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

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

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

OMB No 1545-0047

**2012****Open to Public Inspection**

<b>A</b> For the 2012 calendar year, or tax year beginning <u>10/1/2011</u> , and ending <u>9/30/2012</u>	
<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <u>FULTON-ATLANTA COMMUNITY ACTION AUTHORITY</u> Doing Business As _____ Number and street (or P O box if mail is not delivered to street address) Room/suite <u>1690 CHANTILLY DRIVE</u> City, town or post office, state, and ZIP code <u>ATLANTA GA 30324</u> <b>D</b> Employer identification number <u>58-1926185</u> <b>E</b> Telephone number <u>(404) 320-0166</u> <b>G</b> Gross receipts \$ <u>8,337,219</u> <b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all affiliates included? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) <b>H(c)</b> Group exemption number ▶ _____ <b>F</b> Name and address of principal officer <u>JOYCE J. DORSEY 3739 Chateauguay Drive, Decatur, GA 30034</u> <b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 <b>J</b> Website: ▶ <u>www.facaa.org</u> <b>K</b> Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ _____ <b>L</b> Year of formation <u>1991</u> <b>M</b> State of legal domicile <u>GA</u>

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b>	Briefly describe the organization's mission or most significant activities. <u>To assist the low-income individuals in the city of Atlanta and Fulton County of Georgia to achieve self-sufficiency</u>			
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets			
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	11	
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	11	
	<b>5</b>	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	<b>5</b>	63	
	<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>		
	<b>7a</b>	Total unrelated business revenue from Part VIII, lines 3, 4, and 7d	<b>7a</b>	0	
	<b>7b</b>	Total unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	0	
	<b>Revenue</b>	<b>8</b>	Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
		<b>9</b>	Program service revenue (Part VIII, line 2g)	9,989,098	8,352,224
<b>10</b>		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0	0	
<b>11</b>		Other revenue (Part VIII, column (A), lines 5-6d, 8c, 9c, 10c, and 11e)	0	-15,005	
<b>12</b>		Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	9,989,098	8,337,219	
<b>Expenses</b>		<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0	0
		<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
		<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,017,433	1,658,888
		<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
		<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶	0	
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	7,965,335	6,616,521	
	<b>18</b>	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	9,982,768	8,275,409	
	<b>19</b>	Revenue less expenses Subtract line 18 from line 12	6,330	61,810	
<b>Net Assets or Fund Balances</b>	<b>20</b>	Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>	
	<b>21</b>	Total liabilities (Part X, line 26)	400,801	541,599	
	<b>22</b>	Net assets or fund balances Subtract line 21 from line 20	167,670	246,657	

**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.

<b>Sign Here</b>	 Signature of officer <b>JOYCE J. DORSEY</b> Type or print name and title	Date <u>May 15, 2013</u> <b>PRESIDENT/CEO</b>	
	Print/Type preparer's name Preparer's signature <b>SELF-PREPARED RETURN</b> Date Check <input type="checkbox"/> if self-employed PTIN Firm's name ▶ Firm's EIN ▶ Firm's address ▶ Phone no		

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

HTA

Form **990** (2012)

9-17

**Part III****Statement of Program Service Accomplishments**

Check if Schedule O contains a response to any question in this Part III

☒

- 1** Briefly describe the organization's mission:  
To assist the low-income individuals in the city of Atlanta and Fulton County of Georgia to achieve self-sufficiency
- 
- 2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No  
If "Yes," describe these new services on Schedule O.
- 3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No  
If "Yes," describe these changes on Schedule O.
- 4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported
- 4a** (Code: ) (Expenses \$ 1,503,838 including grants of \$ 1,877,644 ) (Revenue \$ 1,877,644 )  
CSBG : This program supports services that prevents homelessness and hardship due to delinquency in rental and utility expenses payments. It also provides educational and life-skill trainings, such as budgeting. Through this program clients obtain their GED certifications. The program also provides case management, counseling, and job placement services to clients. The CSBG grant generally supports most of the programs and services. Revenue for the year was \$1,877,644 and 2,851 eligible households were served.
- 
- 4b** (Code: ) (Expenses \$ 6,127,176 including grants of \$ 6,236,597 ) (Revenue \$ 6,236,597 )  
LIHEAP- This 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 , 16,733 households were served.
- 
- 4c** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )  
TEAFAP- The Temporary Emergency Food Assistance Program (TEFAP) distributes foods to low-income and the elderly to help supplement their diets
- 
- 4d** Other program services. (Describe in Schedule O )  
(Expenses \$ 169,126 including grants of \$ 65,749 ) (Revenue \$ 160,945 )
- 4e** Total program service expenses ▶ 7,800,140

**Part IV Checklist of Required Schedules**

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

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

	Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
<b>22</b> Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
<b>23</b> 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	
<b>24a</b> 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 25</i>		X
<b>24b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		X
<b>24c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		X
<b>24d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		X
<b>25a</b> <b>Section 501(c)(3) and 501(c)(4) organizations.</b> 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>25b</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
<b>26</b> Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
<b>28</b> 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)		
<b>28a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
<b>28b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
<b>28c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
<b>30</b> 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
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
<b>32</b> 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
<b>33</b> 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
<b>34</b> 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
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
<b>35b</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>		
<b>36</b> <b>Section 501(c)(3) organizations.</b> 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
<b>37</b> 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
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> 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 to any question in this Part V. ☐

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	29	
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
<b>2a</b>	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.	63	
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		X
<b>4a</b>	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>b</b>	If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		X
<b>6a</b>	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>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	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?		X
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year.		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		X
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the organization make any taxable distributions under section 4966?		X
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?		X
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12		
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders		
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		X
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O		X
<b>b</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		
<b>c</b>	Enter the amount of reserves on hand		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		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 in Schedule O. See instructions. Check if Schedule O contains a response to any question in this Part VI. ☒ X

**Section A. Governing Body and Management**

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	11	
b	Enter the number of voting members included in line 1a, above, who are independent.	11	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3	X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	
6	Did the organization have members or stockholders?	6	X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	8a	X
b	Each committee with authority to act on behalf of the governing body?	8b	X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.	9	X

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

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

**Section 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, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

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

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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization. ▶

FULTON ATLANTA COMM. ACTION AUTH. INC. (404) 320-0166  
1690 CHANTILLY DR., ATLANTA, GA 30324

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

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

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Dr. Verdree Lockhart Board Chairman		X								
(2) Ms. Mattie Jackson Secretary		X								
(3) Mr. Walter Bellamy Treasurer		X								
(4) Ms. Mary Darden Asst. Secretary		X								
(5) Mr. Roger Bruce Board Member		X								
(6) Mr. Horace Tribble Board member		X								
(7) Mr. Matthew Cardinale Board Member		X								
(8) Mr. Patrick C. Daniel Board Member		X								
(9) Dr. Howard W. Grant Board Member		X								
(10) Ms. Zandra Hall Board Member		X								
(11) Mr. Derrick I. Mincey Board Member		X								
(12) Dr. Joyce J. Dorsey President, CEO	55.00			X				161,143		
(13) Dr. Yvonne B. Thomas Vice President, Program	52.00			X				104,257		
(14) Mr. Christian A. Onwusibe Vice President, Finance	51.00			X				110,986		



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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) Mrs. Patricia Bullock Vice President, Admin	50.00			X				84,391		
(16) Ms. Sharon Quinn Vice Pres. Exc. Bd Asst	52.00			X				69,082		
(17)		X								
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
<b>1b Sub-total</b>								529,859	0	0
<b>c Total from continuation sheets to Part VII, Section A</b>								0	0	0
<b>d Total (add lines 1b and 1c)</b>								529,859	0	0

**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 **3**

- 3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual.
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual.
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person.

	Yes	No
<b>3</b>		X
<b>4</b>	X	
<b>5</b>		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
		0
		0
		0
		0
		0

**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 to any question 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, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . . . .	1a 0			
	b	Membership dues . . . . .	1b 0			
	c	Fundraising events . . . . .	1c 0			
	d	Related organizations . . . . .	1d 0			
	e	Government grants (contributions)	1e 8,131,816			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 220,408			
	g	Noncash contributions included in lines 1a-1f.	\$ 82,687			
	h	<b>Total.</b> Add lines 1a-1f . . . . .	8,352,224			
Program Service Revenue	Business Code					
	2a	-----	0			
	b	-----	0			
	c	-----	0			
	d	-----	0			
	e	-----	0			
	f	All other program service revenue . . . . .	0			
	g	<b>Total.</b> Add lines 2a-2f . . . . .	0			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) . . . . .				
	4	Income from investment of tax-exempt bond proceeds . . . . .	0			
	5	Royalties . . . . .	0			
	(i) Real (ii) Personal					
	6a	Gross rents . . . . .				
	b	Less: rental expenses . . . . .				
	c	Rental income or (loss) . . . . .	0 0			
	d	Net rental income or (loss) . . . . .	0			
	(i) Securities (ii) Other					
	7a	Gross amount from sales of assets other than inventory . . . . .	0 0			
	b	Less: cost or other basis and sales expenses . . . . .	0 0			
	c	Gain or (loss) . . . . .	0			
	d	Net gain or (loss) . . . . .	0			
	8a	Gross income from fundraising events (not including \$ 0 of contributions reported on line 1c). See Part IV, line 18 . . . . .	a 0			
	b	Less: direct expenses . . . . .	b 0			
	c	Net income or (loss) from fundraising events . . . . .	0			
	9a	Gross income from gaming activities. See Part IV, line 19 . . . . .	a 0			
	b	Less: direct expenses . . . . .	b 0			
	c	Net income or (loss) from gaming activities . . . . .	0			
	10a	Gross sales of inventory, less returns and allowances . . . . .	a 0			
b	Less: cost of goods sold . . . . .	b 0				
c	Net income or (loss) from sales of inventory . . . . .	0				
Miscellaneous Revenue		Business Code				
11a	Loss on investment from limited Partnership . . . . .	-15,005				
b	-----	0				
c	-----	0				
d	All other revenue . . . . .	0				
e	<b>Total.</b> Add lines 11a-11d . . . . .	-15,005				
12	<b>Total revenue.</b> See instructions. . . . .	8,337,219	0	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 to any question 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 governments and organizations in the United States. See Part IV, line 21	0			
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	0			
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	518,919	237,263	281,656	
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			
7 Other salaries and wages	840,681	833,684	6,997	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	17,769	10,504	7,265	
9 Other employee benefits	148,910	102,945	45,965	
10 Payroll taxes	132,609	112,616	19,993	
11 Fees for services (non-employees).				
a Management	0			
b Legal	0			
c Accounting	29,031	29,031		
d Lobbying	0			
e Professional fundraising services. See Part IV, line 17	0			
f Investment management fees	0			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	83,752	83,314	438	
12 Advertising and promotion	11,052	10,653	399	
13 Office expenses	99,971	84,581	15,390	
14 Information technology	22,266	17,764	4,502	
15 Royalties	0			
16 Occupancy	302,135	244,717	57,418	
17 Travel	25,440	12,194	13,246	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	10,565	8,073	2,492	
20 Interest	0			
21 Payments to affiliates	12,989	12,989		
22 Depreciation, depletion, and amortization	0	0	0	0
23 Insurance	16,833	16,833		
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a EMERGENCY ASSISTANCE TO LOW INCOME	5,816,244	5,816,244		
b TRANSPORTATION	6,639	3,372	3,267	
c VOLUNTEER/OTHER STIPENDS	47,258	39,158	8,100	
d IN-KIND	82,687	82,687		
e All other expenses. Miscellaneous	49,659	41,518	8,141	
25 Total functional expenses. Add lines 1 through 24e	8,275,409	7,800,140	475,269	0
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 to any question in this Part X. ☐

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	226,968	<b>1</b>	218,701
	<b>2</b> Savings and temporary cash investments . . . . .		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net . . . . .	159,573	<b>3</b>	248,218
	<b>4</b> Accounts receivable, net . . . . .	0	<b>4</b>	0
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .	0	<b>7</b>	0
	<b>8</b> Inventories for sale or use . . . . .		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges . . . . .	-27,407	<b>9</b>	26,981
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	<b>10a</b> 260,438		
	<b>b</b> Less: accumulated depreciation . . . . .	<b>10b</b> 212,739	<b>10c</b> 41,667	47,699
	<b>11</b> Investments—publicly traded securities . . . . .	0	<b>11</b>	0
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .	0	<b>12</b>	0
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .	0	<b>13</b>	0
	<b>14</b> Intangible assets . . . . .	0	<b>14</b>	0
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	0	<b>15</b>	0
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	400,801	<b>16</b>	541,599	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	70,196	<b>17</b>	212,717
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .	6,480	<b>19</b>	4,855
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .		<b>21</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	0	<b>23</b>	0
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	0	<b>24</b>	0
	<b>25</b> 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 . . . . .	90,994	<b>25</b>	29,085
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 . . . . .	167,670	<b>26</b>	246,657
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .	225,706	<b>27</b>	527,151
	<b>28</b> Temporarily restricted net assets . . . . .	7,425	<b>28</b>	14,448
	<b>29</b> Permanently restricted net assets . . . . .		<b>29</b>	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>	
	<b>33</b> <b>Total net assets or fund balances</b> . . . . .	233,131	<b>33</b>	294,942
<b>34</b> <b>Total liabilities and net assets/fund balances</b> . . . . .	400,801	<b>34</b>	541,599	

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response to any question in this Part XI. ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	8,337,219
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,275,409
3	Revenue less expenses. Subtract line 2 from line 1	3	61,810
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	233,131
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	1
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	294,942

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response to any question 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 checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	X	

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

▶ See separate instructions.

OMB No 1545-0047

**2012**

**Open to Public  
Inspection**

Name of the organization

FULTON-ATLANTA COMMUNITY ACTION AUTHORITY INC.

Employer identification number

58-1926185

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

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

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state \_\_\_\_\_
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III )
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h
  - a ☐ Type I    b ☐ Type II    c ☐ Type III—Functionally integrated    d ☐ Type III—Non-functionally integrated
  - e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).**
  - f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐
  - g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 

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

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
<b>Total</b>									0

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants"). . . . .	6,445,268	10,997,298	14,792,317	9,988,603	8,322,257	50,545,743
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . . .						0
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge. . . . .						0
<b>4</b> <b>Total.</b> Add lines 1 through 3. . . . .	6,445,268	10,997,298	14,792,317	9,988,603	8,322,257	50,545,743
<b>5</b> 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). . . . .						
<b>6</b> <b>Public support.</b> Subtract line 5 from line 4. . . . .						50,545,743

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>7</b> Amounts from line 4. . . . .	6,445,268	10,997,298	14,792,317	9,988,603	8,322,257	50,545,743
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . . .	13,309	1,299	776	495	-14,962	917
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on. . . . .						0
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .						0
<b>11</b> <b>Total support.</b> Add lines 7 through 10. . . . .						50,546,660
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					12	
<b>13</b> <b>First five years.</b> 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 <b>stop here</b> . . . . .						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)). . . . .	<b>14</b>	100.00%
<b>15</b> Public support percentage from 2011 Schedule A, Part II, line 14. . . . .	<b>15</b>	99.94%
<b>16a</b> <b>33 1/3% support test—2012.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization. . . . .		<input checked="" type="checkbox"/>
<b>b</b> <b>33 1/3% support test—2011.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization. . . . .		<input type="checkbox"/>
<b>17a</b> <b>10%-facts-and-circumstances test—2012.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. . . . .		<input type="checkbox"/>
<b>b</b> <b>10%-facts-and-circumstances test—2011.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. . . . .		<input type="checkbox"/>
<b>18</b> <b>Private foundation.</b> 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 9 of Part I or if the organization failed to qualify under Part II.  
If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						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
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
5 The value of services or facilities furnished by a governmental unit to the organization without charge						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
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						0
c Add lines 7a and 7b	0	0	0	0	0	0
8 Public support (Subtract line 7c from line 6)						0

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6	0	0	0	0	0	0
10a Gross income from interest, dividends, payments received on securities loans, 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
c 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 carried on						0
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0
13 Total support. (Add lines 9, 10c, 11, and 12)	0	0	0	0	0	0
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 <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	0.00%
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	0.00%

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	0.00%
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	0.00%

19a **33 1/3% support tests—2012.** 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—2011.** 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**

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

Area for supplemental information with horizontal dashed lines.

**SCHEDULE D  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

- ▶ **Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**  
▶ **Attach to Form 990.** ▶ **See separate instructions.**

OMB No 1545-0047

**2012**

**Open to Public  
Inspection**

Name of the organization

Employer identification number

FULTON-ATLANTA COMMUNITY ACTION AUTHORITY INC

58-1926185

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year . . . . .		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year . . . . .		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . .		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? . . . . .		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

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

<input type="checkbox"/> Preservation of land for public use (e g , recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a ☐ Public exhibition

d ☐ Loan or exchange programs

b ☐ Scholarly research

e ☐ Other

c ☐ Preservation for future generations

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

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

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

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

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

	Amount
1c Beginning balance	0
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	0

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☒ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☐

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	0	0	0		
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	0	0	0	0	0

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

a Board designated or quasi-endowment ☐ %

b Permanent endowment ☐ %

c Temporarily restricted endowment ☐ %

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

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

(i) unrelated organizations

(ii) related organizations

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

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

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

**Part VI Land, Buildings, and Equipment.** 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	0	0		0
b Buildings	0	0	0	0
c Leasehold improvements	0	0	0	0
d Equipment	0	221,423	195,507	25,158
e Other	0	39,015	16,474	22,541
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				47,699

**Part VII Investments—Other Securities.** See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives . . . . .	0	
(2) Closely-held equity interests . . . . .	0	
(3) Other . . . . .		
(A) . . . . .		
(B) . . . . .		
(C) . . . . .		
(D) . . . . .		
(E) . . . . .		
(F) . . . . .		
(G) . . . . .		
(H) . . . . .		
(I) . . . . .		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	0	

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

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶	0	

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	0

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes . . . . .	0
(2) DUE TO GRANTOR/ACCRUED VACATION . . . . .	29,085
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	29,085

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .	<b>1</b>	8,337,219
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains on investments . . . . .	<b>2a</b>	
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	0
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	8,337,219
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	0
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) . . . . .	<b>5</b>	8,337,219

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

<b>1</b>	Total expenses and losses per audited financial statements . . . . .	<b>1</b>	8,275,409
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>	
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>	
<b>c</b>	Other losses . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	0
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	8,275,409
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	0
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18) . . . . .	<b>5</b>	8,275,409

**Part XIII Supplemental Information**

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

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**Part XIII** Supplemental Information *(continued)*

**SCHEDULE J**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

*For certain Officers, Directors, Trustees, Key Employees, and Highest  
Compensated Employees*

- ▶ **Complete if the organization answered "Yes" to Form 990,  
Part IV, line 23.**

▶ **Attach to Form 990.** ▶ **See separate instructions.**

OMB No 1545-0047

**2012**

**Open to Public  
Inspection**

Name of the organization

FULTON-ATLANTA COMMUNITY ACTION AUTHORITY INC.

Employer identification number

58-1926185

**Part I Questions Regarding Compensation**

- 1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees   |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

- b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

- 2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

- 3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |  |   |
|--|---|
| <input type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                                |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study                               |
| <input type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

- 4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5–9.**

- 5** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?

If "Yes" to line 5a or 5b, describe in Part III

- 6** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?

If "Yes" to line 6a or 6b, describe in Part III

- 7** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

- 8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

- 9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Yes No

1b

X

2

X

4a

X

4b

X

4c

X

5a

X

5b

X

6a

X

6b

X

7

X

8

X

9

X

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation				(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation					
1	Dr Joyce J Dorsey President, CEO	(i) 110,250	(ii) 23,543	(iii) 27,350					
2	Yvonne B. Thomas Vice President Program	(i) 92,500	(ii) 11,757	(iii)					
3	Mr. Christian Onwusibe Vice President Finance	(i) 92,500	(ii) 18,486	(iii)					
4	Mrs. Patricia Bullock Vice President Admin	(i) 74,500	(ii) 9,891	(iii)					
5	Ms. Sharon Quinn Vice President, Exec. Bd. Asst.	(i) 65,000	(ii) 4,082	(iii)					
6		(i)	(ii)	(iii)					
7		(i)	(ii)	(iii)					
8		(i)	(ii)	(iii)					
9		(i)	(ii)	(iii)					
10		(i)	(ii)	(iii)					
11		(i)	(ii)	(iii)					
12		(i)	(ii)	(iii)					
13		(i)	(ii)	(iii)					
14		(i)	(ii)	(iii)					
15		(i)	(ii)	(iii)					
16		(i)	(ii)	(iii)					



**SCHEDULE M  
(Form 990)**

Department of the Treasury  
Internal Revenue Service  
Name of the organization

**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

**2012**

**Open To Public  
Inspection**

FULTON-ATLANTA COMMUNITY ACTION AUTHORITY INC.

Employer identification number  
58-1926185

**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 ► ( Office Space)	X		82,687	Per Square footage
26 Other ► ( )				
27 Other ► ( )				
28 Other ► ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgment .

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1–28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

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

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

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

b If "Yes," describe in Part II

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

	Yes	No
30a		
31		X
32a		X
33		

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

**Supplemental Information to Form 990 or 990-EZ**

OMB No 1545-0047

**2012**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

Name of the organization

FULTON-ATLANTA COMMUNITY ACTION AUTHORITY INC

Employer identification number

58-1926185

Form 990, Part III, Line 4d: Program Service Expenses: 61,097, Grants and allocations: .....  
65,749, Revenue 65,749 Youthbuild-Regular/ARRA: Provides training to out of school youth .....  
ages 16-24 whose lives were quite misdirected by lack of education, poor problem-solving and .....  
anger management skills, despair and criminal behaviors. 15 Youths were served. This revenue .....  
and expenses include \$62,033 in-kind space donation and \$65,749 Grant from the Department of .....  
Labor. ....

Form 990, Part III, Line 4d: Program Service Expenses: 108,029, Grants and allocations 0 .....  
Revenue 95,196 Other-These consists of supports received from the public, local and private .....  
entities. There was also a non-cash recognized loss of \$15,005 from investments in a limited .....  
partnership in which the agency was a partner. The expenses include \$3,306 from United Way, .....  
Public and unrestricted fund expenses geared towards helping the underprivileged. These .....  
expenses are generally referred to as "Supporting Expenses". This also include non-cash space .....  
contribution valued at 82,687, portion of which was charged as Youthbuild expenses. ....

Form 990 Part VI Section B Line 12c Policies are regularly reviewed with the staff by .....  
management during the employees regular monthly meetings. Enforcement of the policies are in .....  
accordance with the Personnel policies and Procedure manual which is made available to the .....  
staff and approved by the board of directors. ....

Form 990 Part VI Section B Line 15a and 15b The Board Personnel Committee is vested with the .....  
responsibility to discuss and recommend the CEO compensation to the full board. The CEO .....  
determines the compensation of the senior management staff after a careful review of the .....  
budget and the employees responsibility and accomplishment. Any salary adjustment is then .....  
communicated to the board by the CEO. ....

Form 990 Part VI Section C Line 19 Copies of the board minutes, audit reports as well as other .....  
public documents are usually made available to any member of the public upon request. ....

**Part VIII, Lines 1a-h (990) - Contributions, Gifts, Grants, and Other Amounts**

		Cash	Noncash
1 Federated Campaigns . . . . .	1		
2 Membership dues . . . . .	2		
3 Fundraising events . . . . .	3		
4 Related organizations . . . . .	4		
5 Government grants (contributions) . . . . .	5	8,131,816	
6 All other contributions, gifts, grants, and similar amounts not included above			
STATE		58,230	
LOCAL		3,306	
OTHER		76,142	
IN-KIND- space cost			82,687
Interests		43	
Other contributions total . . . . .	6	137,721	82,697
7 Total . . . . .	7	8,269,537	82,687

**Part X, Lines 10a and 10b (990) - Land, Buildings, and Equipment**

Category or Item		Land	Buildings	Leasehold Improvements	Equipment	Other	Check if Investment Asset	Check if Asset Disposed	Total:					Beginning Balance	Ending Balance
									Cost/Other Basis	Beginning Accumulated Depreciation	Ending Accumulated Depreciation	Disposals/ Adjustments			
1	COMPUTER				X				60,297	46,832	51,375	-758	9,987	8,164	
2	FURNITURE AND EQUIPMENT				X				66,337	51,098	54,936		12,014	11,401	
3	TELEPHONE SYSTEM				X				42,127	35,784	36,534		456	5,593	
4	VEHICLE				X				53,420	53,420	53,420		0	0	
5	LEASEHOLD IMPROVEMENT					X			39,015	12,806	16,474		19,209	22,541	
6									0				0	0	
7									0				0	0	
8									0				0	0	
9									0				0	0	
10								X	0				0	0	
11									0				0	0	
12									0				0	0	
13									0				0	0	
14									0				0	0	
15									0				0	0	
16									0				0	0	
17									0				0	0	
18									0				0	0	
19									0				0	0	
20									0				0	0	

**Part X, Line 25 (990) - Other Liabilities**

		Total:	90,994	29,085
		Description	Beginning	End
1		Federal income taxes		0
2		DUE TO GRANTOR/ACCRUED VACATION	90,994	29,085
3			0	
4			0	
5			0	
6			0	
7			0	
8			0	
9			0	
10			0	
11			0	
12			0	
13			0	
14			0	
15			0	
16			0	
17			0	
18			0	
19			0	
20			0	
21			0	

**(Sch.O (990/990EZ)) - Supplemental Information**

1	Form	Part	Section	Line	Explanation
	Form 990	Part VI	B	12c	Policies are regularly reviewed with the staff by management during the employees regular monthly meetings. Enforcement of the policies are in accordance with the Personnel policies and Procedure manual which is made available to the staff and approved by the board of directors.
	Form 990	Part VI	B	15a and 15b	The Board Personnel Committee is vested with the responsibility to discuss and recommend the CEO compensation to the full board. The CEO determines the compensation of the senior management staff after a careful review of the budget and the employees responsibility and accomplishment. Any salary adjustment is then communicated to the board by the CEO.
	Form 990	Part VI	C	19	Copies of the board minutes, audit reports as well as other public documents are usually made available to any member of the public upon request.

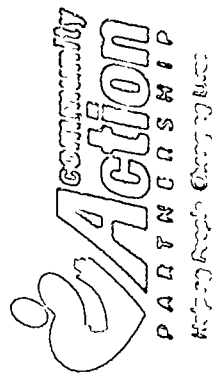
Joyce J. Dorsey, President & CEO

Executive Team Members

Patricia N. Bullock, Christian A. Onwusibe,  
Sharon D. Quinn, Yvonne B. Thomas

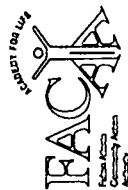
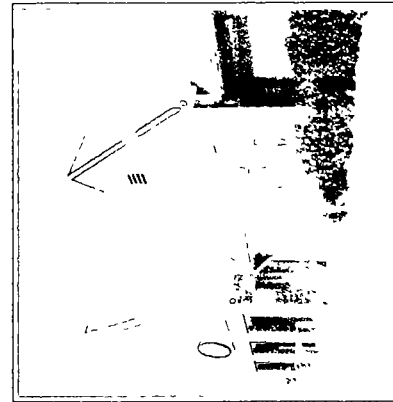
Dr. Verdree Lockhart, Board Chairman

The Board of Directors meets on the 3rd  
Tuesday of February, April, June, August,  
October & December.



## The Promise of Community Action

Community Action changes people's  
lives, embodies the spirit of hope,  
improves communities, and makes  
America a better place to live. We  
care about the entire community,  
and we are dedicated to helping  
people help themselves and each  
other.



**Emergency & Energy Assistance  
Headquarters**  
250 Georgia Avenue, SE  
Atlanta, GA 30315

**North/South Fulton Outreach**  
(FACAA partners with other  
organizations in these areas  
of the county)

**East Atlanta Outreach**  
30 Warren Street, NE  
Atlanta, GA 30317

**Resource/Empowerment Center**  
341 Kelly Street, SE  
Atlanta, GA 30312



*Helping People,  
Changing Lives . . .*



**FACAA**  
Fulton  
Atlanta  
Community  
Action Authority

1690 Chantilly Drive, N.E.  
Atlanta, GA 30324  
(404) 320-0166 (main)  
(404) 320-9611 (fax)  
facaa@aol.com  
www.facaa.org  
www.twitter.com/facaa  
www.youtube.com/facaaimpact  
www.blogtalkradio.com/facaa-fm

◦ ◦ ◦ Since 1991



## ACADEMY FOR LIFE

### Continuing Education

- Adult Education & G.E.D.
- Computer/Office Skills

### Ready for Work

- Career Choices for Ex-Offenders
- Resolving Chronic Unemployment Through Case Management
- Entrepreneurial Training
- YouthBuild - Homebuilding & Repairs

### Community Outreach

- Hour of Power for meditation and encouragement
- Business Elements by partnering agencies

### Leadership Development

- Forums & Seminars

### The Arthur B. Cummings Reading Room

- Lectures & Training
- After-School Study
- Substance Abuse/Family Violence Focus Groups

## SERVICES THAT HELP PEOPLE

- LIMEAP - Emergency Cooling and Heating

- Homeless Prevention
- Case Management
- Assistance to Avoid Eviction
- Transportation Assistance

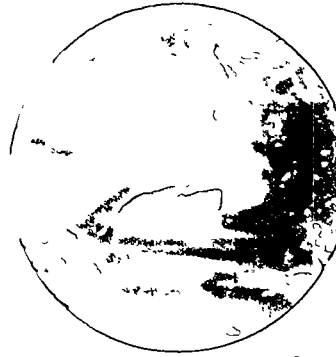
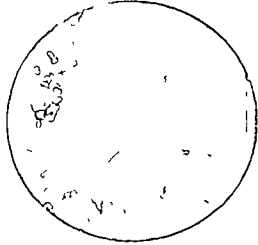
- Senior Citizen Outreach
- Educational Workshops and Seminars

- Emergency Intervention
- To avoid evictions and utility disconnection

- The Emergency Food Assistance Program (TEFAP)

- Personal Development Courses to Include:

- Mastering Budgets
- Dealing with Family Violence
- Goal Setting
- HIV/AIDS Education
- Parenting Today's Teens
- Stress and Anger Management



**Mission:** To assist low-income citizens achieve self-sufficiency in Atlanta and Fulton County, GA.

## PROGRAMS THAT CHANGE LIVES

- Public Workshops & Forums**
  - Education & Empowerment
  - Community Issues

- Community Action Councils**
  - Citizens Involvement

### Housing Counseling

- Mortgages
- Tenant Rights
- Home Buyer's Classes

### Advocacy

- Poverty, Housing & Jobs
- Health & Education



## OTHER INITIATIVES

- Fulton Atlanta Faith Community Collaborative

- Partnerships with agencies and communities to maximize services and cooperation

(404) 320-0166



**FULTON-ATLANTA COMMUNITY ACTION AUTHORITY, INC. AND SUBSIDIARIES**  
**CONSOLIDATED STATEMENT OF FINANCIAL POSITION**  
**September 30, 2012**

	Unrestricted	Temporarily Restricted	Total
<b>ASSETS</b>			
<b>Current Assets</b>			
Cash and cash equivalents (Note C)	\$218,701	-	\$218,701
Due from grantors (Note D)	248,218	-	248,218
<b>Total Current Assets</b>	<u>466,919</u>	<u>-</u>	<u>466,919</u>
Property and equipment at cost			
less accumulated depreciation (Note G)	33,251	14,448	47,699
<b>Other Assets</b>			
Other receivables	13,749	-	13,749
Deposits and other	13,232	-	13,232
<b>Total Other Assets</b>	<u>26,981</u>	<u>-</u>	<u>26,981</u>
<b>TOTAL ASSETS</b>	<u><b>\$527,151</b></u>	<u><b>\$14,448</b></u>	<u><b>\$541,599</b></u>
<b>LIABILITIES AND NET ASSETS</b>			
<b>Current Liabilities</b>			
Accounts payable	\$68,448	-	\$68,448
Accrued expenses	144,269	-	144,269
Accrued vacation (Note H)	8,086	-	8,086
Due to grantor (Note I)	20,999	-	20,999
Deferred revenue (Note J)	4,855	-	4,855
<b>Total Current Liabilities</b>	<u>246,657</u>	<u>-</u>	<u>246,657</u>
Net assets (Note K)	<u>280,494</u>	<u>14,448</u>	<u>294,942</u>
<b>TOTAL LIABILITIES AND NET ASSETS</b>	<u><b>\$527,151</b></u>	<u><b>\$14,448</b></u>	<u><b>\$541,599</b></u>

**FULTON-ATLANTA COMMUNITY ACTION AUTHORITY, INC. AND SUBSIDIARIES**  
**CONSOLIDATED STATEMENT OF ACTIVITIES**  
**For the Year Ended September 30, 2012**

	Unrestricted	Temporarily Restricted	Total
<b>REVENUE AND OTHER SUPPORT</b>			
Intergovernmental - Federal	\$8,119,332	\$12,484	\$8,131,816
Intergovernmental - State	58,230	-	58,230
Intergovernmental - Local	3,306	-	3,306
Other revenue	76,392	(250)	76,142
Interest income	43	-	43
In-kind	82,687	-	82,687
Loss on investment in limited partnership	(15,005)	-	(15,005)
Net assets released from restrictions	5,211	(5,211)	-
<b>Total Revenue and Other Support</b>	<b>8,330,196</b>	<b>7,023</b>	<b>8,337,219</b>
<b>PROGRAM SERVICES</b>			
Community Services Block Grant	1,869,547	-	1,869,547
Low Income Home Energy Assistance Program	6,232,210	-	6,232,210
YouthBuild	127,782	-	127,782
United Way - 211	3,306	-	3,306
<b>Total Program Expenses</b>	<b>8,232,845</b>	<b>-</b>	<b>8,232,845</b>
<b>SUPPORTING SERVICES</b>			
General	(6,795)	-	(6,795)
Fund-raising	2,098	-	2,098
Unrestricted fund and Contribution	42,025	-	42,025
CHODO/Fairburn	25	-	25
Depreciation	4,998	-	4,998
Loss on Disposal	213	-	213
<b>Total Supporting Services</b>	<b>42,564</b>	<b>-</b>	<b>42,564</b>
<b>Total Expenses</b>	<b>8,275,409</b>	<b>-</b>	<b>8,275,409</b>
<b>Changes in Net Assets</b>	<b>54,787</b>	<b>7,023</b>	<b>61,810</b>

**FULTON-ATLANTA COMMUNITY ACTION AUTHORITY, INC. AND SUBSIDIARIES**  
**CONSOLIDATED STATEMENT OF CHANGES IN NET ASSETS**  
**For the Year Ended September 30, 2012**

	Unrestricted	Temporarily Restricted	Total
Net Assets, beginning of year	\$225,707	\$7,425	\$233,132
Changes in Net Assets	54,787	7,023	61,810
Net Assets, end of year	<u>\$280,494</u>	<u>\$14,448</u>	<u>\$294,942</u>

**FULTON-ATLANTA COMMUNITY ACTION AUTHORITY, INC. AND SUBSIDIARIES**  
**CONSOLIDATED STATEMENT OF CASH FLOWS**  
**For the Year Ended September 30, 2012**

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**CASH FLOWS FROM OPERATING ACTIVITIES:**

Increase (decrease) in net assets	\$61,810
Adjustments to reconcile change in net assets to net cash provided (used) by operating activities:	
Realized loss on investment in limited partnership	15,005
Depreciation	12,989
Loss on sale of equipment	213
(Increase) decrease in:	
Due from grantor	(88,645)
Other receivable	(543)
(Decrease) increase in:	
Accounts payable	44,740
Accrued expenses	99,347
Accrued vacation	(23,165)
Due to grantor	(38,744)
Deferred revenue	(1,625)
Net Cash Provided (Used) By Operating Activities	81,382

**CASH FLOWS FROM INVESTING ACTIVITIES:**

Capital contribution	(70,415)
Proceeds from sale of equipment	250
Purchases of property and equipment	(19,484)
Net Cash Provided (Used) By Investing Activities	(89,649)
Net Increase (Decrease) in Cash	(8,267)
Cash and cash equivalents at beginning of year	226,968
Cash and cash equivalents at end of year	<u>\$218,701</u>

**FULTON-ATLANTA COMMUNITY ACTION AUTHORITY, INC. AND SUBSIDIARIES****NOTES TO CONSOLIDATED FINANCIAL STATEMENTS****September 30, 2012****NOTE D - DUE FROM GRANTORS:**

Amounts due from grantors represent unreimbursed expenses at September 30, 2012. The following summarizes the amounts due and related grantor/programs:

Program	Agency	Amount
CSBG	Georgia Department of Human Services	\$247,802
Regulated Marketer Referral Program	Georgia Department of Human Services	416
Total		\$248,218

**NOTE E - DUE TOs/DUE FROMs:**

The Authority maintains essentially all of its cash in six bank accounts with one account serving as an operating fund. From time-to-time certain funds or programs may have amounts on hand held in the operating fund and at times may have an obligation paid or due. The Authority tracks this activity by utilizing accounts referred to as "Due To" and "Due From" accounts. The aggregate total of these accounts at September 30, 2012 was \$490,119.

**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. FA-Cascade, Inc. is the general partner and owns .01% in Cascade Apartments, LP which engages in the rental 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. 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. During the 2011 fiscal year, FA-Cascade was terminated as managing agent of the Cascade Oaks Apartments, the primary investment of the Cascade Apartment, L.P., due to a default on its outstanding loans. Management is not aware of any further obligation as a result of the termination as managing agent due to the reassignment of all legal obligations that is required to be disclosed. Furthermore, as part of the workout plan, it is management's intent to dissolve FA-Cascade, and its partnership arrangement in Cascade Apartments, L.P. During the year ended September 30, 2012, FA-Cascade received a capital contribution of \$70,415 and an allocated loss of \$15,005 from the Cascade Apartments, L.P. This resulted in a net increase of \$55,410 in the general partner's capital account. The recognition of this increase brought the net value of the interest in FA-Cascade to \$0 from a previous deficit of \$55,410.
2. **Fulton-Atlanta Community Housing Development Organization (FA-CHDO)** - A Georgia not-for-profit corporation with a fiscal year ended September 30, 2012. 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, 2012, FA-CHDO did not engage in any significant financial transactions which requires consolidation into the financial statements of the Authority.

[illegible]

## Tax Asset Detail 10/01/11 - 9/30/12

FYE: 9/30/2012

Asset #	Property Description	Date In Service	Tax Cost	Sec 179 Exp Current = c	Tax Bonus Amt	Tax Prior Depreciation	Tax Current Depreciation	Tax End Depr	Tax Net Book Value	Tax Method	Tax Period
<b>Group: Unrestricted</b>											
<b>Location: Computer Equipment</b>											
1	Dell Poweredge 1600SC	9/30/03	2,985.30	0.00	0.00	2,985.30	0.00	2,985.30	0.00	S/L	3.0
3	800 Hz Front Side Bus Server	11/23/05	3,311.70	0.00	0.00	3,311.70	0.00	3,311.70	0.00	S/L	3.0
9	HP Pavilion TX100 Laptop	5/22/07	2,114.05	0.00	0.00	2,114.05	0.00	2,114.05	0.00	S/L	3.0
10	HP IQ775 Touchsmart	2/28/08	1,977.78	0.00	0.00	1,977.78	0.00	1,977.78	0.00	S/L	3.0
14	Network Server, Racks, and Installa	5/29/09	9,614.67	0.00	0.00	4,486.84	1,922.93	6,409.77	3,204.90	S/L	5.0
<b>Computer Equipment</b>			20,003.50	0.00c	0.00	14,875.67	1,922.93	16,798.60	3,204.90		
<b>Location: Furniture/Office Equip</b>											
2	Webcams	5/12/06	3,751.90	0.00	0.00	3,751.90	0.00	3,751.90	0.00	S/L	3.0
5	Community Center Plaque (Kelly St	7/09/07	1,800.00	0.00	0.00	1,800.00	0.00	1,800.00	0.00	S/L	5.0
6	Heating and Air Compressor (Kelly	9/14/07	1,675.00	0.00	0.00	1,675.00	0.00	1,675.00	0.00	S/L	5.0
7	Building Security System (Kelly Str	6/28/07	4,415.00	0.00	0.00	4,415.00	0.00	4,415.00	0.00	S/L	5.0
8	FACAA Sign and Logo (Main)	6/28/07	13,314.29	0.00	0.00	13,314.29	0.00	13,314.29	0.00	S/L	5.0
13	Levelux SD501 - Water Filter Syste	6/04/09	3,980.00	0.00	0.00	1,857.33	796.00	2,653.33	1,326.67	S/L	5.0
21	2 Plasma TV's	8/23/10	3,312.61	0.00	0.00	717.73	662.52	1,380.25	1,932.36	S/L	5.0
22	Office Furniture	9/20/10	3,063.00	0.00	0.00	437.57	437.57	875.14	2,187.86	S/L	7.0
23	Office Furniture	11/10/09	3,528.00	0.00	0.00	966.00	504.00	1,470.00	2,058.00	S/L	7.0
<b>Furniture/Office Equip</b>			38,839.80	0.00c	0.00	28,934.82	2,400.09	31,334.91	7,504.89		
<b>Location: Leasehold Improvements</b>											
11	Roof Replacement (Kelly Street)	11/30/07	32,015.00	0.00	0.00	12,806.00	3,201.50	16,007.50	16,007.50	S/L	10.0
31	Evaporator Coil (Kelly St)	6/06/12	7,000.00	0.00c	0.00	0.00	466.67	466.67	6,533.33	S/L	5.0
<b>Leasehold Improvements</b>			39,015.00	0.00c	0.00	12,806.00	3,668.17	16,474.17	22,540.83		
<b>Location: Vehicles</b>											
4	Green Van (VIN A97980)	6/21/01	30,365.98	0.00	0.00	30,365.98	0.00	30,365.98	0.00	S/L	10.0
<b>Vehicles</b>			30,365.98	0.00c	0.00	30,365.98	0.00	30,365.98	0.00		
<b>Unrestricted</b>			128,224.28	0.00c	0.00	86,982.47	7,991.19	94,973.66	33,250.62		
<b>Grand Total</b>											
<b>Less: Dispositions and Transfers</b>			261,196.33	0.00c	0.00	200,045.44	12,988.86	213,034.30	48,162.03		
<b>Net Grand Total</b>			758.32	0.00	0.00	105.32	0.00	294.86	463.46		
<b>Net Grand Total</b>			260,438.01	0.00c	0.00	199,940.12	12,988.86	212,739.44	47,698.57		

## Tax Asset Detail 10/01/11 - 9/30/12

FYE: 9/30/2012

Asset	d	Property Description	Date In Service	Tax Cost	Sec 179 Exp Current = c	Tax Bonus Amt	Tax Prior Depreciation	Tax Current Depreciation	Tax End Depr	Tax Net Book Value	Tax Method	Tax Period
<b>Group: Restricted</b>												
<b>Location: Computer Equipment</b>												
4		Sony PCV/MX 20 Computer	7/22/02	3,156.48	0.00	0.00	3,156.48	0.00	3,156.48	0.00	S/L	3.0
5		3 Dell 8200 Computers	8/22/02	5,042.91	0.00	0.00	5,042.91	0.00	5,042.91	0.00	S/L	3.0
6		2 Dell 8200 Computers	8/22/02	2,704.96	0.00	0.00	2,704.96	0.00	2,704.96	0.00	S/L	3.0
7		2 Dell 8200 Computers	8/22/02	2,977.81	0.00	0.00	2,977.81	0.00	2,977.81	0.00	S/L	3.0
9		Dell Poweredge 1600SC	9/30/03	1,156.67	0.00	0.00	1,156.67	0.00	1,156.67	0.00	S/L	3.0
10		LP 500 Projector	1/14/03	3,133.43	0.00	0.00	3,133.43	0.00	3,133.43	0.00	S/L	3.0
11		4 Toshiba Laptop Computers	8/12/04	6,319.28	0.00	0.00	6,319.28	0.00	6,319.28	0.00	S/L	3.0
12		1 Sony TRBA Laptop	7/15/04	2,808.86	0.00	0.00	2,808.86	0.00	2,808.86	0.00	S/L	3.0
14		UPS & Backup Hardware	9/30/05	1,665.34	0.00	0.00	1,665.34	0.00	1,665.34	0.00	S/L	3.0
18		HP LaserJet 5200 Printer	4/21/09	2,253.91	0.00	0.00	1,815.64	438.27	2,253.91	0.00	S/L	3.0
19		3 Compaq Computers	12/02/09	1,251.87	0.00	0.00	765.03	417.29	1,182.32	69.55	S/L	3.0
22	d	iPad	4/25/11	758.32	0.00	0.00	105.32	189.54	294.86	463.46	S/L	3.0
23		iPad	5/18/11	884.89	0.00	0.00	98.32	294.96	393.28	491.61	S/L	3.0
24		iPad	5/31/11	853.86	0.00	0.00	94.87	284.62	379.49	474.37	S/L	3.0
25		iPad	5/31/11	991.89	0.00	0.00	110.21	330.63	440.84	551.05	S/L	3.0
26		iPad	5/31/11	960.86	0.00	0.00	106.76	320.29	427.05	533.81	S/L	3.0
28		iPad	1/27/12	780.03	0.00c	0.00	0.00	173.34	173.34	606.69	S/L	3.0
29		5 Intel Pentium Computers	4/24/12	2,591.95	0.00c	0.00	0.00	359.99	359.99	2,231.96	S/L	3.0
<b>Computer Equipment</b>				40,293.32	0.00c	0.00	32,061.89	2,808.93	34,870.82	5,422.50		
<b>*Less: Dispositions and Transfers</b>				758.32	0.00	0.00	105.32	0.00	294.86	463.46		
<b>Net Computer Equipment</b>				39,535.00	0.00c	0.00	31,956.57	2,808.93	34,575.96	4,959.04		
<b>Location: Furniture/Office Equip</b>												
1		Office Furniture	2/24/99	8,587.99	0.00	0.00	8,587.99	0.00	8,587.99	0.00	S/L	7.0
8		Time Clocks	4/03/03	4,000.00	0.00	0.00	4,000.00	0.00	4,000.00	0.00	S/L	7.0
13		Copiers	9/30/05	7,775.00	0.00	0.00	7,775.00	0.00	7,775.00	0.00	S/L	5.0
20		Logispeak Server	2/09/10	2,909.69	0.00	0.00	1,616.50	969.90	2,586.40	323.29	S/L	3.0
21		Security Cameras - Kelly Street	10/19/10	1,000.00	0.00	0.00	183.33	200.00	383.33	616.67	S/L	5.0
30		Security Cameras - Main Office	5/08/12	3,225.00	0.00c	0.00	0.00	268.75	268.75	2,956.25	S/L	5.0
<b>Furniture/Office Equip</b>				27,497.68	0.00c	0.00	22,162.82	1,438.65	23,601.47	3,896.21		
<b>Location: Telephone System</b>												
2		Telephone System	8/05/98	33,050.00	0.00	0.00	33,050.00	0.00	33,050.00	0.00	S/L	7.0
15		Telephones	12/13/05	3,190.00	0.00	0.00	2,734.26	455.74	3,190.00	0.00	S/L	7.0
27		Phone System	7/06/12	5,887.05	0.00c	0.00	0.00	294.35	294.35	5,592.70	S/L	5.0
<b>Telephone System</b>				42,127.05	0.00c	0.00	35,784.26	750.09	36,534.35	5,592.70		
<b>Location: Vehicles</b>												
3		Blue Van (VIN C00605)	1/12/01	23,054.00	0.00	0.00	23,054.00	0.00	23,054.00	0.00	S/L	10.0
<b>Vehicles</b>				23,054.00	0.00c	0.00	23,054.00	0.00	23,054.00	0.00		
<b>*Less: Dispositions and Transfers</b>				132,972.05	0.00c	0.00	113,062.97	4,997.67	118,060.64	14,911.41		
<b>Net Restricted</b>				758.32	0.00	0.00	105.32	0.00	294.86	463.46		
<b>Net Restricted</b>				132,213.73	0.00c	0.00	112,957.65	4,997.67	117,765.78	14,447.95		



**Fulton Atlanta Community Action Authority, Inc.  
1690 Chantilly Drive, N.E. Atlanta, GA 30324**

**BOARD OF DIRECTORS' 2012'**

NAME	POSITION	ADDRESS	TELEPHONE	TERM	FOAF	OCCUPATION	EMAIL
Dr. Verdree Lockhart	Chairman	2964 Peek Road NW Atlanta, GA 30318	4) 794-5208	2009	C	RETIRED	verdree@aol.com
Mattie Jackson	Secretary	163 Ormond Street, SE Atlanta, GA 30315	4) 525-7946 4) 550-3823 C	2009	C	RETIRED	
Mary Darden	Asst. Secretary	5550 Oglesby Road College Park, GA 30349	4) 684-1706	2009	C	RETIRED	darden999@aol.com
Walt Bellamy	Treasurer	2884 Lakeshore Drive Atlanta, Georgia 30337	7) 642-3407 H	2010	A	Sole Proprietor	
Roger Bruce	Member	University Community Academy 2050 Tiger Flowers Drive Atlanta, GA 30314	6) 520-1846	2007	B (2)	President of UCA	rbruce5347@aol.com
Matthew Cardinale	Member	Atlanta Progressive News P.O. Box 56154 Atlanta, GA 30343	4) 983-6049	2013	A	President	matthew@atlantaprogressivenews.com
Patrick C. Daniel	Member	806 Southland Forest Way	7) 367-5116	2011	B	Resource Consultant	Patrick@thefocusedapproach.com
Dr. Howard W. Grant	Member	1264 Spring Hollow, SW Atlanta, GA 30311	4) 802-2201 4) 374-8991 C	2007	B	EXEC. DIR. ATLANTA BOARD OF ED	drhgrant@bellsouth.net
Zandra Hall	Member	3800 Augustine Place Rex, GA 30273	4) 760-8265P 4) 661-8398C	2011	B	Human Resources	zandra_hall@stercomm.com
Derrick I. Mincey	Member	Legacy Small Business Solutions 6558 Roswell Road, NE 3C Sandy Springs, GA 30328	6) 596-5934	2013	A	President/CEO	dmincey@legacy-business-solutions.com
Horace Tribble	Member	1483 Arthur Langford Jr, pl SW B10-A3 Atlanta, GA 30315-3600	4) 624-3003	2009	C	RETIRED	horacetriple@live.com

A - Private, B - Public - (1) City, Rep (2) County Rep, C - Community

REVISED 02/ /2012