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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 private foundations)

- ▶ Do not enter Social Security numbers on this form as it may be made public.
▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013**Open to Public Inspection**

A For the 2013 calendar year, or tax year beginning 10/1/2012, and ending 9/30/2013

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

C Name of organization FULTON-ATLANTA COMMUNITY ACTION AUTHORITY
 Doing Business As _____
 Number and street (or P O box if mail is not delivered to street address) Room/suite
1690 CHANTILLY DRIVE
 City or town State ZIP code
ATLANTA GA 30324
 Foreign country name Foreign province/state/county Foreign postal code

D Employer identification number 58-1926185
E Telephone number (404) 320-0166

G Gross receipts \$ 8,369,206

F Name and address of principal officer
JOYCE J. DORSEY 3739 Chateauguay Drive, Decatur, GA 30034

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

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

J Website: ▶ www.facaa.org

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

L Year of formation 1991 **M** State of legal domicile GA

H(c) Group exemption number ▶

Part I Summary

		Prior Year	Current Year
Activities & Governance	1 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>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	<u>3</u>	<u>11</u>
	4 Number of independent voting members of the governing body (Part VI, line 1b)	<u>4</u>	<u>11</u>
	5 Total number of individuals employed in calendar year 2013 (Part V, line 2a)	<u>5</u>	<u>53</u>
	6 Total number of volunteers (estimate if necessary)	<u>6</u>	
	7a Total unrelated business revenue from Part VIII, column (C), line 12	<u>7a</u>	<u>0</u>
b Net unrelated business taxable income from Form 990-T, line 34	<u>7b</u>	<u>0</u>	
Revenue	8 Contributions and grants (Part VIII, line 1h)	<u>8,352,224</u>	<u>8,369,206</u>
	9 Program service revenue (Part VIII, line 2g)	<u>0</u>	<u>0</u>
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u>0</u>	<u>0</u>
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u>-15,005</u>	<u>0</u>
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>8,337,219</u>	<u>8,369,206</u>
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<u>0</u>	<u>0</u>
	14 Benefits paid to or for members (Part IX, column (A), line 4)	<u>0</u>	<u>0</u>
Expenses	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<u>1,658,888</u>	<u>1,851,566</u>
	16a Professional fundraising fees (Part IX, column (A), line 11e)	<u>0</u>	<u>0</u>
	b Total fundraising expenses (Part IX, column (D), line 25)	<u>0</u>	<u>0</u>
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<u>6,616,521</u>	<u>6,525,120</u>
	18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	<u>8,275,409</u>	<u>8,376,686</u>
	19 Revenue less expenses Subtract line 18 from line 12	<u>61,810</u>	<u>-7,480</u>
	Net Assets or Fund Balances	20 Total assets (Part X, line 16)	<u>541,599</u>
21 Total liabilities (Part X, line 26)		<u>246,657</u>	<u>199,733</u>
22 Net assets or fund balances. Subtract line 21 from line 20		<u>294,942</u>	<u>287,462</u>
		Beginning of Current Year	End of Year

Part II Signature Block

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

Sign Here Signature of officer JOYCE J. DORSEY Date May 12, 2014
 Type or print name and title PRESIDENT/CEO

Paid Preparer Use Only Print/Type preparer's name _____ Preparer's signature _____ Date _____ Check ☐ 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** (2013)

SCANNED JUN 13 2014

Part III Statement of Program Service Accomplishments

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

☒ X

- 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 \$ 1,803,102 including grants of \$) (Revenue \$ 1,803,102.)
 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 \$1,796,497 and 2,686 eligible households were served
- 4b** (Code) (Expenses \$ 6,086,399 including grants of \$) (Revenue \$ 6,102,109.)
 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, 17,938 households were served
- 4c** (Code) (Expenses \$ 372,421 including grants of \$) (Revenue \$ 300,768.)
 Youthbuild-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, despaire and criminal behaviors. 25 Youths were served. This revenue and expenses include \$71,653 space and service inkind, and \$300,768 cash from the Department of Labor grant ☐
- 4d** Other program services (Describe in Schedule O.)
 (Expenses \$ 114,764 including grants of \$ 0) (Revenue \$ 163,227)
- 4e** Total program service expenses ▶ 8,376,686

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	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?		X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		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		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		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		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		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		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		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	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		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		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		X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	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		
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	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	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		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)		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		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		X
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
22 Did the organization report more than \$5,000 of grants or 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
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
25b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If so, complete Schedule L, Part II</i>		X
27 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
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
28a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
28b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
28c 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
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
35b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	X	

Part V**Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response or note to any line in this Part V ☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	35	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	53	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2b	X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O.	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCen Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	X
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	X
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	X
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?	9a	X
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	X
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12.	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b	
11	Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders.	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	X
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a	X
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b	
c	Enter the amount of reserves on hand.	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b	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 or note to any line in this Part VI ☒

Section A. Governing Body and Management

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

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

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?	X	
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	X	
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		X
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13.	X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.	X	
13 Did the organization have a written whistleblower policy?	X	
14 Did the organization have a written document retention and destruction policy?		
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	X	
b Other officers or key employees of the organization. If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	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?		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?		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 ContractorsCheck if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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						800		
(2) Ms. Mattie Jackson Secretary		X						350		
(3) Mr. Walter Bellamy Treasurer		X						75		
(4) Ms. Mary Darden Asst. Secretary		X						800		
(5) Mr. Roger Bruce Board Member		X						50		
(6) Mr. Horace Tribble Board member		X						675		
(7) Mr. Matthew Cardinale Board Member		X						600		
(8) Mr. Patrick C. Daniel Board Member		X						25		
(9) Dr. Howard W. Grant Board Member		X						75		
(10) Ms. Zandra Hall Board Member		X								
(11) Mr. Derrick I. Mincey Board Member		X								
(12) Dr. Yvonne B. Thomas Vice President, Program	52.00			X				106,651		
(13) Mr. Christian A. Onwusibe Vice President, Finance	51.00			X				111,641		
(14) Mrs. Patricia Bullock Vice President, Admin	50.00			X				87,422		

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) Ms. Sharon Quinn Vice Pres. Exc. Bd. Asst.	52.00			X				77,186		
(16)		X								
(17) Dr. Joyce J. Dorsey President, CEO	55.00							163,680		
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1b Sub-total								550,030	0	0
c Total from continuation sheets to Part VII, Section A								0	0	0
d Total (add lines 1b and 1c)								550,030	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
3	X	
4	X	
5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. 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 RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a 0			
	b	Membership dues	1b 0			
	c	Fundraising events	1c 0			
	d	Related organizations	1d 0			
	e	Government grants (contributions)	1e 8,205,979			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 163,227			
	g	Noncash contributions included in lines 1a-1f.	\$ 92,307			
	h	Total. Add lines 1a-1f	8,369,206			
Program Service Revenue	Business Code					
	2a		0			
	b		0			
	c		0			
	d		0			
	e		0			
	f	All other program service revenue	0			
	g	Total. Add lines 2a-2f	0			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)	0			
	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 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	0				
b		0				
c		0				
d	All other revenue	0				
e	Total. Add lines 11a-11d	0				
12	Total revenue. See instructions	8,369,206	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 or note to any line in this Part IX ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to 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	547,024	235,360	311,664	
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	916,110	916,110	0	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	24,193	16,000	8,193	
9	Other employee benefits	223,581	167,272	56,309	
10	Payroll taxes	140,658	118,348	22,310	
11	Fees for services (non-employees)				
a	Management	30,462	27,712	2,750	
b	Legal	830		830	
c	Accounting	26,080	26,080		
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.)	0		0	
12	Advertising and promotion	532	532		
13	Office expenses	86,062	62,984	23,078	
14	Information technology	28,444	24,909	3,535	
15	Royalties	0			
16	Occupancy	274,769	235,608	39,161	
17	Travel	50,223	21,604	28,619	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	14,508	8,751	5,757	
20	Interest	608	608		
21	Payments to affiliates	12,151	12,151		
22	Depreciation, depletion, and amortization	15,139	15,139	0	0
23	Insurance	37,071	30,491	6,580	
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	5,813,823	5,813,823		
b	MEMBERSHIP	5,140	260	4,880	
c	VOLUNTEER/OTHER STIPENDS	0			
d	IN-KIND	92,307	92,307		
e	All other expenses	36,971	27,402	9,569	
25	Total functional expenses. Add lines 1 through 24e	8,376,686	7,853,451	523,235	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 SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	218,701	1	183,040
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	248,218	3	243,241
	4 Accounts receivable, net	0	4	0
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 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		6	
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	26,981	9	20,777
	10a Land, buildings, and equipment: cost or other basis Complete Part VI of Schedule D	10a 268,016		
	b Less accumulated depreciation	10b 227,879	47,699	10c 40,137
	11 Investments—publicly traded securities	0	11	0
	12 Investments—other securities See Part IV, line 11	0	12	0
	13 Investments—program-related See Part IV, line 11	0	13	0
	14 Intangible assets	0	14	0
	15 Other assets See Part IV, line 11	0	15	0
16 Total assets. Add lines 1 through 15 (must equal line 34)	541,599	16	487,195	
Liabilities	17 Accounts payable and accrued expenses	212,717	17	128,206
	18 Grants payable		18	
	19 Deferred revenue	4,855	19	6,383
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	0	23	0
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	29,085	25	65,144
	26 Total liabilities. Add lines 17 through 25	246,657	26	199,733
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	280,494	27	272,461
	28 Temporarily restricted net assets	14,448	28	15,001
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	294,942	33	287,462
34 Total liabilities and net assets/fund balances	541,599	34	487,195	

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	8,369,206
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,376,686
3	Revenue less expenses Subtract line 2 from line 1	3	-7,480
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	294,942
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain 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	287,462

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
1 Accounting method used to prepare the Form 990. <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input 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)

Public Charity Status and Public Support

OMB No 1545-0047

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization FULTON-ATLANTA COMMUNITY ACTION AUTHORITY INC	Employer identification number 58-1926185
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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?
 - (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?
 - (ii) A family member of a person described in (i) above?
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(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)									
Total									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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	10,997,298	14,792,317	9,988,603	8,322,257	8,369,197	52,469,672
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 Total. Add lines 1 through 3	10,997,298	14,792,317	9,988,603	8,322,257	8,369,197	52,469,672
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						52,469,672

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	10,997,298	14,792,317	9,988,603	8,322,257	8,369,197	52,469,672
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,299	776	495	-14,962	9	-12,383
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0
11 Total support. Add lines 7 through 10						52,457,289
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	100.02%
15 Public support percentage from 2012 Schedule A, Part II, line 14	15	100.00%
16a 33 1/3% support test—2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. ► <input checked="" type="checkbox"/>		
b 33 1/3% support test—2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. ► <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. ► <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. ► <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. ► <input type="checkbox"/>		

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

(Complete only if you checked the box on line 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 2013 (line 8, column (f) divided by line 13, column (f))	15	0.00%
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	0.00%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	0.00%
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	0.00%

- 19a 33 1/3% support tests—2013.** 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—2012.** 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 ☐

**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.

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

**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.	
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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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)?	<input type="checkbox"/> Yes <input type="checkbox"/> 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	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.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	0	0		0
b Buildings	0	0	0	0
c Leasehold improvements	0	0	0	0
d Equipment	0	229,001	206,803	22,198
e Other	0	39,015	21,076	17,939
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				40,137

Part VII Investments—Other Securities.

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

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

Part VIII Investments—Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	0
(2) DUE TO GRANTOR/ACCRUED VACATION	65,144
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total (Column (b) must equal Form 990, Part X, col (B) line 25)	65,144

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

SCHEDULE J
(Form 990)

Compensation Information

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

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

► Attach to Form 990. ► See separate instructions.

► Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

FULTON-ATLANTA COMMUNITY ACTION AUTHORITY INC

Employer identification number

58-1926185

Part I Questions Regarding Compensation

	Yes	No
<p>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.</p> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> First-class or charter travel </div> <div style="width: 50%;"> <input type="checkbox"/> Housing allowance or residence for personal use </div> <div style="width: 50%;"> <input type="checkbox"/> Travel for companions </div> <div style="width: 50%;"> <input type="checkbox"/> Payments for business use of personal residence </div> <div style="width: 50%;"> <input type="checkbox"/> Tax indemnification and gross-up payments </div> <div style="width: 50%;"> <input type="checkbox"/> Health or social club dues or initiation fees </div> <div style="width: 50%;"> <input type="checkbox"/> Discretionary spending account </div> <div style="width: 50%;"> <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) </div> </div>		
<p>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.</p>	X	
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?</p>	X	
<p>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.</p> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> Compensation committee </div> <div style="width: 50%;"> <input type="checkbox"/> Written employment contract </div> <div style="width: 50%;"> <input type="checkbox"/> Independent compensation consultant </div> <div style="width: 50%;"> <input type="checkbox"/> Compensation survey or study </div> <div style="width: 50%;"> <input type="checkbox"/> Form 990 of other organizations </div> <div style="width: 50%;"> <input checked="" type="checkbox"/> Approval by the board or compensation committee </div> </div>		
<p>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:</p>		
<p>a Receive a severance payment or change-of-control payment?</p>		X
<p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>		X
<p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p>		X
<p>If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.</p>		
<p>Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5–9.</p>		
<p>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:</p>		
<p>a The organization?</p>		X
<p>b Any related organization?</p>		X
<p>If "Yes" to line 5a or 5b, describe in Part III.</p>		
<p>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:</p>		
<p>a The organization?</p>		X
<p>b Any related organization?</p>		X
<p>If "Yes" to line 6a or 6b, describe in Part III.</p>		
<p>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.</p>		X
<p>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.</p>		X
<p>9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>		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	(iv) Non-excess parachute payment	(v) Excess parachute payment				
1	Dr. Joyce J. Dorsey	(i)	\$110,250.00	\$23,543.00	\$29,887.00				\$163,680.00	0
	1 President, CEO	(ii)								
2		(i)								
		(ii)								
3		(i)								
		(ii)								
4		(i)								
		(ii)								
5		(i)								
		(ii)								
6		(i)								
		(ii)								
7		(i)								
		(ii)								
8		(i)								
		(ii)								
9		(i)								
		(ii)								
10		(i)								
		(ii)								
11		(i)								
		(ii)								
12		(i)								
		(ii)								
13		(i)								
		(ii)								
14		(i)								
		(ii)								
15		(i)								
		(ii)								
16		(i)								
		(ii)								

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

**Open To Public
Inspection**

Name of the organization

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		\$82,687.00	Per Square footage
26 Other ▶ (Volunteer Hrs)	X		\$9,620.00	Per Hour Valuation
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		X
31		X
32a		X

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

**Open to Public
Inspection**

Name of the organization

FULTON-ATLANTA COMMUNITY ACTION AUTHORITY INC

Employer identification number

58-1926185

Form 990, Part III, Line 4d. Program Service Expenses 61,110, Grants and allocations 0.

Revenue 61,110 State of Georgia -Public Service Commission (PSC) Energy Assistance Grant

for \$61,110. This assistance is considered part of the LIHEAP Grant. The number of households

is included in the LIHEAP total of \$17,938.

Form 990, Part III, Line 4d. Program Service Expenses 53,654, Grants and allocations 0.

Revenue 102,117 Other-These consists of supports received from the public, local and private

entities. The expenses include \$6,092 from United Way, \$500, from City of Atlanta, \$3,209

from the Public and unrestricted funds expenses geared towards helping the underprivileged

These expenses are generally referred to as "Supporting Expenses". There is a non-cash

contribution valued at \$92,307, which includes Space and service donations of which \$71,653

was charged as support for the Youthbuild program. There is also \$9 earned interest

Form 990, Part VI, Section B, Line 12c. meetings. Enforcement of the policies are in

accordance with the Personnel policies and Procedure manual which are made available to the

staff and approved by the Board of directors.

Form 990, Part VI, Section B, Line 15 a,b. The Board Personnel Committee is vested with the

responsibility to discuss and recommend the CEO compensation to the full board of directors.

The CEO determines the compensation of the senior management staff after a careful review of

the budget and the employees responsibilities and accomplishments. 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 and other

public documents are usually made available to the any member of the public upon request.

**SCHEDULE P
(Form 8865)**

Department of the Treasury
Internal Revenue Service

**Acquisitions, Dispositions, and Changes of Interests
in a Foreign Partnership** (under section 6046A)

▶ Attach to Form 8865. See Instructions for Form 8865.

▶ Information about Schedule P (Form 8865) and its separate instructions is at www.irs.gov/form8865.

OMB No 1545-1668

2013

Name of person filing Form 8865

FULTON-ATLANTA COMMUNITY ACTION AUTHORITY INC

Filer's identifying number

58-1926185

Name of foreign partnership

EIN (if any)

Reference ID number (see instr)

Part I Acquisitions

(a) Name, address, and identifying number of person from whom your interest was acquired	(b) Date of acquisition	(c) FMV of interest acquired	(d) Basis in interest acquired	(e) % of interest before acquisition	(f) % of interest after acquisition

Part II Dispositions

(a) Name, address, and identifying number of person who acquired your interest	(b) Date of disposition	(c) FMV of interest disposed	(d) Basis in interest disposed	(e) % of interest before disposition	(f) % of interest after disposition

Part III Change in Proportional Interest

(a) Description of change	(b) Date of change	(c) FMV of interest	(d) Basis in interest	(e) % of interest before change	(f) % of interest after change

Part IV Supplemental Information Required To Be Reported (see instructions)

.....

.....

.....

.....

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.....

.....

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	8,205,979	
6 All other contributions, gifts, grants, and similar amounts not included above			
STATE		62,710	
LOCAL		6,592	
OTHER		1,609	
IN-KIND- space cost AND VOLUNTEER			92,307
Interests		9	
Other contributions total	6	70,920	92,307
7 Total	7	8,276,899	92,307

Part IX, Line 22 (990) - Depreciation, Depletion, and Amortization

	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
1 Depreciation	1 15,139	15,139		
2 Depletion	2 0			
3 Amortization	3 0			
4 Total	4 15,139	15,139	0	0

Part X, Line 3 (990) - Pledges and Grants Receivable

		Pledges and grants receivable		Allowance for doubtful accounts	
		Beginning	End	Beginning	End
1 Pledge Receivable	1	248,218	243,241		
2	2				
3	3				
4	4				
5	5				
6	6				
7	7				
8	8				
9	9				
10	10				
11 Total pledges and grants receivable	11	248,218	243,241	0	0

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

Total:													
Category or Item	Land	Buildings	Leasehold Improvements	Equipment	Other	Check if Investment Asset	Check if Asset Disposed	Cost/Other Basis	Beginning Accumulated Depreciation	Ending Accumulated Depreciation	Disposals/ Adjustments	Beginning Balance	Ending Balance
1 COMPUTER				X				66,285	51,375	57,069		8,164	9,216
2 FURNITURE AND EQUIPMENT				X				67,169	54,936	58,602		11,401	8,567
3 TELEPHONE SYSTEM				X				42,127	36,534	37,712		5,593	4,415
4 VEHICLE				X			X	53,420	53,420	53,420		0	0
5 LEASEHOLD IMPROVEMENT					X			39,015	16,474	21,076		22,541	17,939

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

	Form	Part	Section	Line	Explanation
1	Form 990	Part VI	B	12c	meetings Enforcement of the policies are in accordance with the Personnel policies and Procedure manual which are made available to the staff and approved by the Board of directors
2	Form 990	Part VI	B	15 a,b	The Board Personnel Committee is vested with the responsibility to discuss and recommend the CEO compensation to the full board of directors The CEO determines the compensation of the senior management staff after a carefull review of the budget and the employees resposibilities and accomplishments Salary adjustment is then communicated to the board by the CEO
3	Form 990	Part VI	C	19	Copiesof the board minutes, audit reports and other public documents are usually made available to the any member of the public upon request



**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



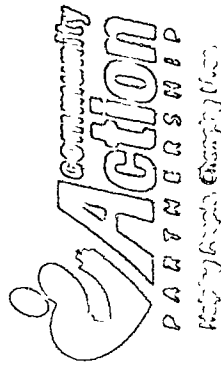
Joyce J. Dorsey, President & CEO

Executive Team Members

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

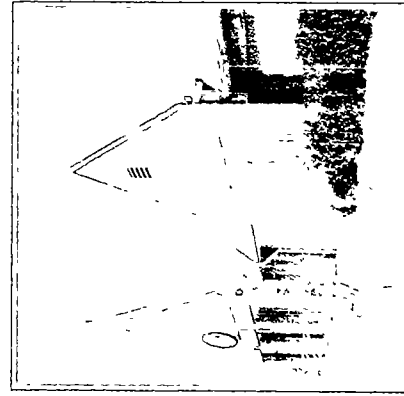
Dr. Verdree Lockhart, Board Chairman

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

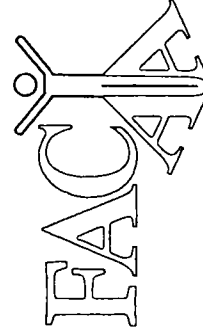


The Promise of Community Action

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.



*Helping People,
Changing Lives . . .*



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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

- **LIHEAP** - Emergency Cooling and Heating

Homeless Prevention

- o Case Management
- o Assistance to Avoid Eviction
- o Transportation Assistance

Senior Citizen Outreach

- o Educational Workshops and Seminars

Emergency Intervention

- o To avoid evictions and utility disconnection

The Emergency Food Assistance Program (TEFAP)

Personal Development Courses to Include:

- o Mastering Budgets
- o Dealing with Family Violence
- o Goal Setting
- o HIV/AIDS Education
- o Parenting Today's Teens
- o 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.
1690 Chantilly Drive, N.E. Atlanta, GA 30324**

BOARD OF DIRECTORS' 2013'

NAME	POSITION	ADDRESS	TELEPHONE	TERM	CAT	OCCUPATION	EMAIL
Dr. Verdree Lockhart	Chairman	2964 Peek Road NW Atlanta, GA 30318	4) 794-5208	2009	A	RETIRED	verdree@aol.com
Dr. Howard W. Grant	Vice Chair	1264 Spring Hollow, SW Atlanta, GA 30311	4) 802-2201 6) 773-0321	2007	B (1)	EXEC. DIR. ATLANTA BOARD OF ED	drhgrant@bellsouth.net
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, GA 30337	7) 642-3407	2010	A	Sole proprietor	
Matthew Cardinale	Asst. Treas	Atlanta Progressive News P.O. Box 244032 Atlanta, GA 30324	4) 983-6049	2013	A	President	matthew@atlantaprogress sivenews.com
Roger Bruce	Member	611-B Coverdell Legislative Office Building, Atl, GA 30334	6) 520-1846 4) 656-0314- O	2007	B (3)	State Representative	rbruce5347@aol.com
Patrick C. Daniel	Member	806 Southland Forest Way Stone Mountain, GA	7) 367-5116	2011	B	Consultant	Patrick@thefocusedapproa ch.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 (3) State, C – Community

REVISED January, 2013

FULTON-ATLANTA COMMUNITY ACTION AUTHORITY, INC.
NOTES TO FINANCIAL STATEMENTS
September 30, 2013

NOTE A - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES:

1. Nature of Activities

The *Fulton-Atlanta Community Action Authority, Inc. (Authority)* is a not-for-profit entity incorporated under the laws of the State of Georgia. The Authority is a county-based community action authority established to help alleviate poverty in Atlanta and Fulton County by providing sound intervention strategies and selected direct services. The Authority plans and administers services that are needed to improve the community it serves. The Authority is funded primarily by Federal, State and local grants. See Note F regarding affiliated organizations of the Authority.

2. Description of Major Activities

The Authority is organized and operated to provide direction and control over various human and social service programs.

Below is a summary of the principal programs administered by the Authority:

- a) The Low Income Home Energy Assistance Program provides energy assistance to low-income families.
- b) The Community Services Block Grant provides emergency assistance, counseling, and other support to alleviate the effects of poverty in the Authority's service area.
- c) The YouthBuild program provides job training, education, and other support services to at-risk youths in the Authority's service area.

3. Basis of Presentation

Financial statement presentation follows the recommendations of the Financial Accounting Standards Board as codified at FASB ASC 958-210-45-9. Under these standards, the Authority is required to report information regarding financial position and activities according to the following three classes of net assets:

- a) Unrestricted net assets - Net assets that are not subject to grantor or donor-imposed stipulations.
- b) Temporarily restricted net assets - Net assets subject to donor-imposed stipulations that may or will be met, either by actions of the Authority and/or the passage of time. When a restriction expires, temporarily restricted net assets are reclassified to unrestricted net assets and reported in the statement of activities as net assets released from restrictions.
- c) Permanently restricted net assets - Net assets subject to grantor or donor-imposed stipulations that they be maintained permanently by the Authority to use all or part of the assets for general or specific purposes. There were no permanently restricted net assets at September 30, 2013.

4. Basis of Accounting

The accompanying financial statements have been prepared on the accrual basis of accounting and, accordingly, reflect all significant receivables, payables, and other liabilities.

FULTON-ATLANTA COMMUNITY ACTION AUTHORITY, INC.
NOTES TO FINANCIAL STATEMENTS
September 30, 2013

NOTE A - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - Continued:

5. Functional Expenses

The costs of the Authority's programs and supporting services have been reported on a functional basis in the Statement of Activities and the Statement of Functional Expenses. Expenses are charged to each program based on direct expenses incurred. Any program expenses not directly chargeable to a program are allocated based on a prescribed cost allocation plan.

6. Income Tax Status

The Authority 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. However, income from certain activities not directly related to the Authority's tax-exempt purpose is subject to taxation as unrelated business income. In addition, the Authority qualifies for the charitable contribution deduction under Section 170(b)(1)(A) and has been classified as an organization that is not a private foundation under Section 509(a)(2). It is further the Authority's position that any development and/or management fees associated with the activities of its subsidiary corporations (See Note F) are not unrelated business activities with regard to the development of low-income housing. As of September 30, 2013, the Authority did not have any unrelated business income. The Authority believes more likely than not, that its tax-exempt positions will be sustained if examined by the authorities.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Authority and recognize a tax liability (or asset) if the Authority has taken an uncertain position that more likely than not would be sustained upon examination by the Internal Revenue Service. Management has analyzed the tax positions taken by the Authority, and has concluded that as of September 30, 2013, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Authority is subject to routine audits by taxing jurisdictions. Management believes that the Authority is no longer subject to tax examinations by taxing authorities for years prior to 2009.

7. Property and Equipment

It is the Authority's policy to capitalize property and equipment over \$1,000. Lesser amounts are expensed. Purchased property and equipment is capitalized at cost. Donations of property and equipment are recorded as contributions at their estimated fair value. Such donations are reported as unrestricted contributions unless the donor has restricted the donated asset to a specific purpose. Assets donated with explicit restrictions regarding their use and contributions of cash that must be used to acquire property and equipment are reported as restricted contributions. Absent donor stipulations regarding how long those donated assets must be maintained, the Authority reports expirations of donor restrictions when the donated or acquired assets are placed in service as instructed by the donor. The organization reclassifies temporarily restricted net assets to unrestricted net assets at that time. Property and equipment are depreciated using the straight-line method.

8. Cash and Cash Equivalents

For purposes of the statement of cash flows, the Organization considers all highly liquid investments available for current use with an initial maturity of three months or less to be cash equivalents.

FULTON-ATLANTA COMMUNITY ACTION AUTHORITY, INC.
NOTES TO FINANCIAL STATEMENTS
September 30, 2013

NOTE A - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - Continued:

9. Concentrations of Contributions

The Authority received approximately 95% of its annual budget from various programs administered by the Georgia Department of Human Services for the year ended September 30, 2013.

10. Support and Revenue

Services provided by the Authority are supported by federal, state, and local agencies. Programs administered include the following: Community Services Block Grant, Low Income Home Energy Assistance Program, Youth Build, and United Way programs.

11. Advertising Costs

Advertising costs are expensed as incurred. During the year ended September 30, 2013, advertising costs incurred totaled \$532.

12. Fair Value Measurements

The Authority has recorded in its financial statements certain financial instruments, none of which are held for trading purposes. The Authority estimates that the fair value of all its financial instruments at September 30, 2013, does not differ materially from the aggregate carrying value of its financial instruments recorded in the accompanying balance sheet. The estimated fair value amounts have been determined by the Authority using available market information and appropriate valuation methodologies. Considerable judgement is necessarily required in interpreting market data to develop the estimates of fair value, and accordingly, the estimates are not necessarily indicative of the amounts that the Authority could realize in a current market exchange.

13. Date of Management's Review

Subsequent events have been evaluated through February 17, 2014, which is the date the financial statements were available to be issued.

NOTE B - USE OF ESTIMATES IN THE PREPARATION OF FINANCIAL STATEMENTS:

The preparation of financial statements in conformity with generally accepted accounting principles may require management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

NOTE C - CASH ON DEPOSIT:

At September 30, 2013, the amount of the Authority's deposits with the bank, in six (6) separate bank accounts, totaled \$255,944 with a book balance of \$183,040. The Authority maintained cash on deposit in the amount of \$255,831 which was insured by federal depository insurance. Excess balances totaling \$113 were uninsured.

FULTON-ATLANTA COMMUNITY ACTION AUTHORITY, INC.
NOTES TO FINANCIAL STATEMENTS
September 30, 2013

NOTE D - DUE FROM GRANTORS:

Amounts due from grantors represent unreimbursed expenses at September 30, 2013. The following summarizes the amounts due and related grantor/programs:

Program	Agency	Amount
CSBG	Georgia Department of Human Services	\$203,383
Youthbuild	U.S. Department of Housing and Urban Development	39,746
SCANA Referral	Georgia Department of Human Services	112
Total		\$243,241

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, 2013 was \$546,218.

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, Inc.'s partnership arrangement in Cascade Apartments, L.P. As of September 30, 2013, FA-Cascade's general partner's capital account was \$0. As a result, there is no value in the capital account of FA-Cascade to be recognized for consolidation in the financial statements of the Authority.
2. **Fulton-Atlanta Community Housing Development Organization (FA-CHDO)** - A Georgia not-for-profit corporation with a fiscal year ended September 30, 2013. 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, 2013, FA-CHDO did not engage in any significant financial transactions which requires consolidation into the financial statements of the Authority.

FULTON - ATLANTA COMMUNITY ACTION AUTHORITY, INC.
SUMMARY OF REVENUE - Final Analytical Review
SEPTEMBER 30, 2013

	FEDERAL	STATE	LOCAL	PROGRAM	OTHER	INTEREST	IN KIND	TRANSFERS	TOTAL
GENERAL	-	-	-	-	-	-	-	-	-
UNRESTRICTED FUND & CONTRIBUTION	-	-	-	-	1,074 00	9 00	20,654 00	17,310 00	39,047 00
	-	-	6,092 00	-	-	-	-	-	6,092 00
FUND RAISING	-	-	-	-	535 00	-	-	-	535 00
	-	-	500 00	-	-	-	-	-	500 00
	-	-	-	-	-	-	-	-	-
	1,803,102 00	-	-	-	-	-	-	-	1,803,102 00
	-	-	-	-	-	-	-	-	-
	6,102,109 00	61,110 00	-	-	-	-	-	(15,710 00)	6,147,509 00
	300,768 00	-	-	-	-	-	89,547 00	-	390,315 00
	-	1,600 00	-	-	-	-	-	(1,600 00)	-
OTHER DONATION	-	-	-	-	-	-	-	-	-
INDIRECT COST	-	-	-	523,235 00	-	-	-	-	523,235 00
ELIMINATIONS	-	-	-	(523,235 00)	-	-	(17,894 00)	-	(541,129 00)
GRAND TOTALS	8,205,979 00	62,710 00	6,592 00	-	1,609 00	9 00	92,307 00	-	8,369,206 00

FULTON-ATLANTA COMMUNITY ACTION AUTHORITY, INC.

STATEMENT OF FINANCIAL POSITION

September 30, 2013

	Unrestricted	Temporarily Restricted	Total
ASSETS			
Current Assets			
Cash and cash equivalents (Note C)	\$183,040	-	\$183,040
Due from grantors (Note D)	243,241	-	243,241
Total Current Assets	<u>426,281</u>	<u>-</u>	<u>426,281</u>
Property and equipment at cost less accumulated depreciation (Note G)	25,136	15,001	40,137
Other Assets			
Other receivables	7,545	-	7,545
Deposits and other	13,232	-	13,232
Total Other Assets	<u>20,777</u>	<u>-</u>	<u>20,777</u>
TOTAL ASSETS	<u>\$472,194</u>	<u>\$15,001</u>	<u>\$487,195</u>
LIABILITIES AND NET ASSETS			
Current Liabilities			
Accounts payable	\$29,661	-	\$29,661
Accrued expenses	98,545	-	98,545
Accrued vacation (Note H)	3,848	-	3,848
Due to grantor (Note I)	11,296	-	11,296
Deferred revenue (Note J)	6,383	-	6,383
Line of credit (Note K)	50,000	-	50,000
Total Current Liabilities	<u>199,733</u>	<u>-</u>	<u>199,733</u>
Net assets (Note L)	272,461	15,001	287,462
TOTAL LIABILITIES AND NET ASSETS	<u>\$472,194</u>	<u>\$15,001</u>	<u>\$487,195</u>

FULTON-ATLANTA COMMUNITY ACTION AUTHORITY, INC.**STATEMENT OF ACTIVITIES****For the Year Ended September 30, 2013**

	Unrestricted	Temporarily Restricted	Total
REVENUE AND OTHER SUPPORT			
Intergovernmental - Federal	\$8,199,374	\$6,605	\$8,205,979
Intergovernmental - State	62,710	-	62,710
Intergovernmental - Local	6,592	-	6,592
Other revenue	1,609	-	1,609
Interest income	9	-	9
In-kind (Note O)	92,307	-	92,307
Net assets released from restrictions	6,052	(6,052)	-
Total Revenue and Other Support	8,368,653	553	8,369,206
PROGRAM SERVICES			
	1,796,497	-	1,796,497
	6,147,509	-	6,147,509
	372,421	-	372,421
	500	-	500
	6,092	-	6,092
Total Program Expenses	8,323,019	-	8,323,019
SUPPORTING SERVICES			
General	13,694	-	13,694
Fund-raising	2,407	-	2,407
Unrestricted fund and Contribution	31,494	-	31,494
	61	-	61
	931	-	931
Administrative	(972)	-	(972)
Depreciation	6,052	-	6,052
Total Supporting Services	53,667	-	53,667
Total Expenses	8,376,686	-	8,376,686
Changes in Net Assets	(8,033)	553	(7,480)

FULTON-ATLANTA COMMUNITY ACTION AUTHORITY, INC.

STATEMENT OF CHANGES IN NET ASSETS

For the Year Ended September 30, 2013

	Unrestricted	Temporarily Restricted	Total
Net Assets, beginning of year	\$280,494	\$14,448	\$294,942
Changes in Net Assets	(8,033)	553	(7,480)
Net Assets, end of year	<u>\$272,461</u>	<u>\$15,001</u>	<u>\$287,462</u>

FULTON-ATLANTA COMMUNITY ACTION AUTHORITY, INC.**STATEMENT OF CASH FLOWS****For the Year Ended September 30, 2013**

CASH FLOWS FROM OPERATING ACTIVITIES:

Increase (decrease) in net assets	(\$7,480)
Adjustments to reconcile change in net assets to net cash provided (used) by operating activities:	
Depreciation	15,139
(Increase) decrease in	
Due from grantor	4,977
Other receivable	6,204
(Decrease) increase in	
Accounts payable	(38,787)
Accrued expenses	(45,724)
Accrued vacation	(4,238)
Due to grantor	(9,703)
Deferred revenue	1,528
	<hr/>
Net Cash Provided (Used) By Operating Activities	(78,084)

CASH FLOWS FROM INVESTING ACTIVITIES:

Purchases of property and equipment	<hr/> (7,577)
Net Cash Provided (Used) By Investing Activities	<hr/> (7,577)

CASH FLOWS FROM FINANCING ACTIVITIES:

Proceeds from line of credit	<hr/> 50,000
Net Cash Provided (Used) By Financing Activities	<hr/> 50,000

Net Increase (Decrease) in Cash	(35,661)
Cash and cash equivalents at beginning of year	<hr/> 218,701
Cash and cash equivalents at end of year	<hr/> \$183,040

Supplemental Information:

Interest paid in cash \$0.

Tax Asset Detail 10/01/12 - 9/30/13

FYE: 9/30/2013

Asset	Location	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
Group: Restricted												
Location: Computer Equipment												
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	2,253.91	0.00	2,253.91	0.00	S/L	3.0
19		3 Compaq Computers	12/02/09	1,251.87	0.00	0.00	1,251.87	69.55	1,251.87	0.00	S/L	3.0
23		iPad	5/18/11	884.89	0.00	0.00	884.89	294.96	688.24	196.65	S/L	3.0
24		iPad	5/31/11	853.86	0.00	0.00	853.86	284.62	664.11	189.75	S/L	3.0
25		iPad	5/31/11	991.89	0.00	0.00	991.89	330.63	771.47	220.42	S/L	3.0
26		iPad	5/31/11	960.86	0.00	0.00	960.86	320.29	747.34	213.52	S/L	3.0
28		iPad	1/27/12	780.03	0.00	0.00	780.03	260.01	433.35	346.68	S/L	3.0
29		5 Intel Pentium Computers	4/24/12	2,591.95	0.00	0.00	2,591.95	863.98	1,223.97	1,367.98	S/L	3.0
33		Dell 19" 4GB Memory-1 TB Hard I	1/28/13	1,171.62	0.00c	0.00	0.00	260.36	260.36	911.26	S/L	3.0
34		Dell 19" 4GB Memory-1 TB Hard I	1/28/13	390.54	0.00c	0.00	0.00	86.79	86.79	303.75	S/L	3.0
35		Cisco ASA 5510 Security Server	1/28/13	697.00	0.00c	0.00	0.00	154.89	154.89	542.11	S/L	3.0
36		Dell 19" 4GB Memory-1 TB Hard I	2/27/13	3,514.86	0.00c	0.00	0.00	683.45	683.45	2,831.41	S/L	3.0
Computer Equipment				45,309.02	0.00c	0.00	34,575.96	3,609.53	38,185.49	7,123.53		
Location: Furniture/Office Equip												
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	2,586.40	323.29	2,909.69	0.00	S/L	3.0
21		Security Cameras - Kelly Street	10/19/10	1,000.00	0.00	0.00	383.33	200.00	583.33	416.67	S/L	5.0
30		Security Cameras - Main Office	5/08/12	3,225.00	0.00	0.00	268.75	645.00	913.75	2,311.25	S/L	5.0
32		Access Computer Desk (3 Items)	2/27/13	831.38	0.00c	0.00	0.00	96.99	96.99	734.39	S/L	5.0
Furniture/Office Equip				28,329.06	0.00c	0.00	23,601.47	1,265.28	24,866.75	3,462.31		
Location: Telephone System												
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	3,190.00	0.00	3,190.00	0.00	S/L	7.0
27		Phone System	7/06/12	5,887.05	0.00	0.00	294.35	1,177.41	1,471.76	4,415.29	S/L	5.0
Telephone System				42,127.05	0.00c	0.00	36,534.35	1,177.41	37,711.76	4,415.29		
Location: Vehicles												
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
Vehicles				23,054.00	0.00c	0.00	23,054.00	0.00	23,054.00	0.00		

Tax Asset Detail 10/01/12 - 9/30/13

FYE: 9/30/2013

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
Group: Restricted (continued)											
Location: Computer Equipment											
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	6,409.77	1,922.93	8,332.70	1,281.97	S/L	5.0
37	Computer	3/28/13	971.99	0.00c	0.00	0.00	162.00	162.00	809.99	S/L	3.0
Computer Equipment											
		Restricted	138,819.13	0.00c	0.00	117,765.78	6,052.22	123,818.00	15,001.13		
Location: Furniture/Office Equip											
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 St	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	2,653.33	796.00	3,449.33	530.67	S/L	5.0
21	2 Plasma TV's	8/23/10	3,312.61	0.00	0.00	1,380.25	662.52	2,042.77	1,269.84	S/L	5.0
22	Office Furniture	9/20/10	3,063.00	0.00	0.00	875.14	437.57	1,312.71	1,750.29	S/L	7.0
23	Office Furniture	11/10/09	3,528.00	0.00	0.00	1,470.00	504.00	1,974.00	1,554.00	S/L	7.0
Furniture/Office Equip											
			38,839.80	0.00c	0.00	31,334.91	2,400.09	33,735.00	5,104.80		
Location: Leasehold Improvements											
11	Roof Replacement (Kelly Street)	11/30/07	32,015.00	0.00	0.00	16,007.50	3,201.50	19,209.00	12,806.00	S/L	10.0
31	Evaporator Coil (Kelly St)	6/06/12	7,000.00	0.00	0.00	466.67	1,400.00	1,866.67	5,133.33	S/L	5.0
Leasehold Improvements											
			39,015.00	0.00c	0.00	16,474.17	4,601.50	21,075.67	17,939.33		
Location: Vehicles											
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
Vehicles											
		Unrestricted	129,196.27	0.00c	0.00	94,973.66	9,086.52	104,060.18	25,136.09		
Grand Total											
			268,015.40	0.00c	0.00	212,739.44	15,138.74	227,878.18	40,137.22		