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CLIENT'S COPY

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

June 30, 2013

Athens Community Council on Aging, Inc. 135 Hoyt Street Athens, GA 30601
Metcalf Davis, CPAs 3340 Peachtree Road, NE, Suite 2600 Atlanta, GA 30326-1089
Not applicable
Not applicable
Not applicable
Not applicable
This return has qualified for electronic filing. We have filed this return electronically on your behalf. Do not mail a paper copy of the return to the IRS. A copy of Form 990 (without Schedule B-contributor information) should also be filed with the Georgia Income Tax Division. Mailing address for the Georgia copy of Form 990: Georgia Department of Revenue P.O. Box 740395 Atlanta, Georgia 30374-0395 Also enclosed is an unbound copy of Form 990 (without Schedule B-contributor information) for your use to make copies for public inspection, as needed.

Form 990
Department of the Treasury
Internal Revenue Service

T.

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



	The organization m	ay have to use a	copy of	this return to sa	tisty state reporting	requirements
I	• The eraphization m	ay have to use a	conv of	this roturn to co	tiefy etato roporting	roquiromonte

Α	For th	e 2012 calendar year, or tax year beginning $ { m JUL}1,2012$ and end	iding J	UN 30, 2013					
B	Check if applicab	C Name of organization D Employer identification number							
	Addre	Athens Community Council on Aging, Inc.							
	Name			58-0	977680				
	Initial returr	Number and street (or P.O. box if mail is not delivered to street address) Ro	om/suite	E Telephone numbe	r				
	Termi	ISS HOYC SCIEEC		706-	549-4850				
	Amer	City, town, or post office, state, and ZIP code		G Gross receipts \$	4,042,911.				
	Appli tion pend	Achens, GA 50001		H(a) Is this a group re					
	pond	F Name and address of principal officer: Jennie Deese		for affiliates?	Yes X No				
		135 Hoyt St, Athens, GA 30601		H(b) Are all affiliates inc					
		empt status: 🗶 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or	527		list. (see instructions)				
		te: accaging.org forganization: X Corporation Trust Association Other	. Veer	H(c) Group exemptio					
	_	f organization: X Corporation Trust Association Other Summary	L Year (State of legal domicile: GA				
		Briefly describe the organization's mission or most significant activities: ACCA	rovi	des program	a corvicos				
Activities & Governance	'	and volunteer opportunities to support hea			5, 501 1005				
nar	2	Check this box \blacktriangleright \Box if the organization discontinued its operations or disposed			sets				
ver	3	•		3	18				
ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)			18				
es 8	5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)			226				
vitie	6	Total number of volunteers (estimate if necessary)			1359				
Acti	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.				
_		Net unrelated business taxable income from Form 990-T, line 34			0.				
				Prior Year	Current Year				
e	8	Contributions and grants (Part VIII, line 1h)		335,096.	391,129.				
Revenue	9	Program service revenue (Part VIII, line 2g)		3,374,272.	3,372,615.				
Rev		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		-4,750.	-448.				
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		30,474.	19,554.				
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		3,735,092.	3,782,850.				
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.				
	14	Benefits paid to or for members (Part IX, column (A), line 4)		1,927,132.	1,891,503.				
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.				
ben	h	Total fundraising expenses (Part IX, column (D), line 25) 90, 392							
Ĕ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,796,957.	1,818,707.				
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,724,089.	3,710,210.				
	19	Revenue less expenses. Subtract line 18 from line 12		11,003.	72,640.				
or	8		Be	ginning of Current Year	End of Year				
sets	20	Total assets (Part X, line 16)		3,929,250.	4,008,609.				
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26)		713,075.	738,034.				
		Net assets or fund balances. Subtract line 21 from line 20		3,216,175.	3,270,575.				
	art II								
		alties of perjury, I declare that I have examined this return, including accompanying schedules ar			y knowledge and belief, it is				
true	e. corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of which	n preparer	has any knowledge.					

Sign Here	Signature of officer Jennie Deese, Presiden Type or print name and title	t/CEO	Date						
	Print/Type preparer's name	Preparer's signature	Date Check	PTIN					
Paid	Susan Hill	Susan Hill	12/16/13 ^{ff} self-employed	P00846200					
Preparer	Firm's name 🕨 Metcalf Davis, C	PAs	Firm's EIN 🕨 5	8-1729751					
Use Only	Firm's address 💊 3340 Peachtree R	oad, NE, Suite 2600							
Atlanta, GA 30326-1089 Phone no. (404) 264									
May the I	May the IRS discuss this return with the preparer shown above? (see instructions)								
232001 12-1	232001 12-10-12 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2012)								

	990 (2012) Athens Community Council on Aging, Inc. 58-0977680 Page
Part	t III Statement of Program Service Accomplishments Check if Schedule O contains a response to any question in this Part III
1	Briefly describe the organization's mission:
1	The mission of the Athens Community Council on Aging is to promote a
	lifetime of wellness through engagement, advocacy, education and
	support.
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
	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.
-	(Code:) (Expenses \$ 786,555 · including grants of \$) (Revenue \$ 790,199
	Adult Day Service Programs provide quality supportive services for
	adults with functional impairments in a safe and secure environment.
	Adult Day Care is designed for individuals who do not require 24-hour
	institutional care, but are not capable of full-time independent living due to a physical or mental disability. Adult Day Care's respite
	program helps alleviate both the physical and emotional stress felt by
	many family members who care for a loved one on a day-to-day basis. Ou
	program allows the caregiver opportunities to run errands, visit with
	family and friends or just rest at home. We offer three Adult Day Car
	programs serving the Northeast Georgia area. Our Athens and Winder
	sites provide medical monitoring, nutritious meals, therapeutic
	activities, physical and occupational therapy, and personal care
	(Code:)(Expenses \$ 570,063. including grants of \$) (Revenue \$ 451,990 The Home Delivered Meals program fosters independent living and
	prevents premature or unnecessary institutionalization of older adults
	and those with disabilities. We provide three types of meals; hot,
	frozen, and shelf stable meals. All of the meals delivered are designed
	to provide one-third of an adult's daily nutritional requirements and
	are suitable for diabetic diets. Menus are developed by a Registered
	Dietician and prepared according to the nutritional needs of older adults. Services are provided in both Athens Clarke and Barrow
	Counties. Currently 155 volunteers deliver approximately 1,750 meals
	each week.
-	
	(Code:)(Expenses \$ 379,269. including grants of \$) (Revenue \$ 370,937 Senior Community Employment Service Program provides older adults who
	are low-income, aged 55 older, and unable to find employment with
	part-time work training opportunities. We provide on-the-job and
•	bi-monthly training for job trainees and counseling and assistance wit
	securing unsubsidized employment.
-	
-	
44	Other program services (Describe in Schedule O.)
	(Expenses \$ 1,392,848. including grants of \$) (Revenue \$ 1,759,443.)
	Total program service expenses ► 3,128,735.
	Form 990 (20

Form 990 (2012)	
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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		v	
•	If "Yes," complete Schedule A	1	X X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Δ	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If</i> "Yes," <i>complete Schedule C, Part I</i>	3		х
4	public office? <i>If</i> "Yes," <i>complete Schedule C, Part I</i> Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	3		
-	during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
•	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			37
	endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
_	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	х	
h	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	11a		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
с	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	401		x
10	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13 14a	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> Did the organization maintain an office, employees, or agents outside of the United States?	13 14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	i-ta		
5	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		_X_
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		77	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			v
00-	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a 20b		- 23
U	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	200		

Form **990** (2012)

232003 12-10-12

12 Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, our MA, Ill and M. Twes, "complete Schedule I, Parts I and III. 21 X 22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, our MA, Ill and Y. Twes," complete Schedule I, Parts I and III. 22 X 23 Did the organization nerver "Yes" to Part VII, Section A, Ile 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustes, key employees, and highest compensated employees III. "Yes," complete Schedule I, Parts I and III. 23 X 24 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, fattwa sisced after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule I, Part I 24e X 24 Did the organization maintain an escrow account ofter than a refunding secrow at any time during the year? 24e X 25 Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person in a proy year, and that the organization nave at the engage III an excess benefit transaction with a disqualified person in a proy year, and that the through III enganization say are III "Yes," complete Schedule I, Part II 256 X 27 Did the organization parovid a grant of the organization				Yes	No
22 Dot the organization report more than 55.000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 27 if 'Yes,' complete Schedule I, Part I and III 22 X 23 Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J 23 X 240 Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than 5100.000 as of the last day of the year, flat was subed after Docember 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule /, If 'No', to to line 25 24a X 241 Did the organization maintain an escrow account other than a refunding strony partical exception? 24b 24c 242 Did the organization mays at an 'on behaf of' issuer for bonds outstanding at any time during the year' 24c 24d 248 Did the organization aware that 1 engaged in an excess benefit transaction with a disqualified person in a prior year? 24d 24d 249 Did the organization aware that 1 engaged in an excess benefit transaction with a disqualified person in a prior year, and that the targand in an excess benefit transaction with a disqualified person in a prior year, and that the targand in an excess benefit transaction with a disqualified person in a prior year, and that the targand in an excess benefit transaction with a disqualifed person uring the year'' if 'yes,' complete Sched	21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
column (A), line 27 If "yes," complete Schedule, I, Parts I and III 22 X 23 Did the organization answer "yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule A, I'No', go to line 25. 23 X 24 Did the organization have a tax exempt tool 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, I'No', go to line 25. 24a X 2 Did the organization invest any proceeds of tax exempt bonds buyond a temporary period exception? 24a X 2 Did the organization invest any proceeds of tax exempt bonds outstanding at any time during the year? 24d X 2 Did the organization and at as an 'on behalf of issue for bonds outstanding at any time during the year? 24d X 2 Did the organization and the it engaged in a excess benefit transaction with a disqualified person in a prory year, and that the transaction bas not been reported on any of the organization is pror Forms 990 or 990-627 if "Yes," complete Schedule L, Part I 25a X 2 Did the organization pavel and a endowing the search of the organization's pror Forms 990 or 990-627 if "Yes," complete Schedule L, Part II 26a X 2 Did the organization on port of the organization's tax year? III "Yes," complete Schedule L, Part II 26a <t< td=""><td></td><td>United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II</td><td>21</td><td></td><td>Х</td></t<>		United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22 Did the organization answer "Yes" to Part VII, Section A, Ine 3, 4, or 6 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J. 23 X 24 Did the organization have a tax exempt bond issues with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued attro December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25 240 X 25 Did the organization maintain an escrow account other than a refunding escrow at any time during the year 1 decease any tax-exempt bonds? 24d Z 26 Did the organization and 50 (16/4) organizations. Did the organization engage in an excess bonefit transaction with a disqualified person during the year? If "Ass," complete Schedule L, Part I 25a X 27 Did the organization aware that 1 engaged in an excess benefit transaction with a disqualified person in a prory year, and that the transaction comstem sember, or to a 39% controlled entity or family person. 25b X 28 Was a loan to orbug a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selector committe amember, or to a 39% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 26a X 28 Was the organization receive or officer, director, trustee, key employee, if Yes," complete Schedule L, Part IV 28	22	· · · ·	22		x
Schedule J 23 X 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No', go to line 25 24a X 25 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b X 26 Did the organization invest as an 'on behaff of' issuer for bonds outstanding at any time during the year? 24d X 26 Section 501(c)(3) and 501(c)(4) organizations. Did the organization regage in an excess benefit transaction with a disqualified person on regor year, and that the transaction has not been reported on any of the organization in vert the organization is and the organization is year? If 'Yes,' complete Schedule L, Part I 25b X 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, highest compensated employee, or disqualified person on a prover or employee theored, a grant estection committee member, or to a 35% controlled entity or family member of a orm estection committee member, or to a 35% controlled entity or family member of a orm officer, director, trustee, or key employee If 'Yes,' complete Schedule L, Part IV 28a X 28 Was the organization is act or bay a subset stransaction with one of the following parties (see Schedule L, Part IV 28a X 29 Did the organization aparty to a business transaction with one of the following parties (see Schedule L, Part IV 28a </td <td>23</td> <td></td> <td></td> <td></td> <td></td>	23				
24 Did the organization have a tax exempt bond issue with an outstanding principal amount of more than 5100,000 as of the last day of the year, it have as issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If Yes', go to line 25 Yes b Did the organization maintain an escrow account other than a refunding secrow at any time during the year 10 defease any tax-exempt bonds? Z4b Z4b 250 Section 501(c)(3) and 501(c)(4) organizations. Did the organization angage in an excess benefit transaction with a disqualified person during the year? Z4d Z5a 250 b is the organization area 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-E2? If "Yes," complete Schedule L, Part I Z5a X 260 Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person in a prior year, and that the transaction with a disqualified person in a prior year, and these persons 01" Yes," complete Schedule L, Part II Z6 X 270 Did the organization privide schedule L, Part III Z6 X 280 X Was the organization privide schedule L, Part III Z6 X 281 A current or former officer, director, trustee, vey employee? II" Yes," complete Schedule L, Part IV Z8a X 282			23		x
Schedule K. If YeV; go to Ime 25 24a X b Did the organization mixet any proceeds of tax-exempt bonds beyond a temporary period exception? 24b 24b c Did the organization mixet any proceeds of tax-exempt bonds beyond a temporary period exception? 24c 24c 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization are the the organization are 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-E27 If 'Yes,' complete Schedule L, Part I 25a X 26 Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year' If 'Yes,' complete Schedule L, Part I 25b X 27 Did the organization private the sassistance to an officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization rowice these parsons of 'Yes,' complete Schedule L, Part II 26 X 28 Was the organization private sequence of the organization or private Schedule L, Part III 27 X 28 Was the organization private Schedule L, Part III 27 X 29 Did the organization convict or former officer, director, trustee, or wey mployee? If 'Yes,' complete Schedule L, Part IV 28a X <td>24a</td> <td>Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the</td> <td></td> <td></td> <td></td>	24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
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any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? /// Yes," complete Schedule L, Part I 25a b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year? 25b X 27 Did the organization aware that it engaged in an excess benefit transaction with a disqualified person on to by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II 26 X 27 Did the organization approved a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereol, 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 IV 27 X 28 Was the organization approved the discussion with one of the following parties (see Schedule L, Part IV 28b X 29 Did the organization receive contributions of and chicer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee	b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 X 34 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 34 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a X b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b Image: Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 X 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? 38 X			32		<u> </u>
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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 35b 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 36 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 X 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? 38 X				X	
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 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	b		051		
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and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI37X38Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?38XNote. All Form 990 filers are required to complete Schedule O38X	36	If "Yes," complete Schedule R, Part V, line 2	36		x
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O 38	37				
Note. All Form 990 filers are required to complete Schedule O			37		
	38			v	
		Note. All Form 990 filers are required to complete Schedule O			

Form **990** (2012)

232004 12-10-12

	Check if Schedule O contains a response to any question in this Part V					
					Yes	No
1a Ente	r the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	9			
	r the number of Forms W-2G included in line 1a. Enter -0- if not applicable		0			
c Did t	he organization comply with backup withholding rules for reportable payments to vendors and	reporta	able gaming			
(gam	ibling) winnings to prize winners?			1c		
2a Ente	r the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
filed	for the calendar year ending with or within the year covered by this return	2a	226			
b If at	least one is reported on line 2a, did the organization file all required federal employment tax retu	urns?		2b	Х	
Note	e. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction	ıs)				
3a Did t	he organization have unrelated business gross income of \$1,000 or more during the year? \dots			3a		Х
b If "Ye	es," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b		
4a Atar	ny time during the calendar year, did the organization have an interest in, or a signature or othe	r autho	rity over, a			
finan	icial account in a foreign country (such as a bank account, securities account, or other financia	l accou	int)?	4a		X
	es," enter the name of the foreign country:					
	instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial					
	the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
	any taxable party notify the organization that it was or is a party to a prohibited tax shelter trans			5b		X
	es," to line 5a or 5b, did the organization file Form 8886-T?			5c		
	s the organization have annual gross receipts that are normally greater than \$100,000, and did			•		x
	contributions that were not tax deductible as charitable contributions?			6a		
	es," did the organization include with every solicitation an express statement that such contribute a state deductible?		-	Gh		
	not tax deductible?			6b		
-	ne organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and s	ervices I	provided to the payor?	7a		x
	es," did the organization notify the donor of the value of the goods or services provided?			7b		
	the organization sell, exchange, or otherwise dispose of tangible personal property for which it w			10		
	e Form 8282?			7c		x
	es," indicate the number of Forms 8282 filed during the year					
	he organization receive any funds, directly or indirectly, to pay premiums on a personal benefit		ct?	7e		Х
	he organization, during the year, pay premiums, directly or indirectly, on a personal benefit con			7f		Х
	e organization received a contribution of qualified intellectual property, did the organization file I			7g		
h If the	e organization received a contribution of cars, boats, airplanes, or other vehicles, did the organi	zation f	ile a Form 1098-C?	7h		
8 Spon	soring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. I	Did the s	supporting			
orgar	nization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings a	t any tin	ne during the year?	8		
•	nsoring organizations maintaining donor advised funds.					
a Did t	he organization make any taxable distributions under section 4966?			9a		L
	he organization make a distribution to a donor, donor advisor, or related person?			9b		
	tion 501(c)(7) organizations. Enter:	1	1			
	tion fees and capital contributions included on Part VIII, line 12	10a				
	s receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
	tion 501(c)(12) organizations. Enter:		1			
	s income from members or shareholders	11a				
	s income from other sources (Do not net amounts due or paid to other sources against	4.4%				
	unts due or received from them.) ti on 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Forr	11b	2	12a		
	es," enter the amount of tax-exempt interest received or accrued during the year	12b	<u>'</u>	120		
	tion 501(c)(29) qualified nonprofit health insurance issuers.	120				
	e organization licensed to issue qualified health plans in more than one state?			13a		
	e. See the instructions for additional information the organization must report on Schedule O.					
	r the amount of reserves the organization is required to maintain by the states in which the					
	nization is licensed to issue qualified health plans	13b				
	r the amount of reserves on hand					
	he organization receive any payments for indoor tanning services during the tax year?			14a		Х
				14b		1

D12)Athens Community Council on Aging, Inc.Statements Regarding Other IRS Filings and Tax Compliance

58-0977680

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Form 990 (2012) Part V

Form 990 (2012) Athens Community Council on Aging, Inc. 58-0977680 Page 6 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response

iec	Check if Schedule O contains a response to any question in this Part VI	<u></u>		
	tion A. Governing Body and Management			_
			Yes	;
1a	Enter the number of voting members of the governing body at the end of the tax year 1a18			
	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.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 18			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	<u> </u>		
3		3		
	of officers, directors, or trustees, or key employees to a management company or other person?			-
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		_
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		_
6	Did the organization have members or stockholders?	6		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
		8a	x	1
	The governing body?			_
	Each committee with authority to act on behalf of the governing body?	8b		_
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		
ec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	;
0a	Did the organization have local chapters, branches, or affiliates?	10a		
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
-		12a	X	
2a			X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	_ A	_
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c		_
3	Did the organization have a written whistleblower policy?	13	X	
4	Did the organization have a written document retention and destruction policy?	14	X	
5	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?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	100		
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		
6a				
6a	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
6a	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
6a		16b		
6a b	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	16b		
6a b ec	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? tion C. Disclosure	16b		
6a b <u>ec</u> 7	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed GA		ble	
6a b <u>ec</u> 7	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ►GA Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a		ble	
6a b <u>ec</u> 7	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ►GA Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a for public inspection. Indicate how you made these available. Check all that apply		ole	
6a b <u>ec</u> 7 8	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ►GA Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain in Schedule O)	availat		
6a b <u>6eC</u> 7 8	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ►GA Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, an	availat		
6a b 6ec 7 8	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ►GA Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, an statements available to the public during the tax year.	availat d finai	ncial	
6a b <u>6eC</u> 7 8	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ►GA Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, an statements available to the public during the tax year. State the name, physical address, and telephone number of the person who possesses the books and records of the organization	availat d finai	ncial	
6a b <u>6ec</u> 7 8	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ►GA Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (<i>explain in Schedule O</i>) Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, an statements available to the public during the tax year. State the name, physical address, and telephone number of the person who possesses the books and records of the organizat Jennie Deese - 706-549-4850	availat d finai	ncial	
6a b ec 7 8 9	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ►GA Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, an statements available to the public during the tax year. State the name, physical address, and telephone number of the person who possesses the books and records of the organizat Jennie Deese - 706-549-4850 135 Hoyt Street, Athens, GA 30601	availat d finar tion: D	ncial	
6a b <u>6ec</u> 7 8	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ►GA Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, an statements available to the public during the tax year. State the name, physical address, and telephone number of the person who possesses the books and records of the organizat Jennie Deese - 706-549-4850 135 Hoyt Street, Athens, GA 30601	availat d finar tion: D	ncial	

Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated	
	Employees, and Independent Contractors	
	Check if Schedule O contains a response to any question in this Part VII	
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees	

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

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable

compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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

(A)	(B)			(0				(D)	(E)	(F)
Name and Title	Average	(do		Pos heck		than	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	is bot pr/trus	h an	compensation	compensation	amount of
	week					17 1 1 1 3	(00)	from	from related	other
	(list any hours for	lirecto				_		the organization	organizations (W-2/1099-MISC)	compensation from the
	related	e or c	stee			nsated		(W-2/1099-MISC)	(112/1000/11100)	organization
	organizations	trust	lal tru		oyee	ompe		· · · /		and related
	below	Individual trustee or director	Institutional trustee	Cer	Key employee	Highest compensated employee	Former			organizations
(4)	line)	lndi	Inst	Officer	Key	Higlemp	For			
(1) William "Linwood" Smith	1.00							0.	0.	0
Director	1.00	X						0.	0.	0.
(2) Evelyn Wright	1.00	x						0.	0.	0.
Honorary Director	1.00	<u> </u>						0.	0.	0.
(3) Dr. Mary Erlanger Honorary Director	1.00	x						0.	0.	0.
(4) Dr. William Baxter	1.00							0.	0.	0.
Honorary Director	1.00	x						0.	0.	0.
(5) Upshaw Bentley	1.00							0.	••	
Honorary Director	1.00	x						0.	0.	0.
(6) Rhondolyn Smith	1.00							•••		
Director		x						0.	0.	0.
(7) Janey Cooley	1.00									
Director		x						0.	0.	0.
(8) Tommie G. Mullis	1.00									
Director		Х						0.	0.	0.
(9) Shelby Lacy	1.00									
Secretary		Х						0.	0.	0.
(10) Constance "Connie" Jeffreys	1.00									
Director		Х						0.	0.	0.
(11) Mariah Pierce	1.00									
Chair		X						0.	0.	0.
(12) Julie K. Gaines	1.00									0
Director	1.00	X						0.	0.	0.
(13) Kathleen Smith	1.00	x						0.	0.	0.
Director (14) Ghylaine Parthiot	1.00							0.	0.	0.
Director	1.00	x						0.	0.	0.
(15) Mary Ann Johnson, PhD	1.00							0.	0.	0.
Director	1.00	x						0.	0.	0.
(16) Joseph C. Frierson, III	1.00							0.	Ŭ.	
Treasurer		x						0.	0.	0.
(17) Dawn Donovan, RN, BSN, MBA, LNC	1.00									
Director		x						0.	0.	0.
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Athens Community Council on Aging, Inc. 58-097768

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		-						Aging, inc.	50-097	100		Page U
		ploy	ees,			ighe	st C					
(A) Name and title	(B) Average hours per week	box	not cl , unles	Posi heck i ss pei	more rson	1 e than is bot or/trus	h an	(D) Reportable compensation from	(E) Reportable compensation from related		(F) Estima amoun othe	ted t of
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	o a	mpens from ti rganiza Ind rela ganiza	he ation ated
(18) Gary Franklin	1.00											
Director	1 0 0	X						0.	0	·		0.
(19) Charles E. Auslander, III Director	1.00	x						0.	0			0.
(20) Shannon O. Wilder	1.00									-		
Vice-President		X						0.	0	•		0.
(21) Carolyn Nunnally Director	1.00	x						0.	0			0.
(22) Martha Henderson	1.00								0	-		
Director	1.00	x						0.	0			0.
(23) Eve Anthony	40.00			v				61 659	0			
Chief Operating Officer (24) Toni Edwards	40.00			Х		-		61,658.	0	•		0.
Chief Financial Officer	40.00			х				32,816.	0			0.
(25) Jennie Deese	40.00									+		
Chief Executive Officer				х				78,534.	0		2,2	288.
1b Sub-total								173,008.	0	. 	2.3	288.
c Total from continuation sheets to Part VI								0.	0			0.
d Total (add lines 1b and 1c)								173,008.	0	•	2,2	288.
2 Total number of individuals (including but n							no r	eceived more than \$100	,000 of reportable			
compensation from the organization											Yes	0 No
3 Did the organization list any former officer,	director, or tru	ustee	e, ke	y en	nplc	oyee	, or	highest compensated e	mployee on			
line 1a? If "Yes," complete Schedule J for s										3	+	<u> </u>
4 For any individual listed on line 1a, is the su	•							•	the organization			x
and related organizations greater than \$1505 Did any person listed on line 1a receive or a									idual for convicos	4		
rendered to the organization? If "Yes," com					-		Ciai	led organization of indivi	idual for services	5		x
Section B. Independent Contractors												
1 Complete this table for your five highest co										nsatior	1 from	
the organization. Report compensation for	the calendar y	ear	endi	ng w	vith	or w	ithi		year.		<u>(0)</u>	
(A) Name and business	address							(B) Description of s	ervices		(C) ensati	on
GA Food Services, Inc., 1		2nc	10	lou	irt	t		n			C 1	
North, St. Petersburg, FI Blue Cross Blue Shield	J 33/10						_	Food service			<u>51,4</u>	<u>487.</u>
PO Box 406750, Atlanta, (A 30348	3						Health insur	ance	1	98.5	597.
Golden Cuisine, Inc												
PO Box 208, Pendergrass,	GA 3056	57						Food service		1	47,2	217.

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

Form **990** (2012)

232008 12-10-12

Form	990	(20)	12)
			_

Total revenue Relation of the control function of the control			Check if Schedule O contains a respor	se to any question	in this Part VIII			<u></u>
age of the impervision of the impervisi					(A) Total revenue	exempt function	business	Revenuè excluded from tax under
By Membership dues 10 b Membership dues 10 c Fundations dues 10 c Betes organization 11 c Betes organization 12 d Horder forn investment organic (lockiding dividends, interest, and other similar anounts) 13 d Horder forn investment organic (lockiding dividends, interest, and other similar anounts) 10 d Betes organization 10 d Betes organization 10 d Betes organization 10	ts s	1 a	a Federated campaigns 1a	141,700.				
9 2 a GOVETNMENT Business Code 624100 3, 207,748.3, 207,748. b Program income 624100 3, 207,748.3, 207,748. 624100 146,854. 146,854. c d d due program service revenue 624100 146,854. 146,854. 624100 146,854. g Total. Add lines 2a:7 > 3,372,615. 3 3 g Total. Add lines 2a:7 > 3,372,615. 3 3 g Total. Add lines 2a:7 > 3,372,615. 3 3 g Total. Add lines 2a:7 > 3,372,615. 3 3 g Total. Add lines 2a:7 > 3,372,615. 3 3 g Total. Add lines 2a:7 > 3,372,615. 3 3 g Total. Add lines 2a:7 > 3,372,615. 3 3 g Total. Add lines 2a:7 > 3,372,615. 3 3 g Total. Add lines 2a:7 > 3,372,615. 3 3 g Total. Add lines 2a:7 > 350. -350. -350. g Total add lines 2a:7 > 350. -350. -350. g Total add lines 2a:7 > 353. -448. -448. g Goss ancont from fundising events (not including 5, 5, 381 -448. -448. -44	arar							
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9 2 a GOVETNMENT Business Code 624100 3, 207,748.3, 207,748. b Program income 624100 3, 207,748.3, 207,748. 624100 146,854. 146,854. c d d due program service revenue 624100 146,854. 146,854. 624100 146,854. g Total. Add lines 2a:7 > 3,372,615. 3 3 g Total. Add lines 2a:7 > 3,372,615. 3 3 g Total. Add lines 2a:7 > 3,372,615. 3 3 g Total. Add lines 2a:7 > 3,372,615. 3 3 g Total. Add lines 2a:7 > 3,372,615. 3 3 g Total. Add lines 2a:7 > 3,372,615. 3 3 g Total. Add lines 2a:7 > 3,372,615. 3 3 g Total. Add lines 2a:7 > 3,372,615. 3 3 g Total. Add lines 2a:7 > 3,372,615. 3 3 g Total. Add lines 2a:7 > 350. -350. -350. g Total add lines 2a:7 > 350. -350. -350. g Total add lines 2a:7 > 350. -448. -448. g Total add lines 2a:7 > 19,904. 9 9 g Total ad	ar							
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age of the second sec	the f			244,048.				
9 2 a GOVETNMENT Business Code 624100 3, 207,748.3, 207,748. b Program income 624100 3, 207,748.3, 207,748. 624100 146,854. 146,854. c d d due program service revenue 624100 146,854. 146,854. 624100 146,854. g Total. Add lines 2a:7 > 3,372,615. 3 3 g Total. Add lines 2a:7 > 3,372,615. 3 3 g Total. Add lines 2a:7 > 3,372,615. 3 3 g Total. Add lines 2a:7 > 3,372,615. 3 3 g Total. Add lines 2a:7 > 3,372,615. 3 3 g Total. Add lines 2a:7 > 3,372,615. 3 3 g Total. Add lines 2a:7 > 3,372,615. 3 3 g Total. Add lines 2a:7 > 3,372,615. 3 3 g Total. Add lines 2a:7 > 3,372,615. 3 3 g Total. Add lines 2a:7 > 350. -350. -350. g Total add lines 2a:7 > 350. -350. -350. g Total add lines 2a:7 > 350. -448. -448. g Total add lines 2a:7 > 19,904. 9 9 g Total ad		ç	g Noncash contributions included in lines 1a-1f: \$	56,026.				
9 2 a GOVETNMENT Business Code 624100 3, 207,748.3, 207,748. b Program income 624100 3, 207,748.3, 207,748. 624100 146,854. 146,854. c d d due program service revenue 624100 146,854. 146,854. 624100 146,854. g Total. Add lines 2a:7 > 3,372,615. 3 3 g Total. Add lines 2a:7 > 3,372,615. 3 3 g Total. Add lines 2a:7 > 3,372,615. 3 3 g Total. Add lines 2a:7 > 3,372,615. 3 3 g Total. Add lines 2a:7 > 3,372,615. 3 3 g Total. Add lines 2a:7 > 3,372,615. 3 3 g Total. Add lines 2a:7 > 3,372,615. 3 3 g Total. Add lines 2a:7 > 3,372,615. 3 3 g Total. Add lines 2a:7 > 3,372,615. 3 3 g Total. Add lines 2a:7 > 350. -350. -350. g Total add lines 2a:7 > 350. -350. -350. g Total add lines 2a:7 > 350. -448. -448. g Total add lines 2a:7 > 19,904. 9 9 g Total ad	an Co	I	h Total. Add lines 1a-1f		391,129.			
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c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses b b c Net income or (loss) from gaming activities a direct expenses b c Net income or (loss) from gaming activities a direct expenses b b c Net income or (loss) from gaming activities a direct expenses b b c Net income or (loss) from gaming activities a direct expenses b c Net income or (loss) from gaming activities a direct expenses a direct expenses b c Net income or (loss) from sales of inventory b c Miscellaneous Revenue Business Code 11 a b c d direct expense d direct expense b d direct expense c d direct expense d diftee expense d diftee expe	er							
9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a b c d All other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions. 232000 Form 990 (2012)	Gth				10 004			10.004
Part IV, line 19 a b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a	-			.s 🕨	19,904.			19,904.
b Less: direct expenses b c Net income or (loss) from gaming activities 10 a a a b Less: cost of goods sold b b c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a b c Miscellaneous Revenue Business Code 11 a b c c d d All other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions. 232009 12:10-12		9 a						
c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances a b b c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a b b c d All other revenue e Total revenue. See instructions. 232009 232009 232009 232009 232009 232009 232009 232009 232009 C D C D <t< td=""><th></th><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>								
10 a Gross sales of inventory, less returns and allowances and allowances a b Less: cost of goods sold b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a b c d All other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions. 3,782,850.3,372,615. 0. 12 732009 12-10-12 Form 990 (2012)								
and allowances a b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a Business Code b C c C d All other revenue e Total revenue. See instructions. 12 Total revenue. See instructions. 232009 12:10-12 State				·········				
b Less: cost of goods sold b c Net income or (loss) from sales of inventory ► Miscellaneous Revenue Business Code 11 a b c c d All other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions. ► 3,782,850.3,372,615. 0. 19,106. Porm 990 (2012) Form 990 (2012)		10 8						
c Net income or (loss) from sales of inventory Image: Construction of the second								
Miscellaneous Revenue Business Code Image: Code Image: Code 11 a				-				
11 a								
b b b b b b b c b b b b b b b b b b b b b b b b b		11 :						
c				-				1
d All other revenue e Total. Add lines 11a-11d ▶ a 12 Total revenue. See instructions. ▶ 3,782,850.3,372,615. 0. 19,106. 232009 12-10-12 Form 990 (2012)				-				1
e Total. Add lines 11a-11d 12 Total revenue. See instructions. 232009 12-10-12 3,782,850.3,372,615. 0. 782,850.3,372,615. 0. 12 Form 990 (2012)								
12 Total revenue. See instructions. ► 3,782,850.3,372,615. 0. 19,106. 232009 12-10-12 Form 990 (2012) Form 990 (2012) Form 990 (2012) Form 990 (2012)				•				
		12			3,782,850.	3,372,615.	0	
M	23200 12-10-	12			9			Form 990 (2012)

Form 990 (2012)

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	se to any question in thi	s Part IX		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in the United States. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	210,372.	37,675.	159,617.	13,080.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	1 004 017	1 045 000	202 240	27 260
7	Other salaries and wages	1,284,917.	1,045,208.	202,349.	37,360.
8	Pension plan accruals and contributions (include	20 256	2E 10E	2,653.	110
~	section 401(k) and 403(b) employer contributions)	38,256. 181,279.	35,185. 149,662.	2,653.	418. 3,672.
9	Other employee benefits	176,679.	143,748.	29,170.	3,872
10	Payroll taxes	±/0,0/9.	143,/40.	49,1/U.	3,101
11	Fees for services (non-employees):				
	Management	3,708.	3,470.	158.	80.
		15,155.	14,182.	645.	328
	Accounting	13,133.	11,102.	045.	520
	Lobbying Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
q					
9	column (A) amount, list line 11g expenses on Sch O.)	54,075.	50,603.	2,302.	1,170,
12	Advertising and promotion	10,369.	9,362.	491.	<u>1,170</u> 516.
13	Office expenses	237,272.	202,317.	19,911.	15,044.
14	Information technology				
15	Royalties				
16	Occupancy	177,542.	139,976.	30,867.	6,699.
17	Travel	73,285.	65,461.	6,586.	1,238.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	15,862.	15,862.		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	165,094.	165,094.		4.0
23	Insurance	28,872.	25,788.	3,072.	12.
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 0.)				
а	Enrollee payroll expens	483,940.	483,940.	0.	0.
b	Food services	455,434.	452,617.	1,267.	1,550.
С	Dues	17,868.	11,940.	3,369.	2,559.
d	Employee recognition	4,973.	3,430.	248.	1,295.
	All other expenses	75,258.	73,215.	433.	1,610.
25	Total functional expenses. Add lines 1 through 24e	3,710,210.	3,128,735.	491,083.	90,392.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				Form 990 (2012

Form 990 (2012)

09291216 795402 3078.02

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11 2012.05020 Athens Community Council on 3078_021

09291216 795402 3078.02

Athens Community Council on Aging, Inc.

58-0977680 Page 11

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response to any	/ questio	n in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			183,466.	1	387,614.
	2	Savings and temporary cash investments			146,853.	2	190,457.
	3	Pledges and grants receivable, net			66,850.	3	72,070.
	4	Accounts receivable, net			447,185.	4	392,138.
	5	Loans and other receivables from current and fo					
	-	trustees, key employees, and highest compensation					
		Part II of Schedule L				5	
	6	Loans and other receivables from other disguali					
		section 4958(f)(1)), persons described in section	•	,			
		employers and sponsoring organizations of sect					
		employees' beneficiary organizations (see instr).				6	
Assets	7	Notes and loans receivable, net				7	
SS	8	Inventories for sale or use				8	
4	9				14,478.	9	17,541.
		Land, buildings, and equipment: cost or other			· ·	-	
		basis. Complete Part VI of Schedule D	10a	4,479,667.			
	ь	Less: accumulated depreciation	10b	1,533,458.	3,045,441.	10c	2,946,209.
	11	Investments - publicly traded securities				11	· · · · · · · · · · · · · · · · · · ·
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			24,977.	15	2,580.
	16	Total assets. Add lines 1 through 15 (must equ			3,929,250.	16	4,008,609.
	17	Accounts payable and accrued expenses			283,294.	17	314,261.
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
S	21	Escrow or custodial account liability. Complete				21	
Liabilities	22	Loans and other payables to current and former	officers	, directors, trustees,			
iabi		key employees, highest compensated employee	es, and d	lisqualified persons.			
		Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrela			410,723.	23	395,220.
	24	Unsecured notes and loans payable to unrelate	d third pa	arties		24	
	25	Other liabilities (including federal income tax, pa	yables to	o related third			
		parties, and other liabilities not included on lines	s 17-24).	Complete Part X of			
		Schedule D			19,058.	25	28,553.
	26	Total liabilities. Add lines 17 through 25			713,075.	26	738,034.
		Organizations that follow SFAS 117 (ASC 958	8), check	there ▶ 🔽 and			
ses		complete lines 27 through 29, and lines 33 an					
anc	27	Unrestricted net assets			3,149,325.	27	3,198,505.
Bal	28	Temporarily restricted net assets			66,850.	28	72,070.
pu	29			·····		29	
Ŀ		Organizations that do not follow SFAS 117 (A	SC 958)	, check here ▶└─┘			
s or		and complete lines 30 through 34.					
set:	30	Capital stock or trust principal, or current funds				30	
As	31	Paid-in or capital surplus, or land, building, or ec				31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in			2 01 <i>6</i> 17F	32	
~	33	Total net assets or fund balances			3,216,175.	33	3,270,575.
	34	Total liabilities and net assets/fund balances	<u></u>		3,929,250.	34	4,008,609.
							Form 990 (2012)

Form 990 (2012)
Part X | Balance Sheet

	Athens Community Council on Aging, Inc.	58-09	977680	Pa	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,78		
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,71		
3	Revenue less expenses. Subtract line 2 from line 1	3			40.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,21	<u>6,1</u>	75.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-1	8,2	40.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	3,27	0,5	75.
Pa	rt XII Financial Statements and Reporting				_
	Check if Schedule O contains a response to any question in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.	-		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat				
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si				
	Act and OMB Circular A-133?	-	3a	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	Х	
			_	000	

Form **990** (2012)

(Form 99) Department of Internal Reve		Complet	blic Charity St te if the organization is 4947(a)(1) no tach to Form 990 or Fo	a section	n 501(c)(3) charitabl	organizat e trust.	tion or a s	ection		•	12 Publection	lic
Name of	the organizati		Community Co	uncil	on A	aina.	Inc.	E		identificati 8-0977		
Part I	Reason		ity Status (All organiz					ructions.		0 0077	000	
The organ 1 2 2 3 3 4 5	hization is not a A church, cou A school des A hospital or A medical res city, and stat	a private foundation nvention of churches cribed in section 17 a cooperative hospi search organization o e:	because it is: (For lines 1 s, or association of churc O(b)(1)(A)(ii). (Attach Sci tal service organization of operated in conjunction benefit of a college or ur	I through ches desc hedule E.) described with a hos	11, check ribed in se in section spital desc	only one b ection 170 170(b)(1)(ribed in se	ox.) (b)(1)(A)(i) (A)(iii). ction 170	(b)(1)(A)(ii			's nam	 າe,
6 7 X 8 9	A federal, sta An organizati section 170(A community	on that normally rec b)(1)(A)(vi). (Comple trust described in s	ent or governmental unit eives a substantial part o	of its supp (Complete	oort from a Part II.)	governme	ental unit c					
10 🛄 11 🔲	income and u See section An organizati An organizati more publicly	Inrelated business ta 509(a)(2). (Complete on organized and op on organized and op supported organiza type of supporting	berated exclusively to test berated exclusively for th ations described in section organization and completion	tion 511 ta st for publ ne benefit on 509(a)(ete lines 1	ix) from bu ic safety. S of, to perfo 1) or sectio 1e through	See sectio Sree sectio form the fur	acquired b on 509(a)(4 nctions of, 2). See sec	y the orga I). or to carr ction 509(a	y out the a)(3). Ch	after June 3	30, 197 of one that	75. or
e 🗌	By checking foundation m	this box, I certify tha anagers and other t	t the organization is not han one or more publicly	controllec / supporte	l directly o ed organiza	or indirectly ations desc	v by one of cribed in s	r more dis ection 509	qualified	persons oth	ner tha	an
f			ten determination from t					e III				
g h	Since August (i) A person the gove (ii) A family (iii) A 35% of	n who directly or ind erning body of the su member of a persor controlled entity of a	ins box organization accepted an irectly controls, either al- upported organization? In described in (i) above? person described in (i) of about the supported org	ny gift or co one or tog	ontributior ether with	persons o	of the follo	in (ii) and (iii) below	, <u>11g(i)</u> <u>11g(ii)</u> <u>11g(iii)</u>	Yes	No
• •	e of supported anization	(ii) EIN	(described on lines 1-9	in col. (i) lis		(v) Did you organizat (i) of your Yes		(vi) Is organizatio (i) organiz U.S Yes	on in col. ed in the	(vii) Amount sup	t of moi port	netary

LHA For Paperwork Reduction Act Notice, see the Instructions for
Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2012

232021 12-04-12

Total

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Schedule A (Form 990 or 990-EZ) 2012 Athens Community Council on Aging, Inc. 58-0977680 Page 2 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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	3216945.	367,267.	292,484.	335,096.	391,242.	4603034.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	3216945.	367,267.	292,484.	335,096.	391,242.	4603034.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						175,657.
	Public support. Subtract line 5 from line 4.						4427377.
	ction B. Total Support		"				
	ndar year (or fiscal year beginning in) 🕨	(a)2008 3216945.	(b) 2009 367,267.	(c) 2010 292,484.	(d) 2011 335,096.	(e) 2012 391,242.	(f) Total 4603034.
	Amounts from line 4	5210945.	507,207.	292,404.	555,090.	JJ1,242.	4003034.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties	7,216.	7,064.	547.	-3,864.	-350.	10,613.
•	and income from similar sources	7,210.	7,004.	547.	5,004.	550.	10,013.
9	Net income from unrelated business						
	activities, whether or not the						
40	business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part IV.)	5,387.			29,588.		34,975.
11	Total support. Add lines 7 through 10	575674			2373000		4648622.
	Gross receipts from related activities,	etc. (see instructi	ans)			12 13	,668,496.
	First five years. If the Form 990 is for	·	,	d, fourth, or fifth ta	ax vear as a sectio		, ,
	organization, check this box and stor	-					
Se	ction C. Computation of Publ	ic Support Pe					
14	Public support percentage for 2012 (I	line 6, column (f) d	ivided by line 11, c	olumn (f))		14	95.24 %
15	Public support percentage from 2011	Schedule A, Part	II, line 14			15	95.13 %
16a	33 1/3% support test - 2012. If the c	organization did no	t check the box o	n line 13, and line	14 is 33 1/3% or n	nore, check this bo	
	stop here. The organization qualifies	as a publicly supp	orted organization	l			
b	33 1/3% support test - 2011. If the c	organization did no	t check a box on I	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	nis box
	and stop here. The organization qual	ifies as a publicly s	supported organization	ation			▶∟
17a	10% -facts-and-circumstances tes	t - 2012. If the org	anization did not o	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check tł	nis box and stop h	ere. Explain in Pa	t IV how the orgar	nization
	meets the "facts-and-circumstances"	•			•		
b	10% -facts-and-circumstances tes	t - 2011. If the org	anization did not o	check a box on line	e 13, 16a, 16b, or ⁻	17a, and line 15 is	10% or
	more, and if the organization meets the						;
	organization meets the "facts-and-cire						
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b			
					Sche	dule A (Form 990	or 990-EZ) 2012

232022 12-04-12

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					-	1
Calendar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions,						
merchandise sold or services per- formed, or facilities furnished in						
any activity that is related to the						
organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received						
from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						
Section B. Total Support					-	
Calendar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6						
10a Gross income from interest,						
dividends, payments received on securities loans, rents, royalties						
and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business						
activities not included in line 10b, whether or not the business is						
regularly carried on						
12 Other income. Do not include gain						
or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for	the organization's	s first, second, thi	ird, fourth, or fifth t	tax year as a secti	on 501(c)(3) organi	zation,
check this box and stop here						> L_
Section C. Computation of Publi	ic Support Pe	rcentage				
15 Public support percentage for 2012 (li	ine 8, column (f) d	livided by line 13,	column (f))		15	C
16 Public support percentage from 2011	Schedule A. Part	III, line 15			16	ç
Section D. Computation of Inves	eenedale , g , alt	-)			
•	-	e Percentage	-			
17 Investment income percentage for 20	stment Incom				17	0
17 Investment income percentage for 20	stment Incom 12 (line 10c, colur	mn (f) divided by li	ine 13, column (f))		17 18	
•	Stment Incom 12 (line 10c, colur 2011 Schedule A,	mn (f) divided by li Part III, line 17	ine 13, column (f))		18	
 Investment income percentage for 20 Investment income percentage from 2 	Stment Incom 12 (line 10c, colur 2011 Schedule A, organization did r	nn (f) divided by li Part III, line 17 not check the box	ine 13, column (f)) on line 14, and lin	e 15 is more than	18 33 1/3% , and line	17 is not
 17 Investment income percentage for 20 18 Investment income percentage from 2 19a 33 1/3% support tests - 2012. If the 	Stment Incom 12 (line 10c, colur 2011 Schedule A, organization did r nd stop here. The	mn (f) divided by li Part III, line 17 not check the box e organization qua	ine 13, column (f)) on line 14, and lin lifies as a publicly	e 15 is more than supported organi	18 33 1/3%, and line zation	17 is not
 17 Investment income percentage for 20 18 Investment income percentage from 2 19a 33 1/3% support tests - 2012. If the more than 33 1/3%, check this box ar 	Stment Incom 12 (line 10c, colur 2011 Schedule A, organization did r nd stop here. The organization did r	mn (f) divided by li Part III, line 17 not check the box e organization qua not check a box o	ine 13, column (f)) on line 14, and lin alifies as a publicly n line 14 or line 19	e 15 is more than supported organi a, and line 16 is m	18 33 1/3%, and line zation nore than 33 1/3%,	17 is not and
 17 Investment income percentage for 20 18 Investment income percentage from 2 19a 33 1/3% support tests - 2012. If the more than 33 1/3%, check this box ar b 33 1/3% support tests - 2011. If the 	Stment Incom 12 (line 10c, colur 2011 Schedule A, organization did r and stop here. The organization did r cck this box and s	mn (f) divided by li Part III, line 17 not check the box e organization qua not check a box o top here. The org	ine 13, column (f)) on line 14, and lin alifies as a publicly n line 14 or line 19 anization qualifies	e 15 is more than supported organi a, and line 16 is m as a publicly sup	1833 1/3%, and linezationnore than 33 1/3%,ported organization	and

09291216 795402 3078.02

Schedule A (Form 990 or 990-EZ) 2012 Athens Community Council on Aging, Inc. 58-0977680 Page 4

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

Schedule A, Part II, Line 10, Explanation for Other Income:

Miscellaneous

activities:					
Program Service Fees	2008	\$ 112,73	ō		
Program Service Fees	2009	\$3,334,575	5		
Program Service Fees	2010	\$3,474,345	5		
Program Service Fees	2011	\$3,374,272	2		
Program Service Fees	2012	\$3,372,569	9		
Total		\$13,667,490	5		

Identification of Excess Contributions Included on Part II, Line 5

Schedule A

58-0977680

** Do Not File ** *** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
nited Way of NEGA	268,629.	175,657
otal Excess Contributions to Schedule A, Part II, Line 5		175,657

I otal Excess Contributions to Schedule A, Part II, L 223171 05-01-12 Internal Revenue Service

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No. 1545-0047

Employer identification number

Name of the	organization
-------------	--------------

Name of the organize		
	Athens Community Council on Aging, Inc.	58-0977680
Organization type (ch	eck one):	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	

Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

X For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year. contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

Name of organization

Employer identification number

Athens	Community	Council	on	Aging,	Inc.
--------	-----------	---------	----	--------	------

Employer Identification num

58-0977680

Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Covenant Presbyterian Church 1065 Gaines School Road Athens, GA 30605	\$ <u>11,408.</u>	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	The Irving Foundation P.O. Box 6065 Athens, GA 30604-6065	\$ <u>15,000.</u>	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	Wesley Stephens 147 Maison Place NW Atlanta, GA 30327	\$52,019.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	First Presbyterian Church P.O. Box 1592 Athens, GA 30603	\$12,718.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
223452 12-2		\$ Schedule B (Form 9	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

09291216 795402 3078.02

Name of organization Employer identification num	
	er
Athens Community Council on Aging, Inc. 58-0977680	

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received

09291216 795402 3078.02

thens	Community Council on	Aging, Inc.	58-0977680			
Part III	Exclusively religious, charitable, etc., indi year. Complete columns (a) through (e) and the total of exclusively religious, charitable, e	ividual contributions to section 501(c)(the following line entry. For organizations to contributions of \$1,000 or loss for th	7), (8), or (10) organizations that total more than \$1,000 for the s completing Part III, enter			
	Use duplicate copies of Part III if addition		C year. (Enter this information once.)			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
		(e) Transfer of gift				
-	Transferee's name, address, a	Ind ZIP + 4	Relationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
		(e) Transfer of gift				
-	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee			
-						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
	(e) Transfer of gift					
-	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee			
(a) No. from						
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
[-						
	(e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee					
-						
23454 12-21-12			Schedule B (Form 990, 990-EZ, or 990-PF) (201			

09291216 795402 3078.02

20

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047
2012
Open to Public Inspection

Athens Community Council on Aging, Inc.			8-0977	
	Acco	unts.	Complete if	the
	(-) =			
	(D) Fur	ids and	other acc	ounts
-				
			L Yes	
	0		Vee	
	, iii ie <i>i</i>			
	ally imp	ortant l	and area	
	listone	Siluciu		
	onson	ation o	asomont o	n the last
		atione	asemento	T THE IAST
		Held a	t the Fnd of	the Tax Yea
Total number of conservation easements	2a			
	2d			
	_	n durin	a the tax	
	Latio	in danni	gino tax	
			Yes	
		-		
				_
			Yes	
			lance shee	t, and
	0			
t III Organizations Maintaining Collections of Art, Historical Treasures, or Other	Simi	lar As	sets.	
Complete if the organization answered "Yes" to Form 990, Part IV, line 8.				
If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement :	and bal	ance sł	neet works	of art,
historical treasures, or other similar assets held for public exhibition, education, or research in furtherance c	of public	c servic	e, provide,	in Part XIII
the text of the footnote to its financial statements that describes these items.				
If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and	balanc	e sheet	works of a	rt, historica
treasures, or other similar assets held for public exhibition, education, or research in furtherance of public s	ervice,	provide	the follow	ing amount
relating to these items:				
(i) Revenues included in Form 990, Part VIII, line 1	►	\$		
(ii) Assets included in Form 990, Part X	►	\$		
If the organization received or held works of art, historical treasures, or other similar assets for financial gain	, provid	de		
the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:				
Revenues included in Form 990, Part VIII, line 1		\$		
· · · · · · · · · · · · · · · · · · ·		·		
Assets included in Form 990, Part X		\$		
	organization answered "Yes" to Form 990, Part IV, line 6. Total number at end of year Aggregate contributions to (during year) Aggregate value at end of year Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advisor in writing that grant funds can be used for chartable purposes and not for the benefit of the donor or donor advisor, or for any other purpose confirmermissible private benefit? III Conservation easements. Complete if the organization answered "Yes" to Form 990, Part IV. Purpose(s) of conservation easements held by the organization answered "Yes" to Form 990, Part IV. Protection of nalm for public use (e.g., recreation or education) Preservation of a historic: Protection of nalm for public use (e.g., recreation or education) Preservation of a certified 1 Protection of one space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a certified 1 is donors evation easements Total number of conservation easements Mumber of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure Isted in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization held a qualified conservation easements during Anount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during Anount of expenses incur	organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Fur Total number at end of year	organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and Total number at end of year	organization answered 'Yes' to Form 990, Part IV, line 6. Total number at end of year Aggregate contributions to (during year) Aggregate accontributions to (during year) Aggregate accontributions to (during year) Dott the organization inform all donors and donor advisors in writing that the assets held in donor advised funds Dar the organization inform all grantese, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor of advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor of advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the organization answered 'Yes' to Form 990, Part IV, line 7. Purpose(i) of conservation easements Held by the organization (heck all that apph). Preservation of and for public use (e.g., recreation or education) Preservation of a natural habitat Preservation of particle historic structure 2a Complete lines 2 a through 2 all the organization structure included in (a) 2a Number of conservation easements 2a Total number of conservation easements 2a Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the year > Number of conservation easements modified, trans

21 2012.05020 Athens Community Council on 3078_021

		Community								0 Page 2
Par	t III Organizations Maintaining C				-					-
3	Using the organization's acquisition, access	ion, and other recor	ds, chec	k any of the	following that	it are a si	gnificant ι	use of its	collectio	n items
	(check all that apply):									
а	Public exhibition	(hange progra					
b	Scholarly research		e 📖	Other						
С	Preservation for future generations									
4	Provide a description of the organization's c	ollections and expla	in how t	hey further t	he organizati	on's exe	mpt purpo	se in Par	t XIII.	
5	During the year, did the organization solicit of	or receive donations	of art, h	istorical trea	sures, or oth	er similar	assets		-	
	to be sold to raise funds rather than to be m							L	Yes	No No
Par	t IV Escrow and Custodial Arran		lete if the	e organizatio	n answered '	"Yes" to	Form 990,	Part IV,	line 9, or	
	reported an amount on Form 990, Pa	rt X, line 21.								
1a	Is the organization an agent, trustee, custod								-	
	on Form 990, Part X?							L	Yes	└── No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing	table:						
									Amount	t
	Beginning balance									
	Additions during the year									
	Distributions during the year									
f	Ending balance						1 f			
	Did the organization include an amount on F							∟	Yes	No No
	If "Yes," explain the arrangement in Part XIII									
Par	t V Endowment Funds. Complete		1							
		(a) Current year	(b) F	Prior year	(c) Two year	rs back	(d) Three ye	ears back	(e) Four	years back
	Beginning of year balance									
	Contributions									
	Net investment earnings, gains, and losses									
	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the cur	•	ce (line 1	1g, column (a	a)) held as:					
	Board designated or quasi-endowment		_%							
	Permanent endowment	%								
С	Temporarily restricted endowment	%								
-	The percentages in lines 2a, 2b, and 2c show	-								
За	Are there endowment funds not in the posse	ession of the organiz	zation th	at are held a	ind administe	ered for th	ne organiz	ation	г	<u>, </u>
	by:									Yes No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
b	If "Yes" to 3a(ii), are the related organization								3b	
	t VI Land, Buildings, and Equipn									
Fai		1		1		(-) (-)		-1		
	Description of property	(a) Cost or o basis (invest		1	or other (other)		ccumulate preciation	a	(d) Bool	k value
	Land		menit)		0,216.	uet	COLACION		0	0,216.
	Land				7,014.	1 1	177,70	17		<u>0,210.</u> 9,307.
	Buildings			5,55	7,014.	±, -	_ / / , / (, , •	4,10	
	Leasehold improvements			17	1,123.	1	145,74		2	5,379.
	Equipment				1, 123. 1, 314.		210,00			1,307.
	Other		t X colu		-		<u></u> , 00			<u>, 209</u>
rota	Aud lines ta through te. (Column (d) must e	-yuari 01111 990, Pan	. л, coiui	, III (D), III IU						0,209.

Schedule D (Form 990) 2012

232052 12-10-12

	unity Council		Inc.	58-0977680 Page 3
Part VII Investments - Other Securities. See				
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of v	aluation: Cos	t or end-of-year market value
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ►				
Part VIII Investments - Program Related. Se	e Form 990, Part X, line 1			
(a) Description of investment type	(b) Book value	(c) Method of va	aluation: Cos [.]	t or end-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ►				
Part IX Other Assets. See Form 990, Part X, line				
(a)	Description			(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10) Table (Column (b) must equal Form 000, Part X, col. (D) line	- 1E)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. See Form 990, Part X, I				🕨
, , ,				
1. (a) Description of liability		(b) Book value		
(1) Federal income taxes				
(2) Funding Source Advance Pa	yment	28,553.		
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(9)				
(10)				
(10) (11)				
(10)		28,553.		

Schedule D (Form 990) 2012

232053 12-10-12

Schedule D (Form 990) 2012 Athens Community Council	on Agin	lg, Inc.	58-	0977680	Page 4
Part XI Reconciliation of Revenue per Audited Financial Statem	ents With	Revenue per R	eturi		
1 Total revenue, gains, and other support per audited financial statements			1	3,811,	765.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
a Net unrealized gains on investments	2 a				
b Donated services and use of facilities	2 b	12,252.			
c Recoveries of prior year grants	2c				
d Other (Describe in Part XIII.)	. 2d	16,215.			
e Add lines 2a through 2d			2e		<u>467.</u>
3 Subtract line 2e from line 1			3	3,783,	298.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
a Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b Other (Describe in Part XIII.)	4b	-448.			
c Add lines 4a and 4b			4c		448.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	3,782,	850.
Part XII Reconciliation of Expenses per Audited Financial Stater	nents Wit	h Expenses per	Retu		
1 Total expenses and losses per audited financial statements			1	3,739,	125.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:					
a Donated services and use of facilities	. 2a	12,252.			
b Prior year adjustments					
c Other losses					
d Other (Describe in Part XIII.)		16,663.			
e Add lines 2a through 2d			2e	28,	915.
3 Subtract line 2e from line 1			3	3,710,	210.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:					
a Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b Other (Describe in Part XIII.)					
c Add lines 4a and 4b			4c		0.
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	3,710,	210.
Part XIII Supplemental Information					
Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part	III. lines 1a a	nd 4: Part IV. lines 1	o 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 t				, ,	,
Part X, Line 2: The Council has been recogni				ofit	
			-		
corporation as described in Section 501(c)(3	3) of t	he U.S. In	ter	nal Reve	nue
_ , , , , , , , , , , , , , , , , ,					
Code and is exempt from federal income taxes	s on re	lated inco	me	pursuant	to
				L	
Section 501 (a) of the Code.					
The Council's policy is to record a liabilit	v for	anv tax po	sit	ion take	n
		<u>-</u>	<u> </u>		
that is beneficial to the Council, including	r anv r	elated int	ere	st and	
	, _ 				
penalties, when it is more likely than not t	the pos	ition take	n b	v	
<u></u>				4	
management with respect to a transaction or	class	of transac	tio	ns will 1	be
				dule D (Form 99	

Schedule D (Form 990) 2012 Athens Community Council on Aging, Inc. 58-0977680 Page 5 Part XIII Supplemental Information (continued)
overturned by a taxing authority upon examination. Management believes
there are no such positions as of June 30, 2013, and accordingly, no
liability has been accrued. Accordingly, the Council is not required to
pay federal taxes on income.
Generally, the Internal Revenue Service may examine a tax return for three
years from the date it is filed. At June 30, 2013, tax years ended June
30, 2010, 2011 and 2012 remained open for possible examination by the IRS.
Part XI, Line 2d - Other Adjustments:
Direct fundraising expenses 16,215.
Part XI, Line 4b - Other Adjustments:
Loss on disposal of assets -448.
Part XII, Line 2d - Other Adjustments:
Direct fundraising expenses 16,215.
Loss on disposal of assets 448.
Total to Schedule D, Part XII, Line 2d 16,663.
232055 12-10-12 Schedule D (Form 990) 2012
25

SCHEDULE G

(Form	990	or	990-	EZ)
-------	-----	----	------	-----

Department of the Treasury	
Internal Revenue Service	

Part I

1 Indicat a b b c d b

Name of the organization

Supplemental Information Regarding Fundraising or Gaming Activities

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

2012
Open To Public Inspection

_ No

Employer identification number

Yes

OMB No. 1545-0047

Athens Commu	nity Counc:	il on Aging,	Inc.	58-0977680
Fundraising Activities. Complete required to complete this part.	e if the organization a	nswered "Yes" to Form	990, Part IV, line 1	7. Form 990-EZ filers are not
e whether the organization raised funds	through any of the fo	llowing activities. Checl	k all that apply.	
Mail solicitations	e 🛄 So	licitation of non-governi	nent grants	
Internet and email solicitations	f 🛄 So	licitation of government	grants	
Phone solicitations	g 📖 Sp	ecial fundraising events	6	
n-person solicitations				

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity		Did raiser ustody itrol of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			

Total

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

LHA Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule G (Form 990 or 990-EZ) 2012

232081 01-07-13 Schedule G (Form 990 or 990-EZ) 2012 Athens Community Council on Aging, Inc. 58-0977680 Page 2 Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000

		of fundraising event contributions and group		,	events with gross receip	ots greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			Ms. Senior	March for	None	(add col. (a) through
			Athens	Meals		
0			(event type)	(event type)	(total number)	col. (c))
nue						
Revenue	1	Gross receipts	27,302.	10,202.		37,504.
	2	Less: Contributions	4,636.	745.		5,381.
	3	Gross income (line 1 minus line 2)	22,666.	9,457.		32,123.
	4	Cash prizes				
6	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs	2,575.			2,575.
Direct E	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses		3,012.		12,067.
	10			· · · · · · · · · · · · · · · · · · ·	•	(14,642,
	11	Net income summary. Combine line 3, colum			•	17,481.
Pa	irt I	Gaming. Complete if the organization a	answered "Yes" to Form	1990, Part IV, line 19, or r	reported more than	
		\$15,000 on Form 990-EZ, line 6a.				
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev	1	Gross revenue				
ses	2	Cash prizes				
Expens	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses				
			└── Yes%	└── Yes %	∐ Yes%	
	6	Volunteer labor	□ No	□ No	□ No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)			()
	8	Net gaming income summary. Combine line 1	I, column d, and line 7			
•	Ent	ter the state(s) in which the organization opera	too coming activitios:			
		the organization licensed to operate gaming ac		states?		Yes No
~		No," explain:				
		ere any of the organization's gaming licenses re	-		year?	Yes No
b	lf "	Yes," explain:				
2320	82 O	1-07-13			Schedule G (For	rm 990 or 990-EZ) 2012

Sch	edule G (Form 990 or 990-EZ) 2012 Athens Community Council on Aging, Inc. 58-0	977	680	Page 3
11	Does the organization operate gaming activities with nonmembers?		Yes	No No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?		Yes	
13	Indicate the percentage of gaming activity operated in:			
а	The organization's facility	13a		%
b	An outside facility	13b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	🗆 No
b	If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount			
	of gaming revenue retained by the third party \blacktriangleright \$			
c	If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation 🕨 \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
	I is the organization required under state law to make charitable distributions from the gaming proceeds to			
ŭ	retain the state gaming license?		Yes	🗌 No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	•		
	organization's own exempt activities during the tax year > \$			
Pa	Int IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information			
2320	83 01-07-13 Schedule G (Forn	1 990 (or 990	-EZ) 2012
	28			. –

09291216 795402 3078.02 2012.05020 Athens Community Council on 3078_021

		Col	mplete if the	organizations ar	swered "Yes"	on Form		LU		
Department of the Treasury		990, Part IV, lines 29 or 30.					Open to Public			
Interna	al Revenue Service			Attach to Form				Inspe		
Nam	e of the organization						Employer id	dentificati	on nur	mber
	At	hens Commu	unity C	ouncil on	Aging,	Inc.	58	-0977	680	
Ра	rt I Types of Prope		-				•			
			(a)	(b)	(c			(d)		
			Check if	Number of contributions or	Noncash co amounts re			of determin	-	
			applicable	items contributed			noncash con	tribution ai	mount	S
1	Art - Works of art									
2	Art - Historical treasures									
3	Art - Fractional interests									
4	Books and publications									
5	Clothing and household go				5.	4,722.				
6	Cars and other vehicles									
7	Boats and planes									
8	Intellectual property									
9	Securities - Publicly traded									
10	Securities - Closely held st									
11	Securities - Partnership, Ll									
	trust interests									
12	Securities - Miscellaneous									
13	Qualified conservation con									
	Historic structures									
14	Qualified conservation con									
15	Real estate - Residential									
16	Real estate - Commercial									
17	Real estate - Other									
18	Collectibles									
19	Food inventory									
20	Drugs and medical supplie	S								
21	Taxidermy									
22	Historical artifacts									
23	Scientific specimens									
24	Archeological artifacts									
25	Other ► (Gifts	& gift)	X	11		1,304.				
26	Other 🕨 ()								
27	Other 🕨 ()								
28	Other 🕨 ()								
29	Number of Forms 8283 rec									
	for which the organization	completed Form 82	283, Part IV,	Donee Acknowled	gement	29				
									Yes	No
30a	During the year, did the or									
	at least three years from th				-		purposes for			v
	the entire holding period?							<u>30a</u>		X
	If "Yes," describe the arran		المريحة المريحة	and the state of t	-f	n aloual a such that the				v
31	Does the organization have						ons?	31		Х
32a	Does the organization hire	·		0						v
								32a		X
b	If "Yes," describe in Part II	•								

Noncash Contributions

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.

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

Schedule M (Form 990) (2012)

OMB No. 1545-0047

19

232141 12-20-12

09291216 795402 3078.02

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

Department of the Treesury

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.



Athens Community Council on Aging, Inc. Employer identification number 58-0977680

Form 990, Part III, Line 4a, Program Service Accomplishments:

services five days per week. The Mobile Adult Day Care Program offered

each Tuesday is located in Monroe and partners with the local senior

center. This program offers socialization, respite for caregivers,

personal care services and nutritious meals.

Form 990, Part III, Line 4d, Other Program Services:

Athens-Clarke County Senior Center provides noonday meals, wellness

programming, education and recreation in the center, as well as

outreach and visitation to homebound older adults.

The Athens-Clarke County Senior Center at the Athens Community Council

on Aging is a multi-purpose center dedicated to offering a variety of

opportunities for older adults of the Athens area to participate

actively in unique social, cultural, educational, and health-related

services and programs.

Transportation provides door-to-door escort to ACCA programs and other

medical, social service, and shopping trips in Clarke County.

GeorgiaCares program offers free, unbiased counseling on health

insurance coverage and issues including Medicare and Medicaid.

Long-Term Care Ombusdman program advocates for the rights of nursing

home and personal care home residents, provide educational

opportunities, and investigate and resolve complaints in long-term care

facilities.

 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990 or 990-EZ) (2012)

 232211
 30

Schedule O (Form 990 or 990-EZ) (2012)							Page 2		
Name of the organization	Athens	Community	Council	on	Aging,	Inc.	Employer identification number 58-0977680		

Retired & Senior Volunteer program offers one stop shopping for					
volunteers 55 and over who want to find challenging, rewarding, and					
significant service opportunities in their local communities. The					
Senior Companion Program brings together volunteers age 55 and over					
with adults in their community who have difficulty with the simple					
tasks of day to day living. Foster Grandparent program connects					
volunteers age 55 and over with children and young people with					
exceptional needs.					

Grandparents Raising Grandchildren offers services which support and empower Grandparents who are fulfilling the vital role of caregiver for their Grandchildren. By providing these services, the program strives to strengthen the entire family unit.

Expenses \$ 1,392,848. including grants of \$ 0. Revenue \$ 1,759,443.

Form 990, Part VI, Section A, line 8b: There are written minutes for the Board of Directors meetings and for the individual committee meetings.

Form 990, Part VI, Section B, line 11: The Chief Executive Officer and Chief Financial Officer review the Form 990 before review with the Finance Committee. The Finance Committee then reviews the draft of Form 990 and calls a meeting with the auditors to ask any questions. Once approval from the Finance Committee is confirmed a recommendation goes to the Board of Directors for a formal vote of approval. The auditors are then allowed to file the Form 990.

Form 990, Part VI, Section B, Line 15: The Personnel Manager contacts 232212 01-04-13 31 09291216 795402 3078.02 2012.05020 Athens Community Council on 3078_021

Schedule O (Form 990 or 990-EZ) (2012)		Page 2
Name of the organization Athens Community Council on Ag	ging, Inc.	Employer identification number 58-0977680
organizations that may have similar position	ns to check co	ompensation and
checks the Georgia Department of Labor webs	ite survey of	salaries and
wages. The Chief Executive Officer and/or	Board of Direc	tors' Executive
Committee determines an appropriate salary	taking into co	onsideration any
budget constraints.		
Form 990, Part VI, Section C, Line 19: Athe	ns Community C	Council on Aging
makes its governing documents, policies and	financial sta	tements available
upon request.		
Form 990, Part XI, line 9, Changes in Net A	ssets:	
Foundation funds no longer controled by Cour	ncil	-18,240.
²³²²¹² 01-04-13 32	Schee	dule O (Form 990 or 990-EZ) (2012)
	s Community C	ouncil on 3078_021

SCHEDUL	ER.

Related Organizations and Unrelated Partnerships

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

OMB No. 1545-0047 2012 Open to Public

Inspection

Name of the organization

Athens Community Council on Aging, Inc.

Employer identification number 58-0977680

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt Part II organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
Athens Community Council on Aging							
Foundation, Inc 58-2628856, 135 Hoyt	Distributions to 501 (c)						
Street, Athens, GA 30601	(3) organizations	Georgia	501(c)(3)	Line 1			x
]						
]						

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

Schedule R (Form 990) 2012

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related or an analysis of the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related or an analysis of the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related or an analysis of the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related or an analysis of the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related or an analysis of the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related or an analysis of the organization and the organ

(a) Name, address, and EIN of related organization	(b) Primary activity	(C) Legal domicile (state or	(d) Direct controlling entity	Predomin (related, excluded fi	(e) nant income unrelated, rom tax under	Share	(f) e of total come	Sha end-	(g) are of of-year sets		h) portion- cations?	(i) Code V-UE amount in b 20 of Sched	SI Gi OX ^m	(j) eneral or anaging partner?	(k Perce owne	entac
		foreign country)		sections	512-514)			a5	5015	Yes	No	K-1 (Form 10				
	-															
	_															
	_															
	_															
														_		
	-															
	-															
	-															
IV Identification of Related C) Irganizations Taxable	as a Corpo	pration or Trust (C	omplete if t	he organizat	ion ans	wered "Yes	s" to For	m 990, Pa	art IV,	l ine 34	because it ha	ld one	or mo	re rela	iteo
organizations treated as a c	corporation or trust durin	ng the tax	year.) (b)	(c)	(d)		(e))	(f	<u> </u>		(g)		h)	(i	
Name, address, and of related organizat	EIN ion	Prim	ary activity	Legal domicile (state or foreign country)	Direct con entity	trolling	Type of (C corp, s or tru	entity S corp,	Share o inco	of total			Perce	entage ership	(i Sec 512(b contr enti Yes	ity?
															103	
																_
																L

Schedule R (Form 990) 2012 Athens Community Council on Aging, Inc.

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

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No
1 During the tax year, did the organization engage in any of the following transa						
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled e						X
b Gift, grant, or capital contribution to related organization(s)				1b		X
c Gift, grant, or capital contribution from related organization(s)				1c		X
d Loans or loan guarantees to or for related organization(s)				1d		X
e Loans or loan guarantees by related organization(s)				1e		X
f Dividends from related organization(s)				1f		x
g Sale of assets to related organization(s)				1g		Х
h Purchase of assets from related organization(s)				1h		X
i Exchange of assets with related organization(s)				1i		Х
j Lease of facilities, equipment, or other assets to related organization(s)				1 j		Х
k Lease of facilities, equipment, or other assets from related organization(s)				1k		x
I Performance of services or membership or fundraising solicitations for related	d organization(s)			11		Х
m Performance of services or membership or fundraising solicitations by related						Х
n Sharing of facilities, equipment, mailing lists, or other assets with related orga						Х
o Sharing of paid employees with related organization(s)						
p Reimbursement paid to related organization(s) for expenses				1p		x
q Reimbursement paid by related organization(s) for expenses				<u> </u>		X
r Other transfer of cash or property to related organization(s)				1r		X
s Other transfer of cash or property from related organization(s)				1s		Х
2 If the answer to any of the above is "Yes," see the instructions for information						
(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount	involved		
<u>(1)</u>						
<u>(</u> 2)						
(3)						
(4)						
(5)						
<u>. / </u>						

(6)

Schedule R (Form 990) 2012 Athens Community Council on Aging, Inc.

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Predominant income (related, unrelated, excluded from tax under section 512-514)	(e) Are a partners 501(c) orgs.) all s sec.)(3) .?	(f) Share of total	(g) Share of end-of-year	Dispr tion alloca	h) ropor- nate itions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) Genera manag partn	al or F ging Ier?	(k) Percentage ownership	
		country)	under section 512-514)	Yes I	No	income	assets	Yes	No	(Form 1065)	Yes	NO		
											\square			
											\square			
				\vdash					\vdash		\vdash			
				$\left \right $							┢─┼	-+		

Schedule R (Form 990) 2012

chedule R (Fo	orm 990) 2012 upplemental In	Athens	Community	Council	on Aging	, inc.	20-097	/000 Pa
			information for resp	onses to questi	ons on Schedule F	k (see instru	ctions).	
0		provide additional						
2165 12-10-12				27			Schedule R	(Form 990)
		8.02		37	Communit			

TAX RETURN FILING INSTRUCTIONS

FORM 990-T

FOR THE YEAR ENDING

June 30, 2013

Prepared for	
	Athens Community Council on Aging, Inc. 135 Hoyt Street Athens, GA 30601
Prepared by	Metcalf Davis, CPAs 3340 Peachtree Road, NE, Suite 2600 Atlanta, GA 30326-1089
Amount due or refund	No amount is due.
Make check payable to	No amount is due.
Mail tax return and check (if applicable) to	Department of the Treasury Internal Revenue Service Center Ogden, UT 84201-0027
Return must be mailed on or before	May 15, 2014
Special Instructions	The return should be signed and dated.

Form	990-T	E	Exempt Organizatio				Fax Return	ן ו	OMB No. 1545-0687
	ent of the Treasury Revenue Service	For o	alendar year 2012 or other tax year beginning	.TTTT. 1	erse 2	ction 6033(e))	TTN 30 20	13	Open to Public Inspection for
A	Check box if	For c	Name of organization (Check bo				UN 30, 20		yer identification number
A	address changed			IX II HAIHE C	nanyeu			(Emplo instruc	byees' trust, see ctions.)
B Exe	mpt under section	Print	Athens Community	Counc	i1 (on Aging, I	nc.	58	8-0977680
	501(c)(3)	or	Number, street, and room or suite no.					E Unrela	ted business activity codes
	408(e) 220(e)	Туре	135 Hoyt Street		, 000 m			(See in	structions)
	408A 530(a)		City or town, state, and ZIP code						
	529(a)		Athens, GA 30601						
	()	F Group	exemption number (see instructions)						
	d of year		corganization type X 501(c)	corporatio	n	501(c) trust	401(a) trust		Other trust
4,	008,609.		· · · · · · · · · · · · · · · · · · ·	•			()		
		n's prim	ary unrelated business activity. 🕨 NO	NE					
-			oration a subsidiary in an affiliated grou		nt-subsi	diary controlled group?		Yes	s X No
			ifying number of the parent corporation			, , , , , , , , , , , , , , , , , , , ,			
			Jennie Deese			Telept	none number 🕨 7	06-5	549-4850
Part	I Unrelate	d Trac	le or Business Income			(A) Income	(B) Expenses		(C) Net
1a G	ross receipts or sale	es							
	ess returns and allo		c Balance		1c				
2 C	ost of goods sold (S	Schedule	A, line 7)		2				
	ross profit. Subtrac				3				
4a C									
	Income (loss) from partnerships and S corporations (attach statement) 5								
	Rent income (Schedule C) 6								
7 U	Unrelated debt-financed income (Schedule E) 7								
	Interest, annuities, royalties, and rents from controlled organizations (Sch. F) 8								
9 Ir	9 Investment income of a section 501(c)(7), (9), or (17) organization								
(8	Schedule G)				9				
10 E			me (Schedule I)		10				
			e J)		11				
			s; attach statement)		12				
			gh 12		13	0.			
Part	II Deductio	ons No	ot Taken Elsewhere (see instr	uctions fo	r limita	tions on deductions)			
	(except for	contribu	itions, deductions must be directly	connected	d with t	he unrelated busines	s income)		
14 (Compensation of of	ficers, di	rectors, and trustees (Schedule K)					14	
15 3	Salaries and wages							15	
16 I	Repairs and mainter	nance .						16	
17 I	Bad debts							17	
18	Interest (attach state	ement) _.						18	
19	Taxes and licenses							19	
			instructions for limitation rules)					20	
			562)						
			n Schedule A and elsewhere on return					22b	
23 I	Depletion							23	
			mpensation plans					24	
								25	
			chedule I)					26	
27	Excess readership c	osts (Sc	hedule J)					27	
			tement)					28	
			es 14 through 28					29	0.
			ncome before net operating loss deducti					30	0.
			(limited to the amount on line 30)					31	^
			ncome before specific deduction. Subtra					32	0.
			\$1,000, but see instructions for except					33	1,000.
			able income. Subtract line 33 from line						0
								34	. 0
223701 01-11-13	3 LHA For Pa	perwork	Reduction Act Notice, see instructions.		39				Form 990-T (2012)
2010	16 79540	ງ ວດ	78 0.2 2012 (15020			ity Course	; 1 ~	n 3078_021
<u>۲</u> ۲ ۲ ۲ ۲	19040	ചാധ		10000	AUI.		LCY COUNC.	<u>гт О</u>	TT 2010_02T

			Community	Council	on	Aging,	Inc.
Part III	Tax	x Computa	tion				

Page **2**

35 Or	ganizations taxable as corporat	i ons (see instruc	tions for tax con	nputation).						
	ntrolled group members (section									
	ter your share of the \$50,000, \$2		25,000 taxable ii	ncome brackets (in tha	at order):					
(1)		(2) \$		(3) \$						
	ter organization's share of: (1) A		•							
) Additional 3% tax (not more that									~
	come tax on the amount on line 3						► 35c			0
36 Tri	usts taxable at trust rates (see in		• • •							
	Tax rate schedule or									
	oxy tax (see instructions)						▶ 37			
								<u> </u>		
	tal. Add lines 37 and 38 to line 3	5c or 36, whiche	ver applies				39			0
	Tax and Payments				<u> </u>		_	·		
	reign tax credit (corporations atta						_			
b Oti	her credits (see instructions)				40b		_			
c Ge	neral business credit. Attach For	m 3800			40c		_			
	edit for prior year minimum tax (a									
	tal credits. Add lines 40a throug							<u> </u>		
	btract line 40e from line 39					7	. 41			0
	her taxes. Check if from: 🔛 Fo									
						1	. 43			0
	yments: A 2011 overpayment cr						_			
D 20	12 estimated tax payments				44b		_			
c la:	x deposited with Form 8868				44c		_			
	reign organizations: Tax paid or v						_			
	ckup withholding (see instruction						_			
	edit for small employer health ins			3941)	44f		_			
_		E Fo								
	Form 4136			Tota						
45 To	tal payments. Add lines 44a thro	ugh 44g					45	ļ		
	timated tax penalty (see instruction									
	x due. If line 45 is less than the to							<u> </u>		0
	rerpayment. If line 45 is larger th					- I .	► <u>48</u>	<u> </u>		0
	ter the amount of line 48 you wa					Refunded	▶ 49	<u> </u>		
	Statements Regardin	-					. ,			
	time during the 2012 calendar ye								Yes	No
	es, or other) in a foreign country					rt of Foreign Bank and	Financial			v
ACCOUN During the	its. If "Yes," enter the name of the	IOTEIGN COUNTRY e a distribution from	nere n. or was it the gran	tor of, or transferor to, a for	reign trust?					X
	he tax year, did the organization receive see instructions for other forms the org									X
	ne amount of tax-exempt interest				NT / 7					
	e A - Cost of Goods S	OIG. Enter me	thod of invente		N/A					
	ory at beginning of year						6	<u> </u>		
Purcha		2		7 Cost of goods s			_			
	labor	3				Part I, line 2	7	<u> </u>		
	al section 263A costs (att. statement)	4a		8 Do the rules of s		•			Yes	N
	osts (attach statement)	4b		property produc	ced or acquire	d for resale) apply to				
5 Total./	Add lines 1 through 4b	5		the organization						
ian	Under penalties of perjury, I declare th correct, and complete. Declaration of	nat I have examined preparer (other than	this return, includi taxpayer) is based	ng accompanying schedule on all information of which	es and statemen h preparer has a	ts, and to the best of my ny knowledge.	knowledge a	and belief, it	is true,	
ign Iere				N -			May the IF	RS discuss th	nis return	with
lere	Cianature of officer		Data	Pres	ident/	CEO		er shown be		-
	Signature of officer	1	Date	I I Itie	-	i	instruction	is)? 🔀 Y	/es	_ N
	Print/Type preparer's name		Preparer's sign	ature	Date	Check	if PT	Í N		
Paid			.			self- employ				
Prepare	r Susan Hill		Susan H	ill	12/16			00846		
Jse Onl	🖌 Firm's name 🕨 Metca			-		Firm's EIN	► 5	8-172	2975	1
	- 334			ad, NE, Su	ite 26	00		• • -		
	Firm's address 🕨 Atl	<u>anta, G</u>	A 30326	-1089		Phone no.	(40	4) 26		
3711 01-11-	-13							Form S)90-T	(201
				40						
91216	795402 3078.02	2	2012.05	020 Athens	s Commu	unity Coun	cil d	on 30	78_()2:

		neal		.,		Property	/ Lease	d With Real Pr	ope	rty)(see instructions)
Description of property										
(1)										
(2)										
3)										
(4)	2.	Rent receive	d or accrue	d						
(a) From personal property (if rent for personal property 10% but not more th	the percentag		(b) F	rom real ar f rent for pe	nd personal proper ersonal property ex t is based on profit	ceeds 50% or	ntage if	3(a) Deductions direc columns 2(a)	tly con and 2(t	nected with the income in (attach statement)
(1)										
(2)										
(3) (4)										
(4) Fotal		0.	Total				0.			
c) Total income. Add totals of col	umns 2(a) a	•••	ter					(b) Total deductions.		
ere and on page 1, Part I, line 6, c	. ,						0.	Enter here and on page 1 Part I, line 6, column (B)	>	
chedule E - Unrelated	l Debt-Fi	inanced	Incom	e (see i	nstructions)					
					2. Gross ind	omo from		3. Deductions directly c to debt-fina	onnect	ed with or allocable
1. Description of	debt-financed	l property			or allocable financed p	e to debt-	(a) :	Straight line depreciation (attach statement)		(b) Other deductions (attach statement)
(4)										
(1)									-+	
(2)							-			
(3) (4)							_		-	
4. Amount of average acquisition		5. Average	adiusted ba	isis	6. Column	4 divided		7. Gross income		8. Allocable deductions
debt on or allocable to debt-finance property (attach statement)	ed	of or a debt-final	llocable to need proper statement)		by colu			reportable (column 2 x column 6)		(column 6 x total of colum 3(a) and 3(b))
(1)						%				
(2)						%				
(3)						%				
(4)						%	_			
								ter here and on page 1, art I, line 7, column (A).		Enter here and on page 1, Part I, line 7, column (B).
Totals									0.	
Total dividends-received deducti Schedule F - Interest, A	ions include	d in column	8		to From A					(
Schedule F - Interest, A	Annuities	s, Royal	ties, ar		t Controlled O			izations (see in	struc	tions)
1. Name of controlled organization	on	2. Employer ide numb		Net un	3. irelated income see instructions)	Total of	4. specified nts made	5. Part of column 4 included in the contror organization's gross in the control of the control o	that is olling ncome	6. Deductions directly connected with income in column 5
								_		ļ
(1)										
(3)										
(2) (3) (4)	zations						0 Part of c	olumn 9 that is included	11	Deductions directly connect
(3) (4) Ionexempt Controlled Organiz		related incom	e (loss)	9 To	tal of specified pay			rolling organization's	,	with income in column 10
(3) (4)	8. Net un	related incom e instructions		9 . To	tal of specified pay made	ments I		oss income		
(3) (4) Ionexempt Controlled Organiz 7. Taxable Income	8. Net un			9 . To				oss income		
(3) (4) Ionexempt Controlled Organiz 7. Taxable Income (1)	8. Net un			9. To				oss income		
(3) (4) Ionexempt Controlled Organiz 7. Taxable Income (1) (2)	8. Net un			9. To				oss income		
(3) (4) Ionexempt Controlled Organiz	8. Net un			9. To				oss income		
(3) (4) Ionexempt Controlled Organiz 7. Taxable Income (1) (2) (3)	8. Net un			9. To			gr Add co Enter here a	Jumns 5 and 10. and on page 1, Part I, 8, column (A).	Ent	Add columns 6 and 11. er here and on page 1, Part I line 8, column (B).
(3) (4) Ionexempt Controlled Organiz 7. Taxable Income (1) (2) (3)	8. Net uni (se	e instructions			made		gr Add co Enter here a	lumns 5 and 10. and on page 1, Part I,	Ent	er here and on page 1, Part I

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Page 4

0.

Ο.

5. Total deductions

and set-asides (col. 3 plus col. 4)

Enter here and on page 1, Part I, line 9, column (B).

7. Excess exempt expenses (column

6 minus column 5, but not more than column 4).

Enter here and on page 1, Part II, line 26.

			- Jeine T		EQ 007760
Form 990-T (2012) Ather Schedule G - Investr (see ir					58-097768
	escription of income		2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)
(1)					
(2)					
(3)					
(4)					
			Enter here and on page 1, Part I, line 9, column (A).		
Totals		►	0.		
Schedule I - Exploite			er Than Advertis	ng Income	
1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5
(1)					
(2)					
(3)					
(4)					
	Enter here and on page 1, Part I, line 10, col. (A)	Enter here and on page 1, Part I, line 10, col. (B)			•

0. Totals Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))	0.	0.				0.

0.

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in

columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income		Direct ing costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.		rculation come	6.	Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)									
(2)									
(3)									
(4)									
Totals from Part I	0.		0.						0.
	Enter here and on page 1, Part I, line 11, col. (A).	page	re and on 1, Part I, , col. (B).						Enter here and on page 1, Part II, line 27.
Totals, Part II (lines 1-5) 🕨	0.		0.						0.
Schedule K - Compensatio	n of Officers,	Direct	ors, and	d Trustees (see ir	nstructio	ons)			
1 . Name				2. Title		3. Percer time devot busines	ed to		ensation attributable related business
_(1)							%		
(2)							%		
(3)							%		
(4)							%		
Total. Enter here and on page 1, Part II, I	line 14						►		0.
									Form 990-T (2012)

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Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

► X

0 1

File a separate application for each return.

If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box

• If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (*e-file*) • You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/efile* and click on *e-file* for *Charities & Nonprofits*.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete
Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or				
print	Athens Community Council on Aging, Inc.	58-0977680				
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. C/O Metcalf Davis, 3340 Peachtree Road, #2600	Social security number (SSN)				
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. Atlanta, GA 30326-1089					

Enter the Return code for the return that this application is for (file a separate application for each return)

Application	Return	Application			Return
Is For	Code	Is For			Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)			07
Form 990-BL	02	Form 1041-A			08
Form 4720 (individual)	03	Form 4720			09
Form 990-PF	04	Form 5227			10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 990-T (trust other than above)	06	Form 8870			12
 The books are in the care of ► <u>135 Hoyt Street</u> Telephone No. ► <u>706-549-4850</u> 		FAX No. 🕨			
 If the organization does not have an office or place of business If this is for a Group Return, enter the organization's four digit (box). If it is for part of the group, check this box). I request an automatic 3-month (6 months for a corporation) 	Group Exe and atta	ited States, check this box mption Number (GEN) If this ch a list with the names and EINs of all r	s is for nemb	the whole group, cł	
February 15, 2014 , to file the exempt is for the organization's return for: □ □ calendar year or □ X tax year beginning JUL 1, 2012 2 If the tax year entered in line 1 is for less than 12 months, cl □ Change in accounting period	, an	d ending JUN 30, 2013	return	_ ·	
3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, c nonrefundable credits. See instructions.	or 6069, ei	nter the tentative tax, less any	3a	\$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, estimated tax payments made. Include any prior year overp	-		Зb	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your page	yment wit	h this form, if required,			-
by using EFTPS (Electronic Federal Tax Payment System).	See instru	ctions.	3c	\$	0.
Caution. If you are going to make an electronic fund withdrawal w	ith this Fo	orm 8868, see Form 8453-EO and Form 8	3879-l	EO for payment instr	uctions.
LHA For Privacy Act and Paperwork Reduction Act Notice,	see instru	uctions.		Form 8868 (Re	v. 1-2013)

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Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

► X

0 7

File a separate application for each return.

If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box

• If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (*e-file*). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/efile* and click on *e-file* for *Charities & Nonprofits*.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or
print	Athens Community Council on Aging, Inc.	58-0977680
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. C/O Metcalf Davis, 3340 Peachtree Road, #2600	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. Atlanta, GA 30326-1089	

Enter the Return code for the return that this application is for (file a separate application for each return)

Application	Retu	urn	Application			Return		
Is For	Cod	de	Is For					
Form 990 or Form 990-EZ	orm 990 or Form 990-EZ 01 Form 990-T (corporation)							
Form 990-BL	02	2	Form 1041-A			08		
Form 4720 (individual)	03	3	Form 4720			09		
Form 990-PF	04	4	Form 5227					
Form 990-T (sec. 401(a) or 408(a) trust)	05	5	Form 6069			11		
Form 990-T (trust other than above)	06	6	Form 8870			12		
 The books are in the care of ▶ 135 Ho Telephone No.▶ 706-549-4850 	e Deese oyt Street -	At	hens, GA 30601 FAX No. ►					
 If the organization does not have an office or 	place of business in the	ne Uni	ted States, check this box		►			
• If this is for a Group Return, enter the organiz	zation's four digit Group k this box \blacktriangleright and a	o Exer I attac	nption Number (GEN) If thi h a list with the names and EINs of all	s is for memb	the whole group, cl			
 is for the organization's return for: Calendar year or X tax year beginning JUL 1, 2 If the tax year entered in line 1 is for less t Change in accounting period 	2012 , han 12 months, check re	, and reaso	n: 🗌 Initial return 🗌 Fina	l returi	_ ·			
3a If this application is for Form 990-BL, 990- nonrefundable credits. See instructions.	PF, 990-T, 4720, or 6069	69, en	ter the tentative tax, less any	3a	\$	0.		
b If this application is for Form 990-PF, 990-	T, 4720, or 6069, enter a	any r	efundable credits and					
estimated tax payments made. Include ar	ny prior year overpaymer	ent alle	owed as a credit.	3b	\$	0.		
c Balance due. Subtract line 3b from line 3	a. Include your payment	nt with	this form, if required,					
by using EFTPS (Electronic Federal Tax P	ayment System). See ins	nstruc	tions.	3c	\$	0.		
Caution. If you are going to make an electronic	fund withdrawal with thi	nis Fo	rm 8868, see Form 8453-EO and Form	8879-l	EO for payment instr	uctions.		
LHA For Privacy Act and Paperwork Reduc	ction Act Notice, see in	nstru	ctions.		Form 8868 (Re	v. 1-2013)		
223841 01-21-13								

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Form	8879-EO
Form	0013-LU

IRS *e-file* Signature Authorization

OMB No. 1545-1878

for an Exempt Organization

For calendar year 2012, or fiscal year beginning ~JUL~1~ , 2012, and ending ~JUN~30~ ,20 13~

Department of the Treasury Internal Revenue Service

Do not send to the IRS. Keep for your records.

Name of exempt organization

Employer identification number

Athens Community Council on Aging, Inc.

58-0977680

Name and title of officer
Jennie Deese
President/CEO

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a**, **2a**, **3a**, **4a**, or **5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b**, **2b**, **3b**, **4b**, or **5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

1a	Form 990 check here b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	3782850
2a	Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a	Form 1120-POL check here b Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a	Form 8868 check here b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2012 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

X Lauthorize Metcalf Davis, CPAs	to enter my PIN	57680
ERO firm name		Enter five numbers, bu do not enter all zeros
as my signature on the organization's tax year 2012 electronically filed return. If I have indicated with is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also enter my PIN on the return's disclosure consent screen.		
As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 20 indicated within this return that a copy of the return is being filed with a state agency(ies) regulating or program, I will enter my PIN on the return's disclosure consent screen.	,	
Officer's signature Date		
Part III Certification and Authentication		
ERO's EFIN/PIN. Enter your six-digit electronic filing identification		
number (EFIN) followed by your five-digit self-selected PIN. do not enter all ze		
I certify that the above numeric entry is my PIN, which is my signature on the 2012 electronically filed return for confirm that I am submitting this return in accordance with the requirements of Pub. 4163 , Modernized e-File (<i>I e-file</i> Providers for Business Returns.	•	
ERO's signature Date 1	2/16/13	
ERO Must Retain This Form - See Instructions		
Do Not Submit This Form To the IRS Unless Requested To	Do So	
LHA For Paperwork Reduction Act Notice, see instructions. 223051 11-05-12	Forr	m 8879-EO (2012)

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TAX RETURN FILING INSTRUCTIONS

GEORGIA FORM 600-T

FOR THE YEAR ENDING

June 30, 2013

Athens Community Council on Aging, Inc. 135 Hoyt Street Athens, GA 30601
Metcalf Davis, CPAs 3340 Peachtree Road, NE, Suite 2600 Atlanta, GA 30326-1089
No payment required
Not applicable
Georgia Department of Revenue P.O. Box 740397 Atlanta, GA 30374-0397
Please mail as soon as possible.
The return should be signed and dated by an authorized individual.

Georgia Form 600-T (Rev. 8/12)	Georgia	Form	600-	·T	(Rev. 8/12)
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Exempt Organization Unrelated Business Income Tax Return



Mailing Address: Georgia Department of Revenue Processing Center P.O. Box 740397 Atlanta, Georgia 30374-0397

Amended	Amended due to IRS changes	Address Char	nge	UET Annualization Exce	ption	attached		Page 1
Exempt Or	ganization Unrelated Busi	iness Income	Tax I	Return (Under Georgia	Code	e Section 48	3-7-25)	2012
For the taxable	e year beginning	05	7/01	./2012 and ending	0	6/30/2	013	
Name of Orga		Name of Fiducia			Fec	leral Emplo	ver ID No. (in c	ase of employees'
					sect	ion 501 (a), i	nsert the trust's i	and exempt under dentification number.)
Athens (Community Council				5	8-0977	680	
Number and S	street	Number and Str	eet					
135 Hoyt	Street				NAI	CS Code	Date of current	IRS code section for
City or Town		City or Town			1		exemption letter.	which you are exempt.
Athens								
State	ZIP Code	State	ZIP	Code]			
GA	30601							
							SCHEDU	ILE 1
1 Uprolated k	ousiness taxable income from Fede		Hach o					0.
1. Unrelated t	business taxable income from Fede	eral Form 990-1 (al	llach c	юру) 🕨	1.			0.
2. Additions .				►	2.			
3. Total (add I	ine 1 and line 2)				3.			
4. Subtraction	ıs				4.			
								0
ŭ	related business taxable income (li DN OF GEORGIA UNRELATED B	· · · ·		· · · · ·	5.		SCHEDU	0.
COMPUTATIO	DN OF GEORGIA ONNELATED D	USINESS INCOM					SCHEDU	
1. Line 5, abo	ve, multiplied by 6%			►	1.			
2. Less: Credi	ts and Payments				2.			
3. Withholding	g Credits (G-2A, G-2LP and/or G-2F	RP)			3.			
4. Balance of	tax due OR overpayment			►	4.			0.
5. Interest due	e (see instructions)				5.			
6. Underestim	nated tax penalty			►	6.			
7. Other pena	Ities due (see instructions)				7.			
8. Balance of	tax, interest and penalties due wit	h return			8.			
9 If line 4 is a	n overpayment, amount to be cred	dited on _		-				
Estimated	Tax	Refunded						
A COPY OF TH DECLARATION to the best of o	IE FEDERAL 990 T AND SUPPOF : I/We declare, under penalty of pe ur knowledge and belief it is true, o of which s/he has any knowledge.	RTING SCHEDUL	ES (Al ve exa	mined this return (includi	ng ac	companyin	g schedules an	d statements) and
Jennie I								_
Signature of Of				Signature of Indiv		or Firm Pre	paring Return	
Presider	nt/CEO 12/16/	/13		P00846200				

						2					
09291216	795402	3078.	02	2012.	05020	Athens	Community	Council	on	3078_	_021

Date

Title

245981 01-04-13

Employee ID or Social Security Number