	man	managing partner?
			organizations	Sugar				(FOITH 1065)		
		,	Yes	ဥ		Yes	ટ		Yes	Š
					0			0		
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Schedule R (Form 990) 2009

FULTON-ATLANTA COMMUNITY ACTION AUTHORITY, INC. AND SUBSIDIARIES CONSOLIDATED STATEMENT OF FINANCIAL POSITION September 30, 2009

	}		_	- · · · · · · · · · · · · · · · · · · ·		
	IIn	restricted		nporarily estricted		Total
	UII	restricteu		estricted		TOTAL
ASSETS				•		
Current Assets						
Cash (Note C)	\$	245,517	\$	68,728	\$	314,245
Due from grantors (Note D)		220,254		-		220,254
Total Current Assets		465,771		68,728		534,499
Property and equipment at cost		50.450				** ***
less accumulated depreciation (Note G)		50,478		5,613		56,091
Other Assets						
Deposits and other		26,638		-		26,638
Total Other Assets	_	26,638				26,638
TOTAL ASSETS	s	542,887	s	74,341	s	617,228
TOTAL ABBLID	<u>-</u>	342,007		74,541	<u> </u>	017,220
LIABILITIES AND NET ASSETS						
Current Liabilities						
Accounts payable	S	40,697	\$		\$	40,697
Accrued expenses	-	104,737		-	_	104,737
Accrued vacation (Note H)		32,630		-		32,630
Due to grantor (Note I)		•		34,726		34,726
Deferred revenue (Note J)	_			34,002		34,002
Line of credit (Note K)		100,000				100,000
Total Current Liabilities		278,064		68,728		346,792
Net assets (Note L)		264,823		5,613		270,436
TOTAL LIABILITIES AND NET ASSETS	\$	542,887	s	74,341	s	617,228

FULTON-ATLANTA COMMUNITY ACTION AUTHORITY, INC. AND SUBSIDIARIES

CONSOLIDATED STATEMENT OF ACTIVITIES

For the Year Ended September 30, 2009

	Unrestricted	Temporarily Restricted	Total
REVENUE AND OTHER SUPPORT			, , , , , , , , , , , , , , , , , , , ,
Intergovernmental - Federal	\$ 10,084,615	\$ 2,254	\$ 10,086,869
Intergovernmental - State	662,850	-	662,850
Intergovernmental - Local	140,131	-	140,131
Other revenue	24,761	-	24,761
Interest income	1,299	-	1,299
In-kind	82,687	-	82,687
Net assets released from restrictions	5,201	(5,201)	
Total Revenue and Other Support	11,001,543	(2,947)	10,998,596
PROGRAM SERVICES			
Community Services Block Grant	1,940,648	-	1,940,648
CSBG - HIV/AIDS Education	9,502	-	9,502
The Emergency Food Assistance Program	795,038	-	795,038
The Emergency Food Assistance Program - ARRA	64,052	-	64,052
Low Income Home Energy Assistance Program	7,891,606	-	7,891,606
Regulated Marketeer Referral Program	8,674	-	8,674
YouthBuild - Other	900	-	900
United Way	10,174	-	10,174
Emergency Food and Shelter Program	27,691		27,691
Total Program Expenses	10,748,286	<u> </u>	10,748,286
SUPPORTING SERVICES			
County, Local, and Other	232,268	-	232,268
Depreciation	5,201		5,201
Total Supporting Services	237,469	<u>-</u>	237,469
Total Expenses	10,985,755	<u> </u>	10,985,755
Changes in Net Assets	\$ 15,788	\$ (2,947)	S 12,841

FULTON-ATLANTA COMMUNITY ACTION AUTHORITY, INC. AND SUBSIDIARIES CONSOLIDATED STATEMENT OF CHANGES IN NET ASSETS

For the Year Ended September 30, 2009

•		Unrestricted	Temporarily Restricted	Total Net Assets
Net Assets, beginning of year	\$	249,035	\$ 8,560	\$ 257,595
Changes in Net Assets		15,788	 (2,947)	12,841
Net Assets, end of year	_\$	264,823	\$ 5,613	\$ 270,436

FULTON-ATLANTA COMMUNITY ACTION AUTHORITY, INC. AND SUBSIDIARIES NOTES TO CONSOLIDATED FINANCIAL STATEMENTS September 30, 2009

NOTE F - AFFILIATED ORGANIZATIONS AND OTHER RELATED ENTITIES:

The Authority has interest and exercises control over two affiliated organizations as described below. These entities began operation during fiscal year 1997.

1. FA-Cascade, Inc. - A Georgia for-profit corporation 100% owned by the Authority. The current value of the Authority's interest as of September 30, 2009 was a deficit of \$1,464. FA-Cascade, Inc. is the general partner and owns .01% in a limited partnership which engages in the development of low income housing projects. In connection with the development of the project, the partnership borrowed certain funds from a financial institution and received certain funds from local governments and other equity partners. Pursuant to a Partnership Agreement dated July 1, 1997, FA-Cascade, Inc., as general partner may from time to time be required to make capital contributions to the partnership when an operating deficit exists. As guarantor, the Authority may be required to make such contributions on behalf of the general partner when the general partner is unable to do so. In addition, FA-Cascade, Inc. and the Authority are co-guarantors of certain debt obligations first secured by real estate investments of the partnership. The Authority periodically receives development fees and management fees for services performed in connection with the development of the housing project.

During the year ended September 30, 2009, the Authority recognized expenses in the amount of \$45,000 to support the housing operations of the limited partnership, Cascade Apartments, LP, in which FA-Cascade, Inc. is the general partner. Mortgage obligations held by Cascade Apartments, LP related to its housing projects totaled \$2,012,987 at December 31, 2008, as disclosed in the annual financial statements of the limited partnership audited by Habif, Arogeti & Wynne, LLP.

2. Fulton-Atlanta Community Housing Development Organization (FA-CHDO) - A Georgia not-for-profit, corporation with a fiscal year ended September 30, 2009. FA-CHDO qualifies as a tax-exempt organization under Section 501(c)(3) of the Internal Revenue Code and, therefore, has no provision for federal income taxes. The organization is wholly controlled by the Authority. FA-CHDO is primarily in the business of acquiring, developing or rehabilitating real estate properties with the purpose of providing affordable housing. Some members of the Authority serve as members of the board of FA-CHDO. During the fiscal year ended September 30, 2009, FA-CHDO did not engage in any significant financial transactions which requires consolidation into the financial statements of the Authority.

NOTE G - PROPERTY AND EQUIPMENT:

At September 30, 2009, the costs and related accumulated depreciation (if applicable) of the Authority's property and equipment consisted of the following:

	Cost	Accumulated Cost Depreciation	
Computer Equipment	\$ 51,223	\$ 39,649	\$ 11,574
Furniture and Equipment	49,299	37,103	12,196
Leasehold Improvements	32,015	6,403	25,612
Telephone System	36,240	34,873	1,367
Vehicles	53,420	48,078	5,342
Total	\$ 222,197	\$ 166,106	\$ 56,091

FULTON-ATLANTA COMMUNITY ACTION AUTHORITY, INC. AND SUBSIDIARIES NOTES TO CONSOLIDATED FINANCIAL STATEMENTS September 30, 2009

NOTE G - PROPERTY AND EQUIPMENT - Continued:

Fixed assets in the amount of \$5,613 (net) presented as temporarily restricted represents assets vested with the Authority; however, purchased with state or federal funds. These assets are vested with the Authority as long as the Organization is granted the right to carry out the various programs for which such assets are acquired. Depreciation expense for the period was \$17,950, of which \$12,749 was unrestricted and \$5,201 was restricted.

9:55 AM	Page 1
03/30/2010	

FACAA Fulton Atlanta Comm. Action Authority

Tax Asset Detail 10/01/08 - 9/30/09

FYE: 9/30/2009