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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](http://www.irs.gov/form990).

OMB No 1545-0047

**2014****Open to Public Inspection**

<b>A</b> For the 2014 calendar year, or tax year beginning <u>10/1/2013</u> , and ending <u>9/30/2014</u>																					
<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2"><b>C</b> Name of organization <u>FULTON-ATLANTA COMMUNITY ACTION AUTHORITY</u></td> </tr> <tr> <td colspan="2">Doing business as _____</td> </tr> <tr> <td>Number and street (or P O box if mail is not delivered to street address)</td> <td>Room/suite</td> </tr> <tr> <td><u>1690 CHANTILLY DRIVE</u></td> <td></td> </tr> <tr> <td>City or town</td> <td>State</td> </tr> <tr> <td><u>ATLANTA</u></td> <td><u>GA</u></td> </tr> <tr> <td>ZIP code</td> <td></td> </tr> <tr> <td><u>30324</u></td> <td></td> </tr> <tr> <td>Foreign country name</td> <td>Foreign province/state/country</td> </tr> <tr> <td></td> <td>Foreign postal code</td> </tr> </table>	<b>C</b> Name of organization <u>FULTON-ATLANTA COMMUNITY ACTION AUTHORITY</u>		Doing business as _____		Number and street (or P O box if mail is not delivered to street address)	Room/suite	<u>1690 CHANTILLY DRIVE</u>		City or town	State	<u>ATLANTA</u>	<u>GA</u>	ZIP code		<u>30324</u>		Foreign country name	Foreign province/state/country		Foreign postal code
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Part I Summary																			
Activities & Governance	<p><b>1</b> Briefly describe the organization's mission or most significant activities <u>To assist the Low-income individuals in the city of Atlanta and Fulton County of Georgia to achieve self-sufficiency</u></p> <p><b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td><b>3</b> Number of voting members of the governing body (Part VI, line 1a)</td> <td><u>11</u></td> </tr> <tr> <td><b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)</td> <td><u>11</u></td> </tr> <tr> <td><b>5</b> Total number of individuals employed in calendar year 2014 (Part V, line 2a)</td> <td><u>52</u></td> </tr> <tr> <td><b>6</b> Total number of volunteers (estimate if necessary)</td> <td></td> </tr> <tr> <td><b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12</td> <td><u>0</u></td> </tr> <tr> <td><b>7b</b> Net unrelated business taxable income from Form 990-T, line 34</td> <td><u>0</u></td> </tr> </table>	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<u>11</u>	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<u>11</u>	<b>5</b> Total number of individuals employed in calendar year 2014 (Part V, line 2a)	<u>52</u>	<b>6</b> Total number of volunteers (estimate if necessary)		<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<u>0</u>	<b>7b</b> Net unrelated business taxable income from Form 990-T, line 34	<u>0</u>						
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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	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>Signature of officer</td> <td>Date</td> </tr> <tr> <td><u>JOYCE J DORSEY PRESIDENT &amp; CEO</u></td> <td><u>5/16/2015</u></td> </tr> <tr> <td>Type or print name and title</td> <td></td> </tr> </table>	Signature of officer	Date	<u>JOYCE J DORSEY PRESIDENT &amp; CEO</u>	<u>5/16/2015</u>	Type or print name and title															
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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** (2014) 12

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SCANNED JUN 24 2015

**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 \$ 1,450,609 including grants of \$ \_\_\_\_\_) (Revenue \$ 1,814,950.)

CSBG Total grant provided and spent is \$1,814,950. Capital expenditure of \$8,066 were later deducted for depreciation, therefore leaving a balance of \$1,806,884 as a current year's expenditure. The program supports services that prevents homelessness and hardship due to delinquency in rental and utility expenses payments. It also provides educational and life-skills trainings, such as budgeting and energy conservation. The CSBG grant generally supports most of the other programs and services of the agency. Two thousand one-hundred eighty-four (2,184) households were served in this fiscal year.

**4b** (Code \_\_\_\_\_) (Expenses \$ 6,364,756 including grants of \$ \_\_\_\_\_) (Revenue \$ 6,484,119.)

LIHEAP The revenue amount of \$6,484,119 was received and adjusted for capital expenditure of \$1,922 to arrive at \$6,482,197. This is an energy program which targets eligible low-income households and assist them in the direct payments of their energy bills to avoid disconnections and hardship. During the year, 17,567 households were served.

**4c** (Code \_\_\_\_\_) (Expenses \$ 396,785 including grants of \$ \_\_\_\_\_) (Revenue \$ 446,942.)

YOUTHBUILD DOL training the out-of school youth from the ages of 16-24 whose lives were misdirected by lack of education, poor problem-solving and anger management skills, despair, and criminal behaviors. Through this programs, clients also obtain their GED certifications. The program also provides case management, counseling, and job readiness and placement services to the youths. Twenty nine (29) youths were served. This revenue and expenses include cash from the Department of Labor of \$363,216 and space in-kind of \$83,726. These eligible youths received training, with 80% receiving skill certification in carpentry in addition to receiving their GED.

**4d** Other program services. (Describe in Schedule O.)

(Expenses \$ 83,237 including grants of \$ 0 ) (Revenue \$ 36,224 )

**4e** Total program service expenses 8,295,387

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

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

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. <span style="float: right;">41</span>		
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. <span style="float: right;">52</span>		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.		
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
<b>b</b>	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for FinCen Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		X
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		X
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		X
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year. <span style="float: right;">7d</span>		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		X
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		X
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		X
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?		X
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		X
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12. <span style="float: right;">10a</span>		
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. <span style="float: right;">10b</span>		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders. <span style="float: right;">11a</span>		
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) <span style="float: right;">11b</span>		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year. <span style="float: right;">12b</span>		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		X
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans. <span style="float: right;">13b</span>		
<b>c</b>	Enter the amount of reserves on hand. <span style="float: right;">13c</span>		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		X

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI ☒

**Section A. Governing Body and Management**

	Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	11	
<b>1b</b> Enter the number of voting members included in line 1a, above, who are independent	11	
<b>2</b> 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
<b>3</b> 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
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b> Did the organization have members or stockholders?		X
<b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
<b>7b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b> The governing body?	X	
<b>b</b> Each committee with authority to act on behalf of the governing body?	X	
<b>9</b> 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
<b>10a</b> Did the organization have local chapters, branches, or affiliates?		X
<b>b</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
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		X
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990		
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
<b>13</b> Did the organization have a written whistleblower policy?	X	
<b>14</b> Did the organization have a written document retention and destruction policy?	X	
<b>15</b> 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?		
<b>a</b> The organization's CEO, Executive Director, or top management official	X	
<b>b</b> Other officers or key employees of the organization	X	
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		
<b>16a</b> 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>b</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, address, and telephone number of the person who possesses the organization's books and records: ▶

FULTON ATLANTA COMMUNITY ACTION AUTHORITY (404) 320-0166  
 1690 CHANTILLY DRIVE, ATLANTA, GA 30324

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

Check if Schedule O contains a response 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 Chair				X				975		
(2) Dr. Howard Grant Board Vice Chair				X				125		
(3) Ms. Mattie Jackson Board Secretary				X				250		
(4) Mr. Horace Tribble Board Treasury				X				525		
(5) Ms. Mary Darden Board Member				X				475		
(6) Mr. Roger Bruce Board Member				X				50		
(7) Mr. Patrick C. Daniel Board Member				X				125		
(8) Ms. Sojourner M. Grimmet Board Member				X						
(9) Reverend Albert Love Board Member				X				50		
(10) Dr. Joyce Dorse President /CEO	51.00				X			154,250		
(11) Dr. Yvonne B. Thomas VP of Programs	47.00				X			106,744		
(12) Mr. Christian Onwusibe VP of Finance	46.00				X	X		108,594		
(13) Mrs. Patricia Bullock VP of Administration	45.00				X			86,393		
(14) Mrs. Sharon Quinn VP of Exc. Board Assist.	45.00				X			76,250		



**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) .....										
(16) .....										
(17) .....										
(18) .....										
(19) .....										
(20) .....										
(21) .....										
(22) .....										
(23) .....										
(24) .....										
(25) .....										
<b>1b Sub-total</b>								534,806	0	0
<b>c Total from continuation sheets to Part VII, Section A</b>								0	0	0
<b>d Total (add lines 1b and 1c)</b>								534,806	0	0

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **3**

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

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
		0
		0
		0
		0
		0
<b>2</b> Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization	<b>0</b>	

**Part VIII Statement of Revenue**Check if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a	0			
	b	Membership dues	1b	0			
	c	Fundraising events	1c	0			
	d	Related organizations	1d	0			
	e	Government grants (contributions)	1e	8,631,125			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	151,110			
	g	Noncash contributions included in lines 1a-1f.	\$	83,726			
	h	<b>Total.</b> Add lines 1a-1f		8,782,235			
	Program Service Revenue			Business Code			
2a				0			
b				0			
c				0			
d				0			
e				0			
f		All other program service revenue		0			
g		<b>Total.</b> Add lines 2a-2f		0			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		0			
	4	Income from investment of tax-exempt bond proceeds		0			
	5	Royalties		0			
	6a	Gross rents	(i) Real	(ii) Personal			
		b	Less rental expenses				
		c	Rental income or (loss)	0	0		
		d	Net rental income or (loss)			0	
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
		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			0			
	b			0			
c			0				
d	All other revenue		0				
e	<b>Total.</b> Add lines 11a-11d		0				
12	<b>Total revenue.</b> See instructions		8,782,235	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 domestic organizations domestic governments See Part IV, line 21 . . .				
2	Grants and other assistance to domestic individuals. See Part IV, line 22 . . .				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 . . .				
4	Benefits paid to or for members . . .				
5	Compensation of current officers, directors, trustees, and key employees . . .	530,213	269,387	260,826	
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 . . .	906,956	906,956		
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . .	26,168	17,814	8,354	
9	Other employee benefits . . .	210,724	144,010	66,714	
10	Payroll taxes . . .	144,729	125,200	19,529	
11	Fees for services (non-employees) . . .				
a	Management . . .	0			
b	Legal . . .	0			
c	Accounting . . .	28,489	25,379	3,110	
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 ) . . .	62,220	29,917	32,303	
12	Advertising and promotion . . .	354	354		
13	Office expenses . . .	109,133	82,260	26,873	
14	Information technology . . .	27,541	18,839	8,702	
15	Royalties . . .	0			
16	Occupancy . . .	279,272	222,772	56,500	
17	Travel . . .	21,492	9,005	12,487	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials . . .	0			
19	Conferences, conventions, and meetings . . .	31,855	19,338	12,517	
20	Interest . . .	10,095	10,095		
21	Payments to affiliates . . .	0			
22	Depreciation, depletion, and amortization . . .	16,619	16,619	0	0
23	Insurance . . .	27,422	26,822	600	
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 . . .	6,248,026	6,248,026		
b	TRANSPORTATION . . .	13,605	6,433	7,172	
c	VOLUNTEER/OTHER STIPENDS . . .	6,390	6,390		
d	IN-KIND-SPACE . . .	83,726	83,726		
e	All other expenses . . .	33,394	26,045	7,349	
25	<b>Total functional expenses.</b> Add lines 1 through 24e . . .	8,818,423	8,295,387	523,036	0
26	<b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . .				

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing	183,040	<b>1</b>	190,136
	<b>2</b> Savings and temporary cash investments		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net	243,241	<b>3</b>	258,795
	<b>4</b> Accounts receivable, net	0	<b>4</b>	0
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		<b>6</b>	
	<b>7</b> Notes and loans receivable, net	0	<b>7</b>	0
	<b>8</b> Inventories for sale or use		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges	20,777	<b>9</b>	22,383
	<b>10a</b> Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	<b>10a</b> 271,811		
	<b>b</b> Less accumulated depreciation	<b>10b</b> 236,926	<b>10c</b>	34,885
	<b>11</b> Investments—publicly traded securities	0	<b>11</b>	0
	<b>12</b> Investments—other securities See Part IV, line 11	0	<b>12</b>	0
	<b>13</b> Investments—program-related See Part IV, line 11	0	<b>13</b>	0
	<b>14</b> Intangible assets	0	<b>14</b>	0
	<b>15</b> Other assets See Part IV, line 11	0	<b>15</b>	0
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	487,195	<b>16</b>	506,199	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses	128,206	<b>17</b>	132,299
	<b>18</b> Grants payable		<b>18</b>	
	<b>19</b> Deferred revenue	6,383	<b>19</b>	3,933
	<b>20</b> Tax-exempt bond liabilities		<b>20</b>	
	<b>21</b> Escrow or custodial account liability Complete Part IV of Schedule D		<b>21</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties	0	<b>23</b>	0
	<b>24</b> Unsecured notes and loans payable to unrelated third parties	0	<b>24</b>	0
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	65,144	<b>25</b>	118,692
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25	199,733	<b>26</b>	254,924
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets	272,461	<b>27</b>	234,180
	<b>28</b> Temporarily restricted net assets	15,001	<b>28</b>	17,095
	<b>29</b> Permanently restricted net assets		<b>29</b>	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds		<b>32</b>	
<b>33</b> <b>Total net assets or fund balances</b>	287,462	<b>33</b>	251,275	
<b>34</b> <b>Total liabilities and net assets/fund balances</b>	487,195	<b>34</b>	506,199	

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	8,782,235
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	8,818,423
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-36,188
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	287,463
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	
<b>10</b>	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	251,275

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

		Yes	No
<b>1</b>	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		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
<b>b</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 checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
<b>c</b>	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	
<b>3a</b>	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>b</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

**2014**

**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](http://www.irs.gov/form990).

Name of the organization

FULTON-ATLANTA COMMUNITY ACTION AUTHORITY INC

Employer identification number

58-1926185

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

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

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state \_\_\_\_\_
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations 0
- g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total					0	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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	14,792,317	9,988,603	8,322,257	8,369,197	8,782,200	50,254,574
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						0
<b>4 Total.</b> Add lines 1 through 3	14,792,317	9,988,603	8,322,257	8,369,197	8,782,200	50,254,574
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
<b>6 Public support.</b> Subtract line 5 from line 4						50,254,574

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
<b>7</b> Amounts from line 4	14,792,317	9,988,603	8,322,257	8,369,197	8,782,200	50,254,574
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	776	495	-14,962	9	35	-13,647
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						0
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0
<b>11 Total support.</b> Add lines 7 through 10						50,240,927
<b>12</b> Gross receipts from related activities, etc. (see instructions)					12	
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

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

<b>14</b> Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	14	100.03%
<b>15</b> Public support percentage from 2013 Schedule A, Part II, line 14	15	0.00%
<b>16a 33 1/3% support test—2014.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
<b>b 33 1/3% support test—2013.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>17a 10%-facts-and-circumstances test—2014.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>b 10%-facts-and-circumstances test—2013.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.  
If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						0
<b>2</b> 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
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						0
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						0
<b>6 Total.</b> Add lines 1 through 5	0	0	0	0	0	0
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						0
<b>b</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
<b>c</b> Add lines 7a and 7b	0	0	0	0	0	0
<b>8 Public support.</b> (Subtract line 7c from line 6.)						0

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
<b>9</b> Amounts from line 6	0	0	0	0	0	0
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						0
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
<b>c</b> Add lines 10a and 10b	0	0	0	0	0	0
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)	0	0	0	0	0	0
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

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

<b>15</b> Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	0.00%
<b>16</b> Public support percentage from 2013 Schedule A, Part III, line 15	<b>16</b>	0.00%

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

<b>17</b> Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	0.00%
<b>18</b> Investment income percentage from 2013 Schedule A, Part III, line 17	<b>18</b>	0.00%

- 19a 33 1/3% support tests—2014.** 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—2013.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ☐
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐



**Part IV Supporting Organizations**

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).		
<b>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .		
<b>b</b> Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .		
<b>c</b> Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .		
<b>10a</b> Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.		
<b>b</b> Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>b</b> A family member of a person described in (a) above?		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI</b> .		

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

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

**Section E. Type III Functionally-Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b>	<input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.	
<b>b</b>	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.	
<b>c</b>	<input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).	
<b>2</b> Activities Test. Answer (a) and (b) below.		
<b>a</b>	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI</b> identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	
<b>b</b>	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.		
<b>a</b>	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in <b>Part VI</b> .	
<b>b</b>	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4	0	0
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 <b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	8	0	0

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d <b>Total</b> (add lines 1a, 1b, and 1c)	1d	0	0
e <b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI)			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3	0	0
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	0	0
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	0	0
6 Multiply line 5 by .035	6	0	0
7 Recoveries of prior-year distributions	7	0	0
8 <b>Minimum Asset Amount</b> (add line 7 to line 6)	8	0	0

Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		0
2 Enter 85% of line 1	2		0
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		0
4 Enter greater of line 2 or line 3	4		0
5 Income tax imposed in prior year	5		
6 <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		0

7 ☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

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

Section D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes		
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity		
3	Administrative expenses paid to accomplish exempt purposes of supported organizations		
4	Amounts paid to acquire exempt-use assets		
5	Qualified set-aside amounts (prior IRS approval required)		
6	Other distributions (describe in Part VI) See instructions.		
7	<b>Total annual distributions.</b> Add lines 1 through 6.		0
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions		
9	Distributable amount for 2014 from Section C, line 6		0
10	Line 8 amount divided by Line 9 amount		0.000

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			0
2	Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014			
a				
b				
c				
d				
e	From 2013			
f	<b>Total</b> of lines 3a through e	0		
g	Applied to underdistributions of prior years		0	
h	Applied to 2014 distributable amount			0
i	Carryover from 2009 not applied (see instructions)			
j	Remainder Subtract lines 3g, 3h, and 3i from 3f	0		
4	Distributions for 2014 from Section D, line 7 \$ 0			
a	Applied to underdistributions of prior years		0	
b	Applied to 2014 distributable amount			0
c	Remainder Subtract lines 4a and 4b from 4	0		
5	Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)		0	
6	Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			0
7	<b>Excess distributions carryover to 2015.</b> Add lines 3j and 4c	0		
8	Breakdown of line 7			
a				
b				
c				
d	Excess from 2013 0			
e	Excess from 2014 0			

**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](http://www.irs.gov/form990).

OMB No 1545-0047

**2014**

**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 value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<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 a 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) Revenue 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 Revenue 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

- c Beginning balance  
 d Additions during the year  
 e Distributions during the year  
 f Ending balance

	Amount
1c	
1d	
1e	
1f	0

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☒ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided 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					
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	232,796	211,249	21,547
e Other	0	39,015	25,677	13,338
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10c.)				34,885

**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)		
<b>Total.</b> (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)		
<b>Total.</b> (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)	
<b>Total.</b> (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 GRANTORS/ACCRUED EXPENSE	118,692
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25)	118,692

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 ☐

Part XI	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.
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Complete if the organization answered "Yes" to Form 990, Part IV, line 12a

<b>1</b>	Total revenue, gains, and other support per audited financial statements		<b>1</b>	8,782,235
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>		
<b>b</b>	Donated services and use of facilities	<b>2b</b>		
<b>c</b>	Recoveries of prior year grants	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII )	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	0
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	8,782,235
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII )	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	0
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12 )		<b>5</b>	8,782,235

Part XII	Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.
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Complete if the organization answered "Yes" to Form 990, Part IV, line 12a

<b>1</b>	Total expenses and losses per audited financial statements		<b>1</b>	<b>8,818,423</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25			
<b>a</b>	Donated services and use of facilities	<b>2a</b>		
<b>b</b>	Prior year adjustments	<b>2b</b>		
<b>c</b>	Other losses	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII )	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	<b>0</b>
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	<b>8,818,423</b>
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII ) .	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> .		<b>4c</b>	<b>0</b>
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18 )		<b>5</b>	<b>8,818,423</b>

## Part XIII Supplemental Information.

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



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

Department of the Treasury  
Internal Revenue Service

Name of the organization

FULTON-ATLANTA COMMUNITY ACTION AUTHORITY INC

**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.

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

OMB No 1545-0047

**2014**

**Open to Public  
Inspection**

Employer identification number

58-1926185

**Part I Questions Regarding Compensation**

	Yes	No									
<b>1a</b> 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. <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)			
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use										
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence										
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees										
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)										
<b>b</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.	X										
<b>2</b> 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?	X										
<b>3</b> 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. <table border="0"> <tr> <td><input type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee					
<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract										
<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study										
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee										
<b>4</b> 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: <table border="0"> <tr> <td><b>a</b> Receive a severance payment or change-of-control payment?</td> <td><b>4a</b></td> <td>X</td> </tr> <tr> <td><b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?</td> <td><b>4b</b></td> <td>X</td> </tr> <tr> <td><b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement?</td> <td><b>4c</b></td> <td>X</td> </tr> </table> If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.	<b>a</b> Receive a severance payment or change-of-control payment?	<b>4a</b>	X	<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?	<b>4b</b>	X	<b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement?	<b>4c</b>	X		
<b>a</b> Receive a severance payment or change-of-control payment?	<b>4a</b>	X									
<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?	<b>4b</b>	X									
<b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement?	<b>4c</b>	X									
<b>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.</b>											
<b>5</b> 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: <table border="0"> <tr> <td><b>a</b> The organization?</td> <td><b>5a</b></td> <td>X</td> </tr> <tr> <td><b>b</b> Any related organization?</td> <td><b>5b</b></td> <td>X</td> </tr> </table> If "Yes" to line 5a or 5b, describe in Part III.	<b>a</b> The organization?	<b>5a</b>	X	<b>b</b> Any related organization?	<b>5b</b>	X					
<b>a</b> The organization?	<b>5a</b>	X									
<b>b</b> Any related organization?	<b>5b</b>	X									
<b>6</b> 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: <table border="0"> <tr> <td><b>a</b> The organization?</td> <td><b>6a</b></td> <td>X</td> </tr> <tr> <td><b>b</b> Any related organization?</td> <td><b>6b</b></td> <td>X</td> </tr> </table> If "Yes" to line 6a or 6b, describe in Part III.	<b>a</b> The organization?	<b>6a</b>	X	<b>b</b> Any related organization?	<b>6b</b>	X					
<b>a</b> The organization?	<b>6a</b>	X									
<b>b</b> Any related organization?	<b>6b</b>	X									
<b>7</b> 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.		X									
<b>8</b> 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.		X									
<b>9</b> If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		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 in column (B) reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation					
Dr Joyce Dorse 1 President /CEO	(i)	110,250	16,650	27,350				154,250	
	(ii)							0	
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)								

**Part III** Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Part I Line 1a The President and CEO is given a fixed monthly expense which aggregates to \$27,349 a year. This agreement is part

of the compensation and was not subject to providing invoices as provide in contract. It is in regarded as part of salaries

**SCHEDULE M  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Noncash Contributions**

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

OMB No 1545-0047

**2014**

**Open To Public  
Inspection**

FULTON-ATLANTA COMMUNITY ACTION AUTHORITY INC

Employer identification number

58-1926185

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ( OFFICE SPACE )	X	1	83,726	PER SQUARE FOOTAGE
26 Other ▶ ( )				
27 Other ▶ ( )				
28 Other ▶ ( )				

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

29

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

Yes No

30a		

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

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

31		

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

32a		

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


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

Department of the Treasury  
Internal Revenue Service

Name of the organization

**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](http://www.irs.gov/form990)

OMB No 1545-0047

**2014**

**Open to Public  
Inspection**

FULTON-ATLANTA COMMUNITY ACTION AUTHORITY INC

Employer identification number

58-1926185

Form 990, Part III, Line 4d Program Service Expenses 83,237, Grants and allocations 0,

Revenue 36,224 These consists of \$10,430 for ameriCorps program, The AmeriCorps fund

supports the youthbuild program \$3,775 contribution from the United way, \$45,517

Unrestricted Funds expenses, \$12,033 General expenses (\$8,725 Unrestricted depreciation and

\$3,308 interest expense), \$7,894 restricted depreciation expense, \$4,130 cash donations, and

\$-1,379 adjusted Adm expense

Form 990, Part III, Line 4d

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

Personnel Policies and Procedure manual which are made available to each staff by management,

and approved by the Board of Directors

Form 990, Part VI, Section B, Line Line 15 a,b The Board of Directors Personnel Committee is

vested with responsibility to discuss and recommend the CEO's compensation to the Full Board

The CEO determines the compensation of the senior management staff and the rest of the staff,

and in consultation with the board of directors when the need arises. Bothe the board of

directors and the President/CEO determine compensation after carefull review of the duties and

responsibilities, accomplishments and budget

Form 990, Part VI, Section C, Line 19 Copies of the board minutes, audit reports and othe

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

lately, the audit reports have been made available on the agency's website

Form 990, Part VI, Section B, Line 12c Management regularly makes statements that encourages

the board and staff members to disclosure any conflict of interests involments.

Form 990, Part VI, Section B, Line 11b The form 990 is prepared by the VP of Finance, and

then reviewed by the President and CEO

**Item F (990) - Name and Address of Principal Officer**

Name			Phone Number
JOYCE J DORSEY			(404) 302-0166
Address			Foreign Country
1690 CHANTILLY DRIVE NE			
City, Town, or Post Office	State	Zip Code	Check ("X") if a business
ATLANTA	GA	30324	<input checked="" type="checkbox"/> X

**Part X (Sch D (990)) - Other Liabilities**

		<b>Total:</b>	118,692
		Description	Book Value
1	Federal income taxes		0
2	DUE TO GRANTORS/ACCRUED EXPENSE/ACCRUED VACATION		118,692

**Part I, Ln 1 and Part III, Ln 1 (990) - Organization's Mission or Most Significant Activities**Part I Line 1 - Briefly describe the organization's mission or most significant activities **Limit to 220 characters.**

To assist the Low-income individuals in the city of Atlanta and Fulton County of Georgia to achieve self-sufficiency

Part III Line 1 - Briefly describe the organization's mission **Limit to 350 characters.**

To assist the Low-income individuals in the city of Atlanta and Fulton County of Georgia to achieve self-sufficiency

**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	8,631,125	
6 All other contributions, gifts, grants, and similar amounts not included above			
STATE		61,049	
LOCAL		3,775	
OTHER		2,525	
IN-KIND			83,726
INTERESTS		35	
Other contributions total	6	67,384	83,726
7 Total	7	8,698,509	83,726

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

	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
1 Depreciation	1 16,619	16,619		
2 Depletion	2 0			
3 Amortization	3 0			
4 Total	4 16,619	16,619	0	0

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

		Pledges and grants receivable		Allowance for doubtful accounts	
		Beginning	End	Beginning	End
1 PLEDGES AND GRANTS RECEIVABLE	1	243,241	258,795		
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	243,241	258,795	0	0



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

		Land	Buildings	Leasehold Improvements	Equipment	Other	Check if Investment Asset	Check if Asset Disposed	Total:	271,811	220,308	236,926	Disposals/ Adjustments	Beginning Balance	Ending Balance
Category or Item															
1	COMPUTER				X			X		67,940	49,498	56,978		49,498	10,962
2	FURNITURE AND EQUIPMENT				X					69,309	58,602	61,962		58,602	7,347
3	TELEPHONE SYSTEM				X			X		42,127	37,712	38,889		37,712	3,238
4	VEHICLE				X					53,420	53,420	53,420			0
5	LEASEHOLD IMPROVEMENT									39,015	21,076	25,677		21,076	13,338

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

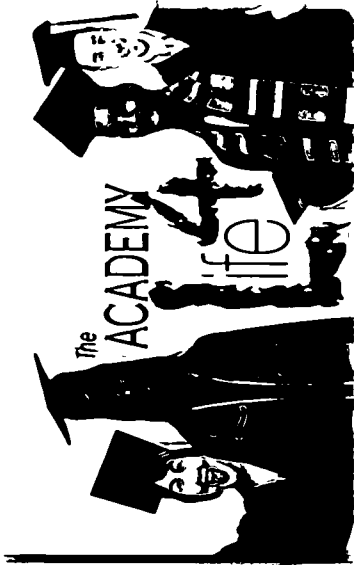
		Total:	65,144	118,692
		Description	Beginning	End
1		Federal income taxes		0
2		DUE TO GRANTORS/ACCRUED EXPENSE/ACCRUED VACATION	65,144	118,692

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

1	Form Form 990	Part Part III	Section	Line 4d	Explanation
2	Form 990	Part VI	B	12c	Enforcement of the policies are in accordance with the Personnel Policies and Procedure manual which are made available to each staff by management, and approved by the Board of Directors
3	Form 990	Part VI	B	Line 15 a,b	The Board of Directors Personnel Committee is vested with responsibility to discuss and recommend the CEO's compensation to the Full Board The CEO determines the compensation of the senior management staff and the rest of the staff, and in consultation with the board of directors when the need arises Bothe the board of directors and thePresident/CEO determine compensation after carefull review of the duties and responsibilities, accomplishments and budget

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

	Form	Part	Section	Line	Explanation
4	Form 990	Part VI	C	19	Copies of the board minutes, audit reports and othe public documents are usually made available to any member of the public upon request Also lately, the audit reports have been made available on the agency's website
5	Form 990	Part VI	B	12c	Management regularly makes statements that encourages the board and staff members to disclosure any conflict of interests involments
6	Form 990	Part VI	B	11b	The form 990 is prepared by the VP of Finance, and then reviewed by the President and CEO



## EDUCATION IS THE KEY

### CHECK OUT OUR SATURDAY SCHOOL

FOR PERSONS WHO WORK OR WHO MUST BE CONCERNED WITH CHILD CARE DURING THE WEEK, THERE IS A PROGRAM AT FACAA JUST FOR YOU! WE CALL IT "SATURDAY SCHOOL" BECAUSE WE OFFER CLASSES THAT HELP YOU GET AHEAD ON SATURDAYS! SOME OF THE CLASSES INCLUDE:

- GED PREPARATION \*
- FINANCIAL MANAGEMENT
- ENTREPRENEURSHIP 101
- PERSONAL EMPOWERMENT
- AND SKILLS DEVELOPMENT
- COMPUTER 101

(\* THESE CLASSES OFFERED DURING WEEKDAYS)

SIGN UP ON LINE FOR THESE SERVICES AT [www.facaa.org](http://www.facaa.org)

## SELF DETERMINATION

Just because life is rough, there is no reason to believe that you do not have a chance to fulfill your dreams.

There **IS** a need to believe that you are worth the effort to make a change in the direction you are now moving in. If you are unemployed and have few skills ... Say to yourself, I **CAN MAKE A CHANGE**. The truth is, most people possess what should be called natural skills. These are talents that you may have been born with.

Once you analyze the talents you have, you owe it to yourself to join a program that enables you to develop those talents into skills.

### MAIN OFFICE

1690 CHANTILLY DRIVE, NE ATLANTA, GA 30324

### COMMUNITY EMPOWERMENT CENTER

341 KELLY STREET, SE ATLANTA, GA 30312

Complete an application on our website

[WWW.FACAA.ORG](http://WWW.FACAA.ORG)



ATLANTA COMMUNITY ACTION PARTNERSHIP

WWW.FACAA.ORG 04.320.0166



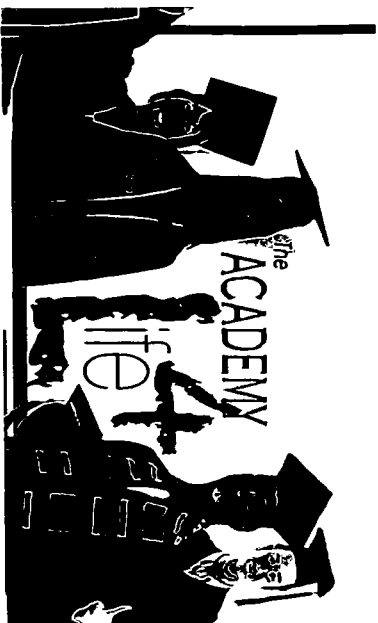
YOU DESERVE  
MORE... YOUR LIFE

404.320.0166  
WWW.FACAA.ORG  
FACBOOK.COM/FACAA.ORG  
TWITTER.COM/FACAA

## HOW TO SUCCEED IN LIFE



FULTON ATLANTA  
COMMUNITY  
ACTION AUTHORITY, INC.



## Other Programs That may help

### Emergency Assistance

Atlanta Emergency Aid	404-881-6744
Atlanta Urban League	404-659-1150
Buckhead Christian Mins	404-239-0038
Catholic Services	770-429-2369
Clayton County	404-363-0575
DFACS Office (Atlanta)	404-657-5217
Dekalb Community Action	404-929-2500
Hosea Feed the Hungry	404-755-3353
Social Security	800-772-1213
Dekalb Community Action	404-929-2500
United Way of Metro Atl	Dial 211
Voter Registration	404-730-7072

### MAKE NOTES BELOW

Our website: [www.facaa.org](http://www.facaa.org)

## The Rules of Success

1. A High School Education is Essential  
*Employers are seeking the minimum education of high school and wages that pay what it takes to make it depend on a good education.*
2. A Firm Idea About Goals & What it Takes To Achieve Them  
Clear goals are needed to match your interests in a career as well as those things needed to make you happy.  
Avoid Mistakes That Take A Lifetime To Correct
  - a. Substance Abuse
  - b. Teen Pregnancy
  - c. Incarceration
  - d. Violent Means of Solving Problems
3. The only way to achieve this goal is to understand the rules of living well that are based in parental training and obedience / knowing right from wrong  
Management of Income Allows Control of Your Finances
  - It is extremely important to put first things first in spending.
4. Believe in your own potential.  
Be "true" to your self and want only the best for you!
5. Participate in Your Government and Community Matters. You will feel empowered about the involvement with leaders and your family will feel respected. **Above all, VOTE!**
- 6.

## THE ANSWERS TO YOUR PROBLEMS

### ARE WITHIN YOU!

If you need a GED, why not join us. Someone with patience can help and the programs are computerized. We will show you how.

Watch the current events (news) and learn about the needs of your community. Be empowered.

Family and other personal problems can be addressed with counseling and services to strengthen you and the ones you love.

It may be difficult but substance abuse is a severe problem which causes employment termination, family violence, and an inability to maintain a stable household.

Classes that help you improve financial management are very helpful to people with wages that are very low. FACAA also helps you determine where you might be able to find better employment opportunities.

Parenting your children can be difficult when there are school problems, behavioral issues and special needs. Let us provide confidential tutoring on better ways to confront your personal issues.

If you have lost a belief in your own ability to conquer the problems or special challenges you face ... remember to look for our "Empowerment Saturdays". Here, we motivate those who are seeking problem solving methods and want to invest in a more promising future.

Homelessness, post-incarceration experiences, and long-term unemployment require a strong commitment to attend classes that offer information and assistance to get back on track.

None of life's challenges are necessarily easy to solve but you can make it if you try. Let FACAA help you get ahead. It is easier than you may know. You owe it to yourself, your family, and your future **We are here.**

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

### BOARD OF DIRECTORS 2014

NAME	POSITION	ADDRESS	TELEPHONE	TERM	GAT	OCCUPATION	EMAIL
Dr. Verdree Lockhart	Chairman	2964 Peek Road NW Atlanta, GA 30318	4) 794-5208	2009		RETIRED	verdreeel@aol.com
Dr. Howard W. Grant	Vice Chair	1264 Spring Hollow, SW Atlanta, GA 30311	4) 802-2201 6) 773-0321	2007		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	
Horace Tribble	Acting Treasurer	1483 Arthur Langford Jr, pl SW B10-A3 Atlanta, GA 30315-3600	4) 624-3003	2009	C	RETIRED	horacetriple@live.com
Mary Darden	Member	5550 Oglesby Road College Park, GA 30349	4) 684-1706	2009	C	RETIRED	darden999@aol.com
Roger Bruce	Member	611-B Coverdell Legislative Office Building, Atl, GA 30334	6) 520-1846 4) 656-0314- O	2007		State Representative	rbruce5347@aol.com
Patrick C. Daniel	Member	806 Southland Forest Way Stone Mountain, GA 30087	7) 367-5116	2011		VP, Human Resources Bonnell Co.	Patrick.d@thefocusclapproa ch.com
Sojourner M. Grimmatt	Member	4900 Suttles Drive Atlanta, GA 30331	4) 783-3522 C 4) 629-6272 H	2014		Constituent Services for Fulton County Govt	sojournergimmatt@gmail com
Reverend Albert Love	Member	5410 Skyview Drive, SW Atlanta, GA 30331	4) 788-4542 C 4) 349-5609 H	2014		President Love In Action Ministries	

A - Private, B - Public - (1) City, Rep (2) County Rep (3) State, C - Community

REVISED: March 2014



## **INDEPENDENT AUDITOR'S REPORT**

To the Board of Directors of  
**Fulton-Atlanta Community  
Action Authority, Inc.**

### **Report on the Financial Statements**

We have audited the accompanying financial statements of **Fulton-Atlanta Community Action Authority, Inc.** (the "Authority" - a nonprofit organization), which comprise the statement of financial position as of September 30, 2014, and the related statements of activities, functional expenses, changes in net assets and cash flows for the year then ended, and the related notes to the financial statements.

### ***Management's Responsibility for the Financial Statements***

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

### ***Auditor's Responsibility***

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

### ***Opinion***

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of the Authority as of September 30, 2014, and the changes in its net assets and its cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.





### ***Other Matters***

#### ***Other Information***

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The supplementary information on pages 20 through 33 is presented for purposes of additional analysis and is not a required part of the financial statements. The accompanying schedule of expenditures of federal awards and other financial assistance, as required by Office of Management and Budget Circular A-133, *Audits of States, Local Governments, and Non-Profit Organizations*, is presented for purposes of additional analysis and is also not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated, in all material respects, in relation to the financial statements as a whole.

#### ***Other Reporting Required by Government Auditing Standards***

In accordance with *Government Auditing Standards*, we have also issued our report dated March 16, 2015, on our consideration of the Authority's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the Authority's internal control over financial reporting and compliance.

March 16, 2015  
Decatur, Georgia

*Clawson & Associates, CPAs, P.C.*

**FULTON-ATLANTA COMMUNITY ACTION AUTHORITY, INC.**

## STATEMENT OF FINANCIAL POSITION

September 30, 2014

	Unrestricted	Temporarily Restricted	Total
<b>ASSETS</b>			
<b>Current Assets</b>			
Cash and cash equivalents (Note C)	\$164,136	\$26,000	\$190,136
Due from grantors (Note D)	258,795	-	258,795
<b>Total Current Assets</b>	<b>422,931</b>	<b>26,000</b>	<b>448,931</b>
Property and equipment at cost			
less accumulated depreciation (Note G)	17,790	17,095	34,885
<b>Other Assets</b>			
Other receivables	9,151	-	9,151
Deposits and other	13,232	-	13,232
<b>Total Other Assets</b>	<b>22,383</b>	<b>-</b>	<b>22,383</b>
<b>TOTAL ASSETS</b>	<b>\$463,104</b>	<b>\$43,095</b>	<b>\$506,199</b>
<b>LIABILITIES AND NET ASSETS</b>			
<b>Current Liabilities</b>			
Accounts payable	\$32,244	-	\$32,244
Accrued expenses	100,055	-	100,055
Accrued vacation (Note H)	7,156	-	7,156
Due to grantor (Note I)	-	22,067	22,067
Deferred revenue (Note J)	-	3,933	3,933
Line of credit (Note K)	89,469	-	89,469
<b>Total Current Liabilities</b>	<b>228,924</b>	<b>26,000</b>	<b>254,924</b>
Net assets (Note L)	234,180	17,095	251,275
<b>TOTAL LIABILITIES AND NET ASSETS</b>	<b>\$463,104</b>	<b>\$43,095</b>	<b>\$506,199</b>

**FULTON-ATLANTA COMMUNITY ACTION AUTHORITY, INC.****STATEMENT OF ACTIVITIES****For the Year Ended September 30, 2014**

	Unrestricted	Temporarily Restricted	Total
<b>REVENUE AND OTHER SUPPORT</b>			
Intergovernmental - Federal	\$8,621,137	\$9,988	\$8,631,125
Intergovernmental - State	61,049	-	61,049
Intergovernmental - Local	3,775	-	3,775
Other revenue	2,525	-	2,525
Interest income	35	-	35
In-kind (Note O)	83,726	-	83,726
Net assets released from restrictions	7,894	(7,894)	-
<b>Total Revenue and Other Support</b>	<b>8,780,141</b>	<b>2,094</b>	<b>8,782,235</b>
<b>PROGRAM SERVICES</b>			
Community Services Block Grant	1,806,884	-	1,806,884
Low Income Home Energy Assistance Program	6,482,197	-	6,482,197
YouthBuild	446,942	-	446,942
Americorps	10,430	-	10,430
United Way - 211	3,775	-	3,775
<b>Total Program Expenses</b>	<b>8,750,228</b>	<b>-</b>	<b>8,750,228</b>
<b>SUPPORTING SERVICES</b>			
General	12,033	-	12,033
Fund-raising	4,130	-	4,130
Unrestricted fund and Contribution	45,469	-	45,469
Slate Road Project	48	-	48
Administrative	(1,379)	-	(1,379)
Depreciation	7,894	-	7,894
<b>Total Supporting Services</b>	<b>68,195</b>	<b>-</b>	<b>68,195</b>
<b>Total Expenses</b>	<b>8,818,423</b>	<b>-</b>	<b>8,818,423</b>
<b>Changes in Net Assets</b>	<b>(\$38,282)</b>	<b>\$2,094</b>	<b>(\$36,188)</b>

**FULTON-ATLANTA COMMUNITY ACTION AUTHORITY, INC.**

**STATEMENT OF CHANGES IN NET ASSETS**

***For the Year Ended September 30, 2014***

	Unrestricted	Temporarily Restricted	Total
Net Assets, beginning of year	\$272,462	\$15,001	\$287,463
Changes in Net Assets	(38,282)	2,094	(36,188)
Net Assets, end of year	<u>\$234,180</u>	<u>\$17,095</u>	<u>\$251,275</u>

**FULTON-ATLANTA COMMUNITY ACTION AUTHORITY, INC.**

**STATEMENT OF FUNCTIONAL EXPENSES**

*For the Year Ended September 30, 2014*

**PROGRAM SERVICES**

	CSBG	LIHEAP	YouthBuild	Americorps	United Way 211	Page Totals
Salaries and wages	\$774,628	\$278,674	\$115,782	\$7,253	-	\$1,176,337
Fringe benefits	215,024	47,551	23,542	907	-	287,024
<b>Total Personnel Costs</b>	<b>989,652</b>	<b>326,225</b>	<b>139,324</b>	<b>8,160</b>	<b>-</b>	<b>1,463,361</b>
Employee travel	8,683	138	184	-	-	9,005
Materials and supplies	12,514	10,506	19,344	846	-	43,210
Repair and maintenance	12,267	-	58	-	-	12,325
Transportation	5,845	333	255	-	-	6,433
Equipment purchases	14,843	1,659	-	-	-	16,502
Meetings	4,265	100	307	-	-	4,672
Professional fees	36,189	9,157	8,964	809	-	55,119
Emergency assistance	85,323	5,996,688	27,832	-	3,775	6,113,618
Telephone/fax expense	12,536	-	3,590	-	-	16,126
Stipends and incentives	5,850	540	106,932	-	-	113,322
Staff development	3,553	-	462	-	-	4,015
Memberships	10,301	-	350	-	-	10,651
Insurance	22,139	3,269	360	-	-	25,768
Postage and printing	4,640	16,047	-	-	-	20,687
Indirect costs	356,275	117,441	50,157	521	-	524,394
In-kind	-	-	137,683	-	-	137,683
Rent	219,629	722	2,421	-	-	222,772
Advertising	254	-	-	-	-	254
Interest expense	-	-	-	-	-	-
Other	10,192	1,294	2,676	94	-	14,256
<b>Total Other Costs</b>	<b>825,298</b>	<b>6,157,894</b>	<b>361,575</b>	<b>2,270</b>	<b>3,775</b>	<b>7,350,812</b>
<b>Total Program Expenditures before Capital Addition Transfers</b>	<b>1,814,950</b>	<b>6,484,119</b>	<b>500,899</b>	<b>10,430</b>	<b>3,775</b>	<b>8,814,173</b>
less: Capital additions	8,066	1,922	-	-	-	9,988
In-kind expenditures	-	-	53,957	-	-	53,957
<b>Total Program Expenditures</b>	<b>\$1,806,884</b>	<b>\$6,482,197</b>	<b>\$446,942</b>	<b>\$10,430</b>	<b>\$3,775</b>	<b>\$8,750,228</b>

**FULTON-ATLANTA COMMUNITY ACTION AUTHORITY, INC.**  
**STATEMENT OF FUNCTIONAL EXPENSES**  
**For the Year Ended September 30, 2014**

	SUPPORTING SERVICES					Page Totals
	General	Fund Raising	Unrestricted Fund and Contributions	Slate Road Project	Administrative	
Salaries and wages	-	-	\$6	-	\$260,826	\$260,832
Fringe benefits	-	-	-	-	94,596	94,596
<b>Total Personnel Costs</b>	-	-	6	-	355,422	355,428
Employee travel	-	-	-	-	12,487	12,487
Materials and supplies	-	-	-	-	7,077	7,077
Rent and maintenance	-	-	-	-	6,852	6,852
Transportation	-	-	-	-	7,172	7,172
Equipment purchases	-	-	-	-	3,229	3,229
Meetings	-	-	-	-	1,550	1,550
Professional fees	-	-	176	-	35,413	35,589
Emergency assistance	-	1,605	25,871	-	-	27,476
Telephone/fax expense	-	-	-	-	16,725	16,725
Stipends and incentives	-	500	500	-	2,175	3,175
Staff development	-	-	-	-	4,068	4,068
Membership	-	-	-	-	5,184	5,184
Insurance	-	-	1,054	-	600	1,654
Postage and printing	-	-	-	-	2,872	2,872
Indirect costs	-	-	21	-	-	21
In-kind	-	-	-	-	-	-
Rent	-	-	-	-	56,500	56,500
Advertising	-	-	100	-	-	100
Interest expense	-	-	10,095	-	-	10,095
Other	3,308	2,025	7,646	48	7,089	20,116
Depreciation	8,725	-	-	-	-	8,725
<b>Total Other Costs</b>	12,033	4,130	45,463	48	168,993	230,667
<b>Total Supporting Services before Capital Addition Transfers</b>	12,033	4,130	45,469	48	524,415	586,095
less: Capital additions	-	-	-	-	1,379	1,379
<b>Total Supporting Services</b>	12,033	4,130	45,469	48	523,036	584,716
less: Program Allocations	-	-	-	-	524,415	524,415
<b>Total Supporting Services after Program Allocations</b>	\$12,033	\$4,130	\$45,469	\$48	(\$1,379)	\$60,301

**FULTON-ATLANTA COMMUNITY ACTION AUTHORITY, INC.**  
**STATEMENT OF CASH FLOWS**  
**For the Year Ended September 30, 2014**

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**CASH FLOWS FROM OPERATING ACTIVITIES:**

Increase (decrease) in net assets	(\$36,188)
Adjustments to reconcile change in net assets to net cash provided (used) by operating activities:	
Depreciation	16,619
(Increase) decrease in:	
Due from grantor	(15,554)
Other receivable	(1,605)
(Decrease) increase in:	
Accounts payable	2,584
Accrued expenses	1,510
Accrued vacation	3,308
Due to grantor	10,771
Deferred revenue	<u>(2,450)</u>
Net Cash Provided (Used) By Operating Activities	(21,005)

**CASH FLOWS FROM INVESTING ACTIVITIES:**

Purchases of property and equipment	<u>(11,367)</u>
Net Cash Provided (Used) By Investing Activities	(11,367)

**CASH FLOWS FROM FINANCING ACTIVITIES:**

Payments on line of credit	(10,532)
Proceeds from line of credit	<u>50,000</u>
Net Cash Provided (Used) By Financing Activities	<u>39,468</u>

Net Increase (Decrease) in Cash	7,096
Cash and cash equivalents at beginning of year	<u>183,040</u>
Cash and cash equivalents at end of year	<u><u>\$190,136</u></u>

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**Supplemental Information:**

Interest paid in cash \$9,360

**FULTON-ATLANTA COMMUNITY ACTION AUTHORITY, INC.**  
**NOTES TO FINANCIAL STATEMENTS**  
**September 30, 2014**

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**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, 2014.

**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, 2014*

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**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. See Note P.

**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, 2014, 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, 2014, 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 2011.

**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 Authority 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, 2014**

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**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, 2014.

**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, 2014, advertising costs incurred totaled \$354.

**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, 2014, 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 March 16, 2015, which is the date the financial statements were available to be issued.

**14. New Accounting Pronouncements**

In October 2012 the Financial Accounting Standards Board ("FASB") issued Accounting Standards Update ("ASU") 2012-05, the Statement of Cash Flows (Topic 230) - Not-for-Profit Entities: *Classification of the Sale Proceeds of Donated Financial Assets in the Statement of Cash Flows* ("ASU 2012-05"). 2012-05 ASU requires, with certain exceptions, a not-for-profit entity to classify in the statement of cash flows cash received from donated financial assets as an operating activity if those donated financial assets were directed without any not-for-profit-imposed limitations for sale and were converted nearly immediately into cash. The ASU 2012-05 is effective prospectively for fiscal years, and interim periods within those years, beginning after June 15, 2013. The adopted ASU 2012-05 as of October 1, 2013 and its adoption did not have a significant impact to the financial statements.

**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.

**FULTON-ATLANTA COMMUNITY ACTION AUTHORITY, INC.**  
NOTES TO FINANCIAL STATEMENTS  
*September 30, 2014*

**NOTE C - CASH ON DEPOSIT:**

At September 30, 2014, the amount of the Authority's deposits with the bank, in six (6) separate bank accounts, totaled \$240,729 with a book balance of \$190,136. The Authority maintained cash on deposit in the amount of \$240,729 which was insured by federal depository insurance.

**NOTE D - DUE FROM GRANTORS:**

Amounts due from grantors represent unreimbursed expenses at September 30, 2014. The following summarizes the amounts due and related grantor/programs:

Program	Agency	Amount
CSBG	Georgia Department of Human Services	\$203,532
Youthbuild	U.S. Department of Housing and Urban Development	44,833
Americorps	Youthbuild USA	10,430
Total		\$258,795

**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, 2014 was \$569,349.

**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, 2014, 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.

**FULTON-ATLANTA COMMUNITY ACTION AUTHORITY, INC.**  
**NOTES TO FINANCIAL STATEMENTS**  
**September 30, 2014**

**NOTE F - AFFILIATED ORGANIZATIONS AND OTHER RELATED ENTITIES - Continued:**

2. **Fulton-Atlanta Community Housing Development Organization (FA-CHDO)** - A Georgia not-for-profit corporation with a fiscal year ended September 30, 2014. 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, 2014, FA-CHDO did not engage in any significant financial transactions which requires consolidation into the financial statements of the Authority.

**NOTE G - PROPERTY AND EQUIPMENT:**

At September 30, 2014, the costs and related accumulated depreciation (if applicable) of the Authority's property and equipment consisted of the following:

	<b>Cost</b>	<b>Accumulated Depreciation</b>	<b>Net</b>
Computer Equipment	\$ 70,455	\$ 56,978	\$ 13,477
Furniture and Equipment	69,309	61,962	7,347
Leasehold Improvements	39,015	25,677	13,338
Telephone System	39,612	38,889	723
Vehicles	53,420	53,420	-
<b>Total</b>	<b>\$271,811</b>	<b>\$236,926</b>	<b>\$34,885</b>

Fixed assets in the amount of \$17,095 (net) presented as temporarily restricted represents assets vested with the Authority; however, purchased with state or federal funds. These assets are vested with the Authority as long as the Organization is granted the right to carry out the various programs for which such assets are acquired. Depreciation expense for the period was \$16,619, of which \$8,725 was unrestricted and \$7,894 was restricted.

**NOTE H - COMPENSATED ABSENCES:**

The Authority's policy for compensated absences is as follows:

- **Vacation** - All full-time employees earn vacation leave at a rate of nine days per year prorated by month. Part-time employees earn vacation on a pro-rated basis which is determined at a commensurate rate to that of full-time employees. Annual leave is paid to employees upon termination of employment and is accrued in the financial statements. The liability for accrued compensated absences as of September 30, 2014 totaled \$7,156. This obligation is accrued in the unrestricted fund and not charged to any program until such time as the expense is incurred.
- **Sick** - All full-time employees accrue sick/personal leave at a rate of ten days per year up to a maximum accrual of ninety days. Sick leave is noncompensatory.

**FULTON-ATLANTA COMMUNITY ACTION AUTHORITY, INC.**  
**NOTES TO FINANCIAL STATEMENTS**  
**September 30, 2014**

**NOTE I - DUE TO GRANTOR:**

Amounts due to grantor are as a result of unused advances for operations which have not been returned to the grantor as of September 30, 2014. The following are the amounts due to various grantors by program:

Program	Agency	Amount
LIHEAP	Georgia Department of Human Services	\$12,240
CSBG	Georgia Department of Human Services	320
CSBG - HIV/AIDS	Georgia Department of Human Services	1,740
ARRA - CSBG	Georgia Department of Human Services	7,022
TANF	Georgia Department of Human Services	343
Youth Build	Springboard Opportunities, Ltd.	402
<b>Totals</b>		<b>\$22,067</b>

**NOTE J - DEFERRED REVENUE:**

Unearned revenue results from current year receipts made to the Authority by various grantor agencies and other sources. Such funds are designated to be used during the fiscal year ended September 30, 2014. Unearned revenue at September 30, 2014 totaled \$3,933, as follows:

Program	Amount
United Way	\$3,288
Other	645
<b>Totals</b>	<b>\$3,933</b>

**NOTE K - LINE OF CREDIT:**

The Authority has a \$100,000 unsecured revolving line of credit with a bank, \$89,469 is outstanding at September 30, 2014. Advances on the credit line are payable on demand and carry an annual interest rate of 10%. Interest paid during the year totaled \$9,360.

**NOTE L - COMPONENTS OF NET ASSETS:**

Net assets reported in the September 30, 2014 financial statements consist of the following components:

	Unrestricted	Temporarily Restricted	Total
Operating	\$216,390	\$ -	\$216,390
Property and Equipment (Net)	17,790	17,095	34,885
<b>Totals</b>	<b>\$234,180</b>	<b>\$17,095</b>	<b>\$251,275</b>

**FULTON-ATLANTA COMMUNITY ACTION AUTHORITY, INC.**  
**NOTES TO FINANCIAL STATEMENTS**  
**September 30, 2014**

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**NOTE M - DEFINED CONTRIBUTION PLAN:**

The Authority sponsors a defined contribution profit-sharing plan (the Plan) qualified under section 401(k) of the Internal Revenue Code. The plan is administered by Mutual of America Life Insurance Company. Under the plan, all full-time employees with one year of completed service are eligible to participate in the plan. There are no age minimums or maximums. Employees can contribute any amount of their salary to the plan with the Authority matching employees contributions up to three (3) percent. Employees are vested at a rate of 20% on each anniversary date of the employee plan year and 100% vested after five years in all employer contributions and earnings. For the year ended September 30, 2014, the Authority contributed \$26,168 to the plan as matching contribution for all eligible employees.

**NOTE N - CONTINGENCY:**

Grants and contributions often require the fulfillment of certain conditions as set forth in the instrument of the grant. Failure to fulfill the conditions could result in the return of funds to the grantors and contributors. Although the return of funds is a possibility, the Board of Directors deems the contingency unlikely, since upon accepting the funds the Authority has agreed to comply with the provisions thereof.

**NOTE O - IN-KIND SUPPORT AND FEDERAL COMMODITIES:**

The Authority from time to time receives donated goods, services, and/or space without payment or compensation. When the value of such items is ascertainable and meets the requirements of FASB ASC 958-605-25-16, it is reflected in the accompanying financial statements as revenue and expense. Other noncash donations are recorded as contributions at their estimated fair values at the date of donation.

For the fiscal year, the Agency had volunteer hours and other donated goods and space that totaled in-kind of \$137,683. In accordance with the Youthbuild grant agreement, donated support of \$137,683 was used for the program in addition to a cash match of \$25,000. The total amount of donated support reported in accordance with FASB ASC 958-605-25-16 was \$83,726.

**NOTE P - COST ALLOCATION:**

The Authority administers several specific programs to which common costs or indirect costs (costs incurred on behalf of all programs) are charged. The Authority utilizes a fund to capture charges which benefit all programs and then allocates such costs each month using a provisional percentage rate based on its indirect cost rate agreement with the U.S. Department of Labor, as required, or its cost allocation plan submitted to the Georgia Department of Human Services.

## Tax Asset Detail 10/01/13 - 9/30/14

FYE: 9/30/2014

Asset	d	Property Description	Date In Service	Tax Cost	Sec 179 Exp Current = c	Tax Bonus Amt	Tax Prior Depreciation	Tax Current Depreciation	Tax End Depr	Tax Net Book Value	Tax Method	Tax Period
Group: Restricted												
Location: Computer Equipment												
4		Sony PCVMX 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	d	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	d	3 Compaq Computers	12/02/09	1,251.87	0.00	0.00	1,251.87	0.00	1,251.87	0.00	S/L	3.0
23		iPad	5/18/11	884.89	0.00	0.00	884.89	196.65	884.89	0.00	S/L	3.0
24		iPad	5/31/11	853.86	0.00	0.00	853.86	189.75	853.86	0.00	S/L	3.0
25		iPad	5/31/11	991.89	0.00	0.00	991.89	220.42	991.89	0.00	S/L	3.0
26		iPad	5/31/11	960.86	0.00	0.00	960.86	213.52	960.86	0.00	S/L	3.0
28		iPad	1/27/12	780.03	0.00	0.00	780.03	260.01	960.86	86.67	S/L	3.0
29		5 Intel Pentium Computers	4/24/12	2,591.95	0.00	0.00	1,223.97	863.98	2,087.95	504.00	S/L	3.0
33		Dell 19" 4GB Memory-1 TB Hard I	1/28/13	1,171.62	0.00	0.00	260.36	390.54	650.90	520.72	S/L	3.0
34		Dell 19" 4GB Memory-1 TB Hard I	1/28/13	390.54	0.00	0.00	86.79	130.18	216.97	173.57	S/L	3.0
35		Cisco ASA 5510 Security Server	1/28/13	697.00	0.00	0.00	154.89	232.33	387.22	309.78	S/L	3.0
36		Dell 19" 4GB Memory-1TB Hard D	2/27/13	3,514.86	0.00	0.00	683.45	1,171.62	1,659.79	1,659.79	S/L	3.0
39		Toshiba Laptop (2 items)	11/27/13	1,165.95	0.00c	0.00	0.00	323.88	842.07	842.07	S/L	3.0
40		Pavilion F230 (2 items)	11/27/13	1,377.96	0.00c	0.00	0.00	382.77	995.19	995.19	S/L	3.0
41		Powerlite Projector	11/27/13	755.99	0.00c	0.00	0.00	210.00	545.99	545.99	S/L	3.0
42		Power Edger Server R520	2/21/14	3,261.57	0.00c	0.00	0.00	634.19	2,627.38	2,627.38	S/L	3.0
43		Server Switches	7/29/14	1,286.00	0.00c	0.00	0.00	71.44	71.44	1,214.56	S/L	3.0
Computer Equipment				53,156.49	0.00c	0.00	38,185.49	5,491.28	43,676.77	9,479.72		
* Less: Dispositions and Transfers				7,571.15	0.00	0.00	7,571.15	0.00	7,571.15	0.00		
Net Computer Equipment				45,585.34	0.00c	0.00	30,614.34	5,491.28	36,105.62	9,479.72		
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	2,909.69	0.00	2,909.69	0.00	S/L	3.0
21		Security Cameras - Kelly Street	10/19/10	1,000.00	0.00	0.00	583.33	200.00	783.33	216.67	S/L	5.0
30		Security Cameras - Main Office	5/08/12	3,225.00	0.00	0.00	913.75	645.00	1,558.75	1,666.25	S/L	5.0
32		Access Computer Desk (3 Items)	2/27/13	831.38	0.00	0.00	96.99	166.28	263.27	568.11	S/L	5.0
38		Sharp LC 60 Inch TV (2 Items)	3/21/14	2,139.98	0.00c	0.00	0.00	214.00	214.00	1,925.98	S/L	5.0
Furniture/Office Equip				30,469.04	0.00c	0.00	24,866.75	1,225.28	26,092.03	4,377.01		
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	1,471.76	1,177.41	2,649.17	3,237.88	S/L	5.0

## Tax Asset Detail 10/01/13 - 9/30/14

FYE: 9/30/2014

Asset Id	Property Description	Date In Service	Tax Cost	Sec 179 Exp Current = c	Tax Bonus Amt	Tax Prior Depreciation	Tax Current Depreciation	Tax End Depr	Tax Net Book Value	Tax Method	Tax Period
<b>Group: Restricted   Location: Telephone System (continued)</b>											
<b>Telephone System</b>											
			42,127.05	0.00c	0.00	37,711.76	1,177.41	38,889.17	3,237.88		
<b>Location: Vehicles</b>											
3	Blue Van (VIN C00605)	1/12/01	23,054.00	0.00	0.00	23,054.00	0.00	23,054.00	0.00	S/L	10.0
<b>Vehicles</b>											
			23,054.00	0.00c	0.00	23,054.00	0.00	23,054.00	0.00		
			148,806.58	0.00c	0.00	123,818.00	7,893.97	131,711.97	17,094.61		
			7,571.15	0.00	0.00	7,571.15	0.00	7,571.15	0.00		
<b>*Less: Dispositions and Transfers</b>											
			141,235.43	0.00c	0.00	116,246.85	7,893.97	124,140.82	17,094.61		
<b>Net Restricted</b>											
<b>Group: Unrestricted</b>											
<b>Location: Computer Equipment</b>											
1	Dell Poweredge 1600SC	9/30/03	2,985.30	0.00	0.00	2,985.30	0.00	2,985.30	0.00	S/L	3.0
3	800 Hz Front Side Bus Server	11/23/05	3,311.70	0.00	0.00	3,311.70	0.00	3,311.70	0.00	S/L	3.0
9	HP Pavillion 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	8,332.70	1,281.97	9,614.67	0.00	S/L	5.0
37	Computer	3/28/13	971.99	0.00	0.00	162.00	324.00	486.00	485.99	S/L	3.0
44	Pavilion F230 (3 Items)	11/27/13	1,379.27	0.00c	0.00	0.00	383.13	383.13	996.14	S/L	3.0
<b>Computer Equipment</b>											
			22,354.76	0.00c	0.00	18,883.53	1,989.10	20,872.63	1,482.13		
<b>Location: Furniture/Office Equip</b>											
2	Webcams	5/12/06	3,751.90	0.00	0.00	3,751.90	0.00	3,751.90	0.00	S/L	3.0
5	Community Center Plaque (Kelly St	7/09/07	1,800.00	0.00	0.00	1,800.00	0.00	1,800.00	0.00	S/L	5.0
6	Heating and Air Compressor (Kelly	9/14/07	1,675.00	0.00	0.00	1,675.00	0.00	1,675.00	0.00	S/L	5.0
7	Building Security System (Kelly Str	6/28/07	4,415.00	0.00	0.00	4,415.00	0.00	4,415.00	0.00	S/L	5.0
8	FACAA Sign and Logo (Main)	6/28/07	13,314.29	0.00	0.00	13,314.29	0.00	13,314.29	0.00	S/L	5.0
13	Levelux SD501 - Water Filter Syste	6/04/09	3,980.00	0.00	0.00	3,449.33	530.67	3,980.00	0.00	S/L	5.0
21	2 Plasma TV's	8/23/10	3,312.61	0.00	0.00	2,042.77	662.52	2,705.29	607.32	S/L	5.0
22	Office Furniture	9/20/10	3,063.00	0.00	0.00	1,312.71	437.57	1,750.28	1,312.72	S/L	7.0
23	Office Furniture	11/10/09	3,528.00	0.00	0.00	1,974.00	504.00	2,478.00	1,050.00	S/L	7.0
<b>Furniture/Office Equip</b>											
			38,839.80	0.00c	0.00	33,735.00	2,134.76	35,869.76	2,970.04		
<b>Location: Leasehold Improvements</b>											
11	Roof Replacement (Kelly Street)	11/30/07	32,015.00	0.00	0.00	19,209.00	3,201.50	22,410.50	9,604.50	S/L	10.0
31	Evaporator Coil (Kelly St)	6/06/12	7,000.00	0.00	0.00	1,866.67	1,400.00	3,266.67	3,733.33	S/L	5.0
<b>Leasehold Improvements</b>											
			39,015.00	0.00c	0.00	21,075.67	4,601.50	25,677.17	13,337.83		
<b>Location: Vehicles</b>											
4	Green Van (VIN A97980)	6/21/01	30,365.98	0.00	0.00	30,365.98	0.00	30,365.98	0.00	S/L	10.0
<b>Vehicles</b>											
			30,365.98	0.00c	0.00	30,365.98	0.00	30,365.98	0.00		



## Tax Asset Detail 10/01/13 - 9/30/14

FYE: 9/30/2014

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: Unrestricted (continued)											
	Unrestricted		130,575.54	0.00c	0.00	104,060.18	8,725.36	112,785.54	17,790.00		
	Grand Total		279,382.12	0.00c	0.00	227,878.18	16,619.33	244,497.51	34,884.61		
	Less: Dispositions and Transfers		7,571.15	0.00	0.00	7,571.15	0.00	7,571.15	0.00		
	Net Grand Total		271,810.97	0.00c	0.00	220,307.03	16,619.33	236,926.36	34,884.61		