efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493227015503

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2012

Open to Public Inspection

A For the 2012 calendar year, or tax year beginning 01-01-2012 , 2012, and ending 12-31-2012

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

C Name of organization
THE COMMUNITY ACTION PARTNERSHIP OF NORTH ALABAMA INC

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
1909 CENTRAL PARKWAY SW

City or town, state or country, and ZIP + 4
DECATUR, AL 356016822

D Employer identification number
63-0514875

E Telephone number
(256) 355-7843

G Gross receipts $ 28,061,678

F Name and address of principal officer

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

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

J Website: ▶ WWW CAPNA ORG

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

L Year of formation 1966

M State of legal domicile AL

Part I Summary

1 Briefly describe the organization's mission or most significant activities
THE COMMUNITY ACTION PARTNERSHIP OF NORTH ALABAMA, A RESULTS-DRIVEN NON-PROFIT BUSINESS, IS COMMITTED TO REDUCING OR ELIMINATING THE CAUSES AND CONSEQUENCES OF POVERTY

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	18
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	18
5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	**5**	553
6	Total number of volunteers (estimate if necessary)	**6**	1,200
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	

		Prior Year	Current Year
Revenue			
8	Contributions and grants (Part VIII, line 1h)	22,668,689	24,064,109
9	Program service revenue (Part VIII, line 2g)		0
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4,558	8,188
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,964,623	3,989,381
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	25,637,870	28,061,678
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	2,691,492	2,188,556
14	Benefits paid to or for members (Part IX, column (A), line 4)		0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	13,370,506	14,731,273
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	14,154,199	11,737,135
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	30,216,197	28,656,964
19	Revenue less expenses Subtract line 18 from line 12	-4,578,327	-595,286

		Beginning of Current Year	End of Year
Net Assets or Fund Balances			
20	Total assets (Part X, line 16)	33,132,983	32,764,708
21	Total liabilities (Part X, line 26)	15,199,935	15,258,966
22	Net assets or fund balances Subtract line 21 from line 20	17,933,048	17,505,742

Part II Signature Block

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

Sign Here

****** | 2013-07-15
Signature of officer | Date

FRED HARVEY CHIEF FINANCIAL OFFICER
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
IRVIN R STRICKLAND		2013-08-14		

Firm's name ▶ WEAR HOWELL STRICKLAND QUINN &LAWLLC | Firm's EIN ▶

Firm's address ▶ 1323 STRATFORD RD SE
DECATUR, AL 356016029 | Phone no (256) 353-8902

May the IRS discuss this return with the preparer shown above? (see instructions) ☐ Yes ☐ No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

THE COMMUNITY ACTION PARTNERSHIP OF NORTH ALABAMA, A RESULTS-DRIVEN NON-PROFIT BUSINESS, IS COMMITTED TO REDUCING OR ELIMINATING THE CAUSES AND CONSEQUENCES OF POVERTY

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☑ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 15,601,431 including grants of $) (Revenue $)

DEPARTMENT OF HEALTH & HUMAN SERVICES - ADMINISTRATION OF HEAD START AND EARLY HEAD START

4b (Code) (Expenses $ 3,036,668 including grants of $ 2,133,227) (Revenue $)

BLOCK GRANT PROGRAMS - PASSED THROUGH THE ALABAMA DEPARTMENT OF ECONOMIC & COMMUNITY AFFAIRS - LOCAL INNIATIVE, HOMELESS, LOW INCOME ENERGY ASSISTANCE AND WEATHERIZATION

4c (Code) (Expenses $ 1,179,534 including grants of $) (Revenue $)

DEPARTMENT OF AGRICULTURE PASSED THROUGH THE STATE OF ALABAMA DEPARTMENT OF EDUCATION - MEAL ASSISTANCE FOR THE HEAD START AND EARLY HEAD START PROGRAMS

(Code) (Expenses $ 7,812,236 including grants of $ 55,329) (Revenue $)

OTHER PROGRAMS AND GRANTS CORPORATION FOR NATIONAL & COMMUNITY SERVICE PROGRAMS - FOSTER GRANDPARENT/SENIOR COMPANIONS, MEALS ON WHEELS, UNITED WAY OF AMERICA, AND ALABAMA SCHOOL READINESS PROGRAM

4d Other program services (Describe in Schedule O)

(Expenses $ 7,812,236 including grants of $ 55,329) (Revenue $)

4e **Total program service expenses** ▶ 27,629,869

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		No
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		No
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		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
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		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		No
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		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
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		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		No
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		No
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		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I (see instructions)*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**		No
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**	Yes	
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**		No
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**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease 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? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
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 II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
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**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**		No
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? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
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**		No
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**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V . . . . . ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	137		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c			No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	553		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .	3a			No
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .	5a			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .	6a			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a			No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	7f			No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			No
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			No
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?	9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .	14b			

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

Check if Schedule O contains a response to any question in this Part VI . . . . . ☑

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	**1a** 18		
	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**		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	**3**		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	**4**		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	**5**		No
6	Did the organization have members or stockholders?	**6**		No
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**		No
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**		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	**8a**	Yes	
b	Each committee with authority to act on behalf of the governing body?	**8b**	Yes	
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**		No

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

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

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply

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

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

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

▶FRED HARVEY 1909 CENTRAL PARKWAY SW DECATUR, AL (256) 355-7843

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, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) LEE FRANCES DIRECTOR	2 00	X						0	0	0
(2) CLEO MCDANIEL DIRECTOR	2 00	X						0	0	0
(3) MATT HOLMES DIRECTOR	2 00	X						0	0	0
(4) CHRISTINE GARNER DIRECTOR	2 00	X						0	0	0
(5) CAROLYN ORR DIRECTOR	2 00	X						0	0	0
(6) LORRIE LEE DIRECTOR	2 00	X						0	0	0
(7) PAUL LOTT DIRECTOR	2 00	X						0	0	0
(8) DARRIS FROST DIRECTOR	2 00	X						0	0	0
(9) JIM TURNER DIRECTOR	2 00	X						0	0	0
(10) ANNETTE CREEST DIRECTOR	2 00	X						0	0	0
(11) MIKE BATES DIRECTOR	2 00	X						0	0	0
(12) PAT GILBERT DIRECTOR	2 00	X						0	0	0
(13) SHELLY SLATE WATERS DIRECTOR	2 00	X						0	0	0
(14) TODD RUSSELL DIRECTOR	2 00	X						0	0	0
(15) GEORGE SPEAR DIRECTOR	2 00	X						0	0	0
(16) KENNETH KILGO DIRECTOR	2 00	X						0	0	0
(17) BRUCE GORDON DIRECTOR	2 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) MICHAEL TUBBS EXECUTIVE DI	40 00			X				118,946	0	0
(19) FRED L HARVEY CHIEF FINANC	40 00			X				110,219	0	0
(20) JACK GREEN CHIEF OUTCOM	40 00			X				107,317	0	0

1b	**Sub-Total** . . . . . ▶			
c	**Total from continuation sheets to Part VII, Section A** . . . . ▶			
d	**Total (add lines 1b and 1c)** . . . . . ▶	336,482		

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

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	4		No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	5		No

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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 ▶

Part VIII Statement of Revenue

Check if Schedule O contains a response to any question in this Part VIII . . . . . ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . .	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations . . .	1d				
	e	Government grants (contributions)	1e	19,652,932			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	4,411,177			
	g	Noncash contributions included in lines 1a-1f $		4,050,356			
	h	**Total.** Add lines 1a-1f . . . . . ▶		24,064,109			
Program Service Revenue			Business Code				
	2a						
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f . . . . . ▶					
	3	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		8,188	8,188		
	4	Income from investment of tax-exempt bond proceeds . . ▶					
	5	Royalties . . . . . ▶					
			(i) Real	(ii) Personal			
	6a	Gross rents					
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss) . . . . . ▶					
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory					
	b	Less cost or other basis and sales expenses					
	c	Gain or (loss)					
	d	Net gain or (loss) . . . . . ▶					
Other Revenue	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 . . a					
	b	Less direct expenses . . . b					
	c	Net income or (loss) from fundraising events . . ▶					
	9a	Gross income from gaming activities See Part IV, line 19 . . . a					
	b	Less direct expenses . . . b					
	c	Net income or (loss) from gaming activities . . ▶					
	10a	Gross sales of inventory, less returns and allowances . a					
	b	Less cost of goods sold . . b					
	c	Net income or (loss) from sales of inventory . . ▶					
		Miscellaneous Revenue	Business Code				
	11a	RENT INCOME		2,129,177	2,129,177		
	b	OTHER REVENUE		1,860,204	1,860,204		
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a–11d . . . . . ▶		3,989,381			
	12	**Total revenue.** See Instructions . . . . . ▶		28,061,678	3,997,569		

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A)

Check if Schedule O contains a response to any question in this Part IX . . . . . ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States See Part IV, line 21				
2 Grants and other assistance to individuals in the United States See Part IV, line 22	2,188,556	2,188,556		
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				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	9,825,940	9,286,980	538,960	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	4,905,333	4,726,363	178,970	
10 Payroll taxes				
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	506,733	443,187	63,546	
12 Advertising and promotion				
13 Office expenses	648,789	609,418	39,371	
14 Information technology				
15 Royalties . .				
16 Occupancy	2,452,523	2,393,075	59,448	
17 Travel	357,740	323,591	34,149	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	355,059	355,059		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,204,240	1,204,240		
23 Insurance				
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a OTHER EXPENSES	3,256,251	3,143,600	112,651	
b RENTAL EXPENSES	2,614,058	2,614,058		
c STIPENDS	341,742	341,742		
d				
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	28,656,964	27,629,869	1,027,095	0
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response to any question in this Part X . . . . . ☑

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		2,253,472	1	2,676,783
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net		378,393	3	393,042
	4	Accounts receivable, net		521,612	4	559,913
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net		1,084,963	7	1,090,918
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		27,714	9	23,876
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 38,664,489			
	b	Less accumulated depreciation	10b 10,871,042	28,594,542	10c	27,793,447
	11	Investments—publicly traded securities			11	
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		272,287	15	226,729
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		33,132,983	16	32,764,708
Liabilities	17	Accounts payable and accrued expenses		2,011,970	17	2,254,234
	18	Grants payable			18	
	19	Deferred revenue		139,652	19	240,205
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties		12,881,681	23	12,616,721
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		166,632	25	147,806
	26	**Total liabilities.** Add lines 17 through 25		15,199,935	26	15,258,966
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		17,388,058	27	16,936,047
	28	Temporarily restricted net assets		544,990	28	569,695
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		17,933,048	33	17,505,742
	34	Total liabilities and net assets/fund balances		33,132,983	34	32,764,708

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI . . . . . ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	28,061,678
2	Total expenses (must equal Part IX, column (A), line 25)	2	28,656,964
3	Revenue less expenses Subtract line 2 from line 1	3	-595,286
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	17,933,048
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	167,980
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	17,505,742

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII . . . . . ☐

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	Yes	

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493227015503

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
THE COMMUNITY ACTION PARTNERSHIP OF NORTH ALABAMA INC

Employer identification number
63-0514875

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

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

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☑ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Non-functionally integrated

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

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

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1 - 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
Total									

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	14,849,341	19,531,881	23,260,771	22,668,689	24,064,109	104,374,791
2 Tax revenues levied for the organization'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	2,135,140	3,555,939	3,423,478	2,897,867	4,050,356	16,062,780
4 **Total.** Add lines 1 through 3	16,984,481	23,087,820	26,684,249	25,566,556	28,114,465	120,437,571
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						120,437,571

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4	16,984,481	23,087,820	26,684,249	25,566,556	28,114,465	120,437,571
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	9,711	7,690	7,019	4,558	8,188	37,166
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 **Total support** (Add lines 7 through 10)						120,474,737

12	Gross receipts from related activities, etc (see instructions)	12	3,997,569

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** . . . . . ▶ ☐

Section C. Computation of Public Support Percentage

14	Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14	99 970 %
15	Public support percentage for 2011 Schedule A, Part II, line 14	15	99 950 %

16a **33 1/3% support test—2012.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☑

b **33 1/3% support test—2011.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10%-facts-and-circumstances test—2012.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

b **10%-facts-and-circumstances test—2011.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

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

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization'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 first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

19a **33 1/3% support tests—2012.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support tests—2011.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶☐

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

Facts And Circumstances Test

Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493227015503

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
THE COMMUNITY ACTION PARTNERSHIP OF NORTH ALABAMA INC

Employer identification number
63-0514875

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

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

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

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

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

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

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

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

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

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

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

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

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

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

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

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

b Assets included in Form 990, Part X ▶ $ _____

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

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

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

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

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

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

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

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶
- c Temporarily restricted endowment ▶

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

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

		Yes	No
(i) unrelated organizations	3a(i)		
(ii) related organizations	3a(ii)		
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		2,584,563		2,584,563
b Buildings		1,636,996	401,417	1,235,579
c Leasehold improvements				
d Equipment		344,127	244,805	99,322
e Other		34,098,803	10,224,820	23,873,983
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				27,793,447

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
Other		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶		

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

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶		

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

(a) Description	(b) Book value
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

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

1 (a) Description of liability	(b) Book value
Federal income taxes	
TENANT SECURITY DEPOSITS	120,405
ACCUMULATED DEFICIT INVESTMENT	27,401
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	147,806

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

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

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

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

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

Part XIII Supplemental Information

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

Identifier	Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493227015503

Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
THE COMMUNITY ACTION PARTNERSHIP OF NORTH ALABAMA INC

Employer identification number
63-0514875

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . ☐ Yes ☑ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . ▶

3 Enter total number of other organizations listed in the line 1 table . . . . ▶

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1) ENERGY ASSISTANCE	500	2,133,227			
(2) ENERGY ASSISTANCE	50	55,329			

Part IV **Supplemental Information.**

Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information

Identifier	Return Reference	Explanation
PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS INSIDE THE UNITED STATES	SCHEDULE I, PAGE 1, PART I, LINE 2	THE ORGANIZATION HAS A DETAILED FINANCIAL PROCEDURES MANUAL FOR MONITORING THE USE OF GRANT FUNDS IN THE UNITED STATES

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493227015503

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
THE COMMUNITY ACTION PARTNERSHIP OF NORTH ALABAMA INC

Employer identification number
63-0514875

Part I Types of Property

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art—Works of art				
2	Art—Historical treasures				
3	Art—Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded				
10	Securities—Closely held stock				
11	Securities—Partnership, LLC, or trust interests				
12	Securities—Miscellaneous				
13	Qualified conservation contribution—Historic structures				
14	Qualified conservation contribution—Other				
15	Real estate—Residential				
16	Real estate—Commercial	X	24	1,490,775	INDEPENDENT APPRAISAL
17	Real estate—Other				
18	Collectibles				
19	Food inventory	X	10	16,000	PRICE COMPARISON
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (SUPPLIES)	X	15	3,214	GOING RATE OF PROVIDER
26	Other ▶ (SALARIES)	X	1,250	2,540,367	PAY SCALE
27	Other ▶( )				
28	Other ▶ ( )				

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

			Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a		No
b	If "Yes," describe the arrangement in Part II			
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31	Yes	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		No
b	If "Yes," describe in Part II			
33	If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II			

Part II **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Identifier	Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493227015503

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
THE COMMUNITY ACTION PARTNERSHIP OF NORTH ALABAMA INC

Employer identification number
63-0514875

Identifier	Return Reference	Explanation
ALL OTHER ACCOMPLISHMENT DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4D	OTHER PROGRAMS AND GRANTS CORPORATION FOR NATIONAL & COMMUNITY SERVICE PROGRAMS - FOSTER GRANDPARENT/SENIOR COMPANIONS, MEALS ON WHEELS, UNITED WAY OF AMERICA, AND ALABAMA SCHOOL READINESS PROGRAM
ORGANIZATION'S PROCESS USED TO REVIEW FORM 990	FORM 990, PAGE 6, PART VI, LINE 11B	THE ENTITIES FORM 990 IS REVIEWED BY THE ENTITIES CHIEF FINANCIAL OFFICER AND THE BOARD OF DIRECTORS ARE INFORMED OF ITS AVAILABILITY
ENFORCEMENT OF CONFLICTS POLICY	FORM 990, PAGE 6, PART VI, LINE 12C	ALL DIRECTORS AND EMPLOYEES ARE REQUIRED ANNUALLY TO SIGN A DISCLOSURE OF CONFLICT OF INTEREST STATEMENT
COMPENSATION PROCESS FOR TOP OFFICIAL	FORM 990, PAGE 6, PART VI, LINE 15A	A WAGE STUDY IS PERFORMED EVERY 3 YEARS BY AN INDEPENDENT CONSULTING FIRM
COMPENSATION PROCESS FOR OFFICERS	FORM 990, PAGE 6, PART VI, LINE 15B	A WAGE STUDY IS PERFORMED EVERY 3 YEARS BY AN INDEPENDENT CONSULTING FIRM
GOVERNING DOCUMENTS DISCLOSURE EXPLANATION	FORM 990, PAGE 6, PART VI, LINE 19	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST AUDITED FINANCIAL STATEMENTS ARE AVAILABLE ON AGENCY'S WEBSITE
OTHER CHANGES IN NET ASSETS EXPLANATION	FORM 990, PART XI, LINE 9	CAPITAL DISTRIBUTIONS -9,361 ADJUSTMENTS TO BEGINNING EQUITY OF SUBSIDIARIES 177,341

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493227015503

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

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
THE COMMUNITY ACTION PARTNERSHIP OF NORTH ALABAMA INC

Employer identification number
63-0514875

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

Part II 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 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	(g) No
(1) PROPERTY HOLDINGS LLC 1901 CENTRAL PARKWAY SW DECATUR, AL 35601 63-1219887	REAL ESTAT	AL	501C	7	COMMUNITY ACTION PARTNERSHIP OF NORTH ALABAMA		No
(2) NORTH AL COMMUNITY PRTNRSP FUND LLC 1901 CENTRAL PARKWAY SW DECATUR, AL 35601	BANKING	AL	501C	7	COMMUNITY ACTION PARTNERSHIP OF NORTH ALABAMA		No
(3) ALABAMA WORX LLC 1909 CENTRAL PARKWAY SW DECATUR, AL 35601 46-0986291	RECYCLING	AL	501C	7	COMMUNITY ACTION PARTNERSHIP OF NORTH ALABAMA		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
See Additional Data Table												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
See Additional Data Table									

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to 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 orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a	Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties or **(iv)** rent from a controlled entity	1a	No
b	Gift, grant, or capital contribution to related organization(s)	1b	No
c	Gift, grant, or capital contribution from related organization(s)	1c	No
d	Loans or loan guarantees to or for related organization(s)	1d	No
e	Loans or loan guarantees by related organization(s)	1e	No
f	Dividends from related organization(s)	1f	No
g	Sale of assets to related organization(s)	1g	No
h	Purchase of assets from related organization(s)	1h	No
i	Exchange of assets with related organization(s)	1i	No
j	Lease of facilities, equipment, or other assets to related organization(s)	1j	No
k	Lease of facilities, equipment, or other assets from related organization(s)	1k	No
l	Performance of services or membership or fundraising solicitations for related organization(s)	1l	No
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m	No
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	No
o	Sharing of paid employees with related organization(s)	1o	No
p	Reimbursement paid to related organization(s) for expenses	1p	No
q	Reimbursement paid by related organization(s) for expenses	1q	No
r	Other transfer of cash or property to related organization(s)	1r	No
s	Other transfer of cash or property from related organization(s)	1s	No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

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 country)	(d) Predominant income (related, unrelated, excluded from tax under section 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 63-0514875
Name: THE COMMUNITY ACTION PARTNERSHIP OF NORTH ALABAMA INC

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount on Box 20 of K-1	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
NORTHGATE PLACE APARTMENTS LTD 527 MAIN AVE SUITE A NORTHPORT, AL 35476 94-3414934	REAL ESTAT	AL	NA	RELATED	-10	-110		No			No	0 010 %
SADDLE RIDGE APARTMENTS LTD 527 MAIN AVE SUITE A NORTHPORT, AL 35476 20-0314459	REAL ESTAT	AL	NA	RELATED	-1	-11,324		No			No	0 070 %
ALEXANDER TERRACE APARTMENTS 210 LENWOOD ROAD DECATUR, AL 35603 72-1398379	REAL ESTAT	AL	NA	RELATED	-38	325		No			No	0 100 %
DEER RUN APARTMENTS LTD 210 LENWOOD ROAD DECATUR, AL 35603 63-1209805	REAL ESTAT	AL	NA	RELATED	-46	-12,893		No			No	0 100 %
HARBOR SQUARE APARTMENTS LTD PO BOX 220 FLORENCE, AL 35631 63-1160023	REAL ESTAT	AL	NA	RELATED	-198	-59,833		No			No	0 100 %
PARK HILL APARTMENTS LTD 210 LENWOOD ROAD DECATUR, AL 35603 63-1183371	REAL ESTAT	AL	NA	RELATED	-183	-7,307		No			No	0 500 %
MOUNTAINSIDE APARTMENTS LTD 210 LENWOOD ROAD DECATUR, AL 35603 47-0933097	REAL ESTAT	AL	NA	RELATED	-1	-9		No			No	
REFORM MANOR LTD 527 MAIN AVE SUITE B NORTHPORT, AL 35476 63-1015147	REAL ESTAT	AL	NA	RELATED		-15		No			No	1 000 %
HOLLY POND APARTMENTS LTD 527 MAIN AVE SUITE B NORTHPORT, AL 35476 63-0894634	REAL ESTAT	AL	NA	RELATED		-16		No			No	0 010 %
HOLLY POND APARTMENTS II LTD 527 MAIN AVE SUITE B NORTHPORT, AL 35476 63-0970866	REAL ESTAT	AL	NA	RELATED	-1	-7		No			No	
HICKORY RUN APARTMENTS LTD PO BOX 220 FLORENCE, AL 35631 63-1183369	REAL ESTAT	AL	NA	RELATED	-154	-4,395		No			No	0 500 %
IVY POINTE APARTMENTS LTD PO BOX 220 FLORENCE, AL 35631 63-1183367	REAL ESTAT	AL	NA	RELATED	-203	-3,589		No			No	0 500 %
PALMETTOS WAY LLC 3924 BROWNING PLACE SUITE 1 RALEIGH, NC 27609 02-0649346	REAL ESTAT	AL	NA	RELATED	-1	-11		No			No	
MILLERS RIDGE APTS LP 3924 BROWNING PLACE SUITE 1 RALEIGH, NC 27609 56-2153481	REAL ESTAT	AL	NA	RELATED	-4	-211		No			No	0 010 %
LORIS GARDENS LLC 3924 BROWNING PLACE SUITE 1 RALEIGH, NC 27609 61-1448399	REAL ESTAT	AL	NA	RELATED	-5	-37		No			No	0 010 %

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount on Box 20 of K-1	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
WYNDSOR DOWNS LLC 3924 BROWNING PLACE SUITE 1 RALEIGH, NC 27609 20-2031653	REAL ESTAT	AL	NA	RELATED	36	-47		No			No	
AZALEA GARDENS LLC 3924 BROWNING PLACE SUITE 1 RALEIGH, NC 27609 20-1162322	REAL ESTAT	AL	NA	RELATED	-1	-9		No			No	
PARKWAY PLACE APT LTD 210 LENWOOD ROAD DECATUR, AL 35603 20-5152428	REAL ESTAT	AL	NA	RELATED	-4	-27		No			No	
PECAN COVE APT LTD 210 LENWOOD ROAD DECATUR, AL 35603 20-3103373	REAL ESTAT	AL	NA	RELATED	-8	-55		No			No	
HARBOR POINT APTS LTD 210 LENWOOD ROAD DECATUR, AL 35603 20-3103282	REAL ESTAT	AL	NA	RELATED	-4	-30		No			No	
GREENWOOD PARK LTD 210 LENWOOD ROAD DECATUR, AL 35603 20-5150382	REAL ESTAT	AL	NA	RELATED	-9	-51		No			No	
COMMUNITY VILLAGE I LTD 210 LENWOOD ROAD DECATUR, AL 35603 20-1745614	REAL ESTAT	AL	NA	RELATED	-12	-72		No			No	
SARA'S RIDGE APTS LTD 210 LENWOOD ROAD DECATUR, AL 35603 26-0686008	REAL ESTAT	AL	NA	RELATED	-15	-61		No			No	
ANNE PLACE APTS LTD 210 LENWOOD ROAD DECATUR, AL 35603 26-2860002	REAL ESTAT	AL	NA	RELATED	-5	-18		No			No	
MOUND PLAZA LTD 527 MAIN AVE SUITE B NORTHPORT, AL 35476 63-0973608	REAL ESTAT	AL	NA	RELATED	-236	26,495		No			No	1 000 %
NORTHGATE PLACE APARTMENTS LTD 527 MAIN AVE SUITE A NORTHPORT, AL 35476 94-3414934	REAL ESTAT	AL	NA	RELATED	-10	-110		No			No	0 010 %
SADDLE RIDGE APARTMENTS LTD 527 MAIN AVE SUITE A NORTHPORT, AL 35476 20-0314459	REAL ESTAT	AL	NA	RELATED	-1	-11,324		No			No	0 070 %
ALEXANDER TERRACE APARTMENTS 210 LENWOOD ROAD DECATUR, AL 35603 72-1398379	REAL ESTAT	AL	NA	RELATED	-38	325		No			No	0 100 %
DEER RUN APARTMENTS LTD 210 LENWOOD ROAD DECATUR, AL 35603 63-1209805	REAL ESTAT	AL	NA	RELATED	-46	-12,893		No			No	0 100 %
HARBOR SQUARE APARTMENTS LTD PO BOX 220 FLORENCE, AL 35631 63-1160023	REAL ESTAT	AL	NA	RELATED	-198	-59,833		No			No	0 100 %

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount on Box 20 of K-1	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
PARK HILL APARTMENTS LTD 210 LENWOOD ROAD DECATUR, AL 35603 63-1183371	REAL ESTAT	AL	NA	RELATED	-183	-7,307		No			No	0 500 %
MOUNTAINSIDE APARTMENTS LTD 210 LENWOOD ROAD DECATUR, AL 35603 47-0933097	REAL ESTAT	AL	NA	RELATED	-1	-9		No			No	
REFORM MANOR LTD 527 MAIN AVE SUITE B NORTHPORT, AL 35476 63-1015147	REAL ESTAT	AL	NA	RELATED		-15		No			No	1 000 %
HOLLY POND APARTMENTS LTD 527 MAIN AVE SUITE B NORTHPORT, AL 35476 63-0894634	REAL ESTAT	AL	NA	RELATED		-16		No			No	0 010 %
HOLLY POND APARTMENTS II LTD 527 MAIN AVE SUITE B NORTHPORT, AL 35476 63-0970866	REAL ESTAT	AL	NA	RELATED	-1	-7		No			No	
HICKORY RUN APARTMENTS LTD PO BOX 220 FLORENCE, AL 35631 63-1183369	REAL ESTAT	AL	NA	RELATED	-154	-4,395		No			No	0 500 %
IVY POINTE APARTMENTS LTD PO BOX 220 FLORENCE, AL 35631 63-1183367	REAL ESTAT	AL	NA	RELATED	-203	-3,589		No			No	0 500 %
PALMETTOS WAY LLC 3924 BROWNING PLACE SUITE 1 RALEIGH, NC 27609 02-0649346	REAL ESTAT	AL	NA	RELATED	-1	-11		No			No	
MILLERS RIDGE APTS LP 3924 BROWNING PLACE SUITE 1 RALEIGH, NC 27609 56-2153481	REAL ESTAT	AL	NA	RELATED	-4	-211		No			No	0 010 %
LORIS GARDENS LLC 3924 BROWNING PLACE SUITE 1 RALEIGH, NC 27609 61-1448399	REAL ESTAT	AL	NA	RELATED	-5	-37		No			No	0 010 %
WYNDSOR DOWNS LLC 3924 BROWNING PLACE SUITE 1 RALEIGH, NC 27609 20-2031653	REAL ESTAT	AL	NA	RELATED	36	-47		No			No	
AZALEA GARDENS LLC 3924 BROWNING PLACE SUITE 1 RALEIGH, NC 27609 20-1162322	REAL ESTAT	AL	NA	RELATED	-1	-9		No			No	
PARKWAY PLACE APT LTD 210 LENWOOD ROAD DECATUR, AL 35603 20-5152428	REAL ESTAT	AL	NA	RELATED	-4	-27		No			No	
PECAN COVE APT LTD 210 LENWOOD ROAD DECATUR, AL 35603 20-3103373	REAL ESTAT	AL	NA	RELATED	-8	-55		No			No	
HARBOR POINT APTS LTD 210 LENWOOD ROAD DECATUR, AL 35603 20-3103282	REAL ESTAT	AL	NA	RELATED	-4	-30		No			No	

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount on Box 20 of K-1	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
GREENWOOD PARK LTD 210 LENWOOD ROAD DECATUR, AL 35603 20-5150382	REAL ESTAT	AL	NA	RELATED	-9	-51		No			No	
COMMUNITY VILLAGE I LTD 210 LENWOOD ROAD DECATUR, AL 35603 20-1745614	REAL ESTAT	AL	NA	RELATED	-12	-72		No			No	
SARA'S RIDGE APTS LTD 210 LENWOOD ROAD DECATUR, AL 35603 26-0686008	REAL ESTAT	AL	NA	RELATED	-15	-61		No			No	
ANNE PLACE APTS LTD 210 LENWOOD ROAD DECATUR, AL 35603 26-2860002	REAL ESTAT	AL	NA	RELATED	-5	-18		No			No	
MOUND PLAZA LTD 527 MAIN AVE SUITE B NORTHPORT, AL 35476 63-0973608	REAL ESTAT	AL	NA	RELATED	-236	26,495		No			No	1 000 %
NORTHGATE PLACE APARTMENTS LTD 527 MAIN AVE SUITE A NORTHPORT, AL 35476 94-3414934	REAL ESTAT	AL	NA	RELATED	-10	-110		No			No	0 010 %
SADDLE RIDGE APARTMENTS LTD 527 MAIN AVE SUITE A NORTHPORT, AL 35476 20-0314459	REAL ESTAT	AL	NA	RELATED	-1	-11,324		No			No	0 070 %
ALEXANDER TERRACE APARTMENTS 210 LENWOOD ROAD DECATUR, AL 35603 72-1398379	REAL ESTAT	AL	NA	RELATED	-38	325		No			No	0 100 %
DEER RUN APARTMENTS LTD 210 LENWOOD ROAD DECATUR, AL 35603 63-1209805	REAL ESTAT	AL	NA	RELATED	-46	-12,893		No			No	0 100 %
HARBOR SQUARE APARTMENTS LTD PO BOX 220 FLORENCE, AL 35631 63-1160023	REAL ESTAT	AL	NA	RELATED	-198	-59,833		No			No	0 100 %
PARK HILL APARTMENTS LTD 210 LENWOOD ROAD DECATUR, AL 35603 63-1183371	REAL ESTAT	AL	NA	RELATED	-183	-7,307		No			No	0 500 %
MOUNTAINSIDE APARTMENTS LTD 210 LENWOOD ROAD DECATUR, AL 35603 47-0933097	REAL ESTAT	AL	NA	RELATED	-1	-9		No			No	
REFORM MANOR LTD 527 MAIN AVE SUITE B NORTHPORT, AL 35476 63-1015147	REAL ESTAT	AL	NA	RELATED		-15		No			No	1 000 %
HOLLY POND APARTMENTS LTD 527 MAIN AVE SUITE B NORTHPORT, AL 35476 63-0894634	REAL ESTAT	AL	NA	RELATED		-16		No			No	0 010 %
HOLLY POND APARTMENTS II LTD 527 MAIN AVE SUITE B NORTHPORT, AL 35476 63-0970866	REAL ESTAT	AL	NA	RELATED	-1	-7		No			No	

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount on Box 20 of K-1	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
HICKORY RUN APARTMENTS LTD PO BOX 220 FLORENCE, AL 35631 63-1183369	REAL ESTAT	AL	NA	RELATED	-154	-4,395		No			No	0 500 %
IVY POINTE APARTMENTS LTD PO BOX 220 FLORENCE, AL 35631 63-1183367	REAL ESTAT	AL	NA	RELATED	-203	-3,589		No			No	0 500 %
PALMETTOS WAY LLC 3924 BROWNING PLACE SUITE 1 RALEIGH, NC 27609 02-0649346	REAL ESTAT	AL	NA	RELATED	-1	-11		No			No	
MILLERS RIDGE APTS LP 3924 BROWNING PLACE SUITE 1 RALEIGH, NC 27609 56-2153481	REAL ESTAT	AL	NA	RELATED	-4	-211		No			No	0 010 %
LORIS GARDENS LLC 3924 BROWNING PLACE SUITE 1 RALEIGH, NC 27609 61-1448399	REAL ESTAT	AL	NA	RELATED	-5	-37		No			No	0 010 %
WYNDSOR DOWNS LLC 3924 BROWNING PLACE SUITE 1 RALEIGH, NC 27609 20-2031653	REAL ESTAT	AL	NA	RELATED	36	-47		No			No	
AZALEA GARDENS LLC 3924 BROWNING PLACE SUITE 1 RALEIGH, NC 27609 20-1162322	REAL ESTAT	AL	NA	RELATED	-1	-9		No			No	
PARKWAY PLACE APT LTD 210 LENWOOD ROAD DECATUR, AL 35603 20-5152428	REAL ESTAT	AL	NA	RELATED	-4	-27		No			No	
PECAN COVE APT LTD 210 LENWOOD ROAD DECATUR, AL 35603 20-3103373	REAL ESTAT	AL	NA	RELATED	-8	-55		No			No	
HARBOR POINT APTS LTD 210 LENWOOD ROAD DECATUR, AL 35603 20-3103282	REAL ESTAT	AL	NA	RELATED	-4	-30		No			No	
GREENWOOD PARK LTD 210 LENWOOD ROAD DECATUR, AL 35603 20-5150382	REAL ESTAT	AL	NA	RELATED	-9	-51		No			No	
COMMUNITY VILLAGE I LTD 210 LENWOOD ROAD DECATUR, AL 35603 20-1745614	REAL ESTAT	AL	NA	RELATED	-12	-72		No			No	
SARA'S RIDGE APTS LTD 210 LENWOOD ROAD DECATUR, AL 35603 26-0686008	REAL ESTAT	AL	NA	RELATED	-15	-61		No			No	
ANNE PLACE APTS LTD 210 LENWOOD ROAD DECATUR, AL 35603 26-2860002	REAL ESTAT	AL	NA	RELATED	-5	-18		No			No	
MOUND PLAZA LTD 527 MAIN AVE SUITE B NORTHPORT, AL 35476 63-0973608	REAL ESTAT	AL	NA	RELATED	-236	26,495		No			No	1 000 %

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount on Box 20 of K-1	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
NORTHGATE PLACE APARTMENTS LTD 527 MAIN AVE SUITE A NORTHPORT, AL 35476 94-3414934	REAL ESTAT	AL	NA	RELATED	-10	-110		No			No	0 010 %
SADDLE RIDGE APARTMENTS LTD 527 MAIN AVE SUITE A NORTHPORT, AL 35476 20-0314459	REAL ESTAT	AL	NA	RELATED	-1	-11,324		No			No	0 070 %
ALEXANDER TERRACE APARTMENTS 210 LENWOOD ROAD DECATUR, AL 35603 72-1398379	REAL ESTAT	AL	NA	RELATED	-38	325		No			No	0 100 %
DEER RUN APARTMENTS LTD 210 LENWOOD ROAD DECATUR, AL 35603 63-1209805	REAL ESTAT	AL	NA	RELATED	-46	-12,893		No			No	0 100 %
HARBOR SQUARE APARTMENTS LTD PO BOX 220 FLORENCE, AL 35631 63-1160023	REAL ESTAT	AL	NA	RELATED	-198	-59,833		No			No	0 100 %
PARK HILL APARTMENTS LTD 210 LENWOOD ROAD DECATUR, AL 35603 63-1183371	REAL ESTAT	AL	NA	RELATED	-183	-7,307		No			No	0 500 %
MOUNTAINSIDE APARTMENTS LTD 210 LENWOOD ROAD DECATUR, AL 35603 47-0933097	REAL ESTAT	AL	NA	RELATED	-1	-9		No			No	
REFORM MANOR LTD 527 MAIN AVE SUITE B NORTHPORT, AL 35476 63-1015147	REAL ESTAT	AL	NA	RELATED		-15		No			No	1 000 %
HOLLY POND APARTMENTS LTD 527 MAIN AVE SUITE B NORTHPORT, AL 35476 63-0894634	REAL ESTAT	AL	NA	RELATED		-16		No			No	0 010 %
HOLLY POND APARTMENTS II LTD 527 MAIN AVE SUITE B NORTHPORT, AL 35476 63-0970866	REAL ESTAT	AL	NA	RELATED	-1	-7		No			No	
HICKORY RUN APARTMENTS LTD PO BOX 220 FLORENCE, AL 35631 63-1183369	REAL ESTAT	AL	NA	RELATED	-154	-4,395		No			No	0 500 %
IVY POINTE APARTMENTS LTD PO BOX 220 FLORENCE, AL 35631 63-1183367	REAL ESTAT	AL	NA	RELATED	-203	-3,589		No			No	0 500 %
PALMETTOS WAY LLC 3924 BROWNING PLACE SUITE 1 RALEIGH, NC 27609 02-0649346	REAL ESTAT	AL	NA	RELATED	-1	-11		No			No	
MILLERS RIDGE APTS LP 3924 BROWNING PLACE SUITE 1 RALEIGH, NC 27609 56-2153481	REAL ESTAT	AL	NA	RELATED	-4	-211		No			No	0 010 %
LORIS GARDENS LLC 3924 BROWNING PLACE SUITE 1 RALEIGH, NC 27609 61-1448399	REAL ESTAT	AL	NA	RELATED	-5	-37		No			No	0 010 %

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount on Box 20 of K-1	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
WYNDSOR DOWNS LLC 3924 BROWNING PLACE SUITE 1 RALEIGH, NC 27609 20-2031653	REAL ESTAT	AL	NA	RELATED	36	-47		No			No	
AZALEA GARDENS LLC 3924 BROWNING PLACE SUITE 1 RALEIGH, NC 27609 20-1162322	REAL ESTAT	AL	NA	RELATED	-1	-9		No			No	
PARKWAY PLACE APT LTD 210 LENWOOD ROAD DECATUR, AL 35603 20-5152428	REAL ESTAT	AL	NA	RELATED	-4	-27		No			No	
PECAN COVE APT LTD 210 LENWOOD ROAD DECATUR, AL 35603 20-3103373	REAL ESTAT	AL	NA	RELATED	-8	-55		No			No	
HARBOR POINT APTS LTD 210 LENWOOD ROAD DECATUR, AL 35603 20-3103282	REAL ESTAT	AL	NA	RELATED	-4	-30		No			No	
GREENWOOD PARK LTD 210 LENWOOD ROAD DECATUR, AL 35603 20-5150382	REAL ESTAT	AL	NA	RELATED	-9	-51		No			No	
COMMUNITY VILLAGE I LTD 210 LENWOOD ROAD DECATUR, AL 35603 20-1745614	REAL ESTAT	AL	NA	RELATED	-12	-72		No			No	
SARA'S RIDGE APTS LTD 210 LENWOOD ROAD DECATUR, AL 35603 26-0686008	REAL ESTAT	AL	NA	RELATED	-15	-61		No			No	
ANNE PLACE APTS LTD 210 LENWOOD ROAD DECATUR, AL 35603 26-2860002	REAL ESTAT	AL	NA	RELATED	-5	-18		No			No	
MOUND PLAZA LTD 527 MAIN AVE SUITE B NORTHPORT, AL 35476 63-0973608	REAL ESTAT	AL	NA	RELATED	-236	26,495		No			No	1 000 %
NORTHGATE PLACE APARTMENTS LTD 527 MAIN AVE SUITE A NORTHPORT, AL 35476 94-3414934	REAL ESTAT	AL	NA	RELATED	-10	-110		No			No	0 010 %
SADDLE RIDGE APARTMENTS LTD 527 MAIN AVE SUITE A NORTHPORT, AL 35476 20-0314459	REAL ESTAT	AL	NA	RELATED	-1	-11,324		No			No	0 070 %
ALEXANDER TERRACE APARTMENTS 210 LENWOOD ROAD DECATUR, AL 35603 72-1398379	REAL ESTAT	AL	NA	RELATED	-38	325		No			No	0 100 %
DEER RUN APARTMENTS LTD 210 LENWOOD ROAD DECATUR, AL 35603 63-1209805	REAL ESTAT	AL	NA	RELATED	-46	-12,893		No			No	0 100 %
HARBOR SQUARE APARTMENTS LTD PO BOX 220 FLORENCE, AL 35631 63-1160023	REAL ESTAT	AL	NA	RELATED	-198	-59,833		No			No	0 100 %

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount on Box 20 of K-1	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
PARK HILL APARTMENTS LTD 210 LENWOOD ROAD DECATUR, AL 35603 63-1183371	REAL ESTAT	AL	NA	RELATED	-183	-7,307		No			No	0 500 %
MOUNTAINSIDE APARTMENTS LTD 210 LENWOOD ROAD DECATUR, AL 35603 47-0933097	REAL ESTAT	AL	NA	RELATED	-1	-9		No			No	
REFORM MANOR LTD 527 MAIN AVE SUITE B NORTHPORT, AL 35476 63-1015147	REAL ESTAT	AL	NA	RELATED		-15		No			No	1 000 %
HOLLY POND APARTMENTS LTD 527 MAIN AVE SUITE B NORTHPORT, AL 35476 63-0894634	REAL ESTAT	AL	NA	RELATED		-16		No			No	0 010 %
HOLLY POND APARTMENTS II LTD 527 MAIN AVE SUITE B NORTHPORT, AL 35476 63-0970866	REAL ESTAT	AL	NA	RELATED	-1	-7		No			No	
HICKORY RUN APARTMENTS LTD PO BOX 220 FLORENCE, AL 35631 63-1183369	REAL ESTAT	AL	NA	RELATED	-154	-4,395		No			No	0 500 %
IVY POINTE APARTMENTS LTD PO BOX 220 FLORENCE, AL 35631 63-1183367	REAL ESTAT	AL	NA	RELATED	-203	-3,589		No			No	0 500 %
PALMETTOS WAY LLC 3924 BROWNING PLACE SUITE 1 RALEIGH, NC 27609 02-0649346	REAL ESTAT	AL	NA	RELATED	-1	-11		No			No	
MILLERS RIDGE APTS LP 3924 BROWNING PLACE SUITE 1 RALEIGH, NC 27609 56-2153481	REAL ESTAT	AL	NA	RELATED	-4	-211		No			No	0 010 %
LORIS GARDENS LLC 3924 BROWNING PLACE SUITE 1 RALEIGH, NC 27609 61-1448399	REAL ESTAT	AL	NA	RELATED	-5	-37		No			No	0 010 %
WYNDSOR DOWNS LLC 3924 BROWNING PLACE SUITE 1 RALEIGH, NC 27609 20-2031653	REAL ESTAT	AL	NA	RELATED	36	-47		No			No	
AZALEA GARDENS LLC 3924 BROWNING PLACE SUITE 1 RALEIGH, NC 27609 20-1162322	REAL ESTAT	AL	NA	RELATED	-1	-9		No			No	
PARKWAY PLACE APT LTD 210 LENWOOD ROAD DECATUR, AL 35603 20-5152428	REAL ESTAT	AL	NA	RELATED	-4	-27		No			No	
PECAN COVE APT LTD 210 LENWOOD ROAD DECATUR, AL 35603 20-3103373	REAL ESTAT	AL	NA	RELATED	-8	-55		No			No	
HARBOR POINT APTS LTD 210 LENWOOD ROAD DECATUR, AL 35603 20-3103282	REAL ESTAT	AL	NA	RELATED	-4	-30		No			No	

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount on Box 20 of K-1	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
GREENWOOD PARK LTD 210 LENWOOD ROAD DECATUR, AL 35603 20-5150382	REAL ESTAT	AL	NA	RELATED	-9	-51		No			No	
COMMUNITY VILLAGE I LTD 210 LENWOOD ROAD DECATUR, AL 35603 20-1745614	REAL ESTAT	AL	NA	RELATED	-12	-72		No			No	
SARA'S RIDGE APTS LTD 210 LENWOOD ROAD DECATUR, AL 35603 26-0686008	REAL ESTAT	AL	NA	RELATED	-15	-61		No			No	
ANNE PLACE APTS LTD 210 LENWOOD ROAD DECATUR, AL 35603 26-2860002	REAL ESTAT	AL	NA	RELATED	-5	-18		No			No	
MOUND PLAZA LTD 527 MAIN AVE SUITE B NORTHPORT, AL 35476 63-0973608	REAL ESTAT	AL	NA	RELATED	-236	26,495		No			No	1 000 %
NORTHGATE PLACE APARTMENTS LTD 527 MAIN AVE SUITE A NORTHPORT, AL 35476 94-3414934	REAL ESTAT	AL	NA	RELATED	-10	-110		No			No	0 010 %
SADDLE RIDGE APARTMENTS LTD 527 MAIN AVE SUITE A NORTHPORT, AL 35476 20-0314459	REAL ESTAT	AL	NA	RELATED	-1	-11,324		No			No	0 070 %
ALEXANDER TERRACE APARTMENTS 210 LENWOOD ROAD DECATUR, AL 35603 72-1398379	REAL ESTAT	AL	NA	RELATED	-38	325		No			No	0 100 %
DEER RUN APARTMENTS LTD 210 LENWOOD ROAD DECATUR, AL 35603 63-1209805	REAL ESTAT	AL	NA	RELATED	-46	-12,893		No			No	0 100 %
HARBOR SQUARE APARTMENTS LTD PO BOX 220 FLORENCE, AL 35631 63-1160023	REAL ESTAT	AL	NA	RELATED	-198	-59,833		No			No	0 100 %
PARK HILL APARTMENTS LTD 210 LENWOOD ROAD DECATUR, AL 35603 63-1183371	REAL ESTAT	AL	NA	RELATED	-183	-7,307		No			No	0 500 %
MOUNTAINSIDE APARTMENTS LTD 210 LENWOOD ROAD DECATUR, AL 35603 47-0933097	REAL ESTAT	AL	NA	RELATED	-1	-9		No			No	
REFORM MANOR LTD 527 MAIN AVE SUITE B NORTHPORT, AL 35476 63-1015147	REAL ESTAT	AL	NA	RELATED		-15		No			No	1 000 %
HOLLY POND APARTMENTS LTD 527 MAIN AVE SUITE B NORTHPORT, AL 35476 63-0894634	REAL ESTAT	AL	NA	RELATED		-16		No			No	0 010 %
HOLLY POND APARTMENTS II LTD 527 MAIN AVE SUITE B NORTHPORT, AL 35476 63-0970866	REAL ESTAT	AL	NA	RELATED	-1	-7		No			No	

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount on Box 20 of K-1	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
HICKORY RUN APARTMENTS LTD PO BOX 220 FLORENCE, AL 35631 63-1183369	REAL ESTAT	AL	NA	RELATED	-154	-4,395		No			No	0 500 %
IVY POINTE APARTMENTS LTD PO BOX 220 FLORENCE, AL 35631 63-1183367	REAL ESTAT	AL	NA	RELATED	-203	-3,589		No			No	0 500 %
PALMETTOS WAY LLC 3924 BROWNING PLACE SUITE 1 RALEIGH, NC 27609 02-0649346	REAL ESTAT	AL	NA	RELATED	-1	-11		No			No	
MILLERS RIDGE APTS LP 3924 BROWNING PLACE SUITE 1 RALEIGH, NC 27609 56-2153481	REAL ESTAT	AL	NA	RELATED	-4	-211		No			No	0 010 %
LORIS GARDENS LLC 3924 BROWNING PLACE SUITE 1 RALEIGH, NC 27609 61-1448399	REAL ESTAT	AL	NA	RELATED	-5	-37		No			No	0 010 %
WYNDSOR DOWNS LLC 3924 BROWNING PLACE SUITE 1 RALEIGH, NC 27609 20-2031653	REAL ESTAT	AL	NA	RELATED	36	-47		No			No	
AZALEA GARDENS LLC 3924 BROWNING PLACE SUITE 1 RALEIGH, NC 27609 20-1162322	REAL ESTAT	AL	NA	RELATED	-1	-9		No			No	
PARKWAY PLACE APT LTD 210 LENWOOD ROAD DECATUR, AL 35603 20-5152428	REAL ESTAT	AL	NA	RELATED	-4	-27		No			No	
PECAN COVE APT LTD 210 LENWOOD ROAD DECATUR, AL 35603 20-3103373	REAL ESTAT	AL	NA	RELATED	-8	-55		No			No	
HARBOR POINT APTS LTD 210 LENWOOD ROAD DECATUR, AL 35603 20-3103282	REAL ESTAT	AL	NA	RELATED	-4	-30		No			No	
GREENWOOD PARK LTD 210 LENWOOD ROAD DECATUR, AL 35603 20-5150382	REAL ESTAT	AL	NA	RELATED	-9	-51		No			No	
COMMUNITY VILLAGE I LTD 210 LENWOOD ROAD DECATUR, AL 35603 20-1745614	REAL ESTAT	AL	NA	RELATED	-12	-72		No			No	
SARA'S RIDGE APTS LTD 210 LENWOOD ROAD DECATUR, AL 35603 26-0686008	REAL ESTAT	AL	NA	RELATED	-15	-61		No			No	
ANNE PLACE APTS LTD 210 LENWOOD ROAD DECATUR, AL 35603 26-2860002	REAL ESTAT	AL	NA	RELATED	-5	-18		No			No	
MOUND PLAZA LTD 527 MAIN AVE SUITE B NORTHPORT, AL 35476 63-0973608	REAL ESTAT	AL	NA	RELATED	-236	26,495		No			No	1 000 %

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount on Box 20 of K-1	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
NORTHGATE PLACE APARTMENTS LTD 527 MAIN AVE SUITE A NORTHPORT, AL 35476 94-3414934	REAL ESTAT	AL	NA	RELATED	-10	-110		No			No	0 010 %
SADDLE RIDGE APARTMENTS LTD 527 MAIN AVE SUITE A NORTHPORT, AL 35476 20-0314459	REAL ESTAT	AL	NA	RELATED	-1	-11,324		No			No	0 070 %
ALEXANDER TERRACE APARTMENTS 210 LENWOOD ROAD DECATUR, AL 35603 72-1398379	REAL ESTAT	AL	NA	RELATED	-38	325		No			No	0 100 %
DEER RUN APARTMENTS LTD 210 LENWOOD ROAD DECATUR, AL 35603 63-1209805	REAL ESTAT	AL	NA	RELATED	-46	-12,893		No			No	0 100 %
HARBOR SQUARE APARTMENTS LTD PO BOX 220 FLORENCE, AL 35631 63-1160023	REAL ESTAT	AL	NA	RELATED	-198	-59,833		No			No	0 100 %
PARK HILL APARTMENTS LTD 210 LENWOOD ROAD DECATUR, AL 35603 63-1183371	REAL ESTAT	AL	NA	RELATED	-183	-7,307		No			No	0 500 %
MOUNTAINSIDE APARTMENTS LTD 210 LENWOOD ROAD DECATUR, AL 35603 47-0933097	REAL ESTAT	AL	NA	RELATED	-1	-9		No			No	
REFORM MANOR LTD 527 MAIN AVE SUITE B NORTHPORT, AL 35476 63-1015147	REAL ESTAT	AL	NA	RELATED		-15		No			No	1 000 %
HOLLY POND APARTMENTS LTD 527 MAIN AVE SUITE B NORTHPORT, AL 35476 63-0894634	REAL ESTAT	AL	NA	RELATED		-16		No			No	0 010 %
HOLLY POND APARTMENTS II LTD 527 MAIN AVE SUITE B NORTHPORT, AL 35476 63-0970866	REAL ESTAT	AL	NA	RELATED	-1	-7		No			No	
HICKORY RUN APARTMENTS LTD PO BOX 220 FLORENCE, AL 35631 63-1183369	REAL ESTAT	AL	NA	RELATED	-154	-4,395		No			No	0 500 %
IVY POINTE APARTMENTS LTD PO BOX 220 FLORENCE, AL 35631 63-1183367	REAL ESTAT	AL	NA	RELATED	-203	-3,589		No			No	0 500 %
PALMETTOS WAY LLC 3924 BROWNING PLACE SUITE 1 RALEIGH, NC 27609 02-0649346	REAL ESTAT	AL	NA	RELATED	-1	-11		No			No	
MILLERS RIDGE APTS LP 3924 BROWNING PLACE SUITE 1 RALEIGH, NC 27609 56-2153481	REAL ESTAT	AL	NA	RELATED	-4	-211		No			No	0 010 %
LORIS GARDENS LLC 3924 BROWNING PLACE SUITE 1 RALEIGH, NC 27609 61-1448399	REAL ESTAT	AL	NA	RELATED	-5	-37		No			No	0 010 %

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount on Box 20 of K-1	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
WYNDSOR DOWNS LLC 3924 BROWNING PLACE SUITE 1 RALEIGH, NC 27609 20-2031653	REAL ESTAT	AL	NA	RELATED	36	-47		No			No	
AZALEA GARDENS LLC 3924 BROWNING PLACE SUITE 1 RALEIGH, NC 27609 20-1162322	REAL ESTAT	AL	NA	RELATED	-1	-9		No			No	
PARKWAY PLACE APT LTD 210 LENWOOD ROAD DECATUR, AL 35603 20-5152428	REAL ESTAT	AL	NA	RELATED	-4	-27		No			No	
PECAN COVE APT LTD 210 LENWOOD ROAD DECATUR, AL 35603 20-3103373	REAL ESTAT	AL	NA	RELATED	-8	-55		No			No	
HARBOR POINT APTS LTD 210 LENWOOD ROAD DECATUR, AL 35603 20-3103282	REAL ESTAT	AL	NA	RELATED	-4	-30		No			No	
GREENWOOD PARK LTD 210 LENWOOD ROAD DECATUR, AL 35603 20-5150382	REAL ESTAT	AL	NA	RELATED	-9	-51		No			No	
COMMUNITY VILLAGE I LTD 210 LENWOOD ROAD DECATUR, AL 35603 20-1745614	REAL ESTAT	AL	NA	RELATED	-12	-72		No			No	
SARA'S RIDGE APTS LTD 210 LENWOOD ROAD DECATUR, AL 35603 26-0686008	REAL ESTAT	AL	NA	RELATED	-15	-61		No			No	
ANNE PLACE APTS LTD 210 LENWOOD ROAD DECATUR, AL 35603 26-2860002	REAL ESTAT	AL	NA	RELATED	-5	-18		No			No	
MOUND PLAZA LTD 527 MAIN AVE SUITE B NORTHPORT, AL 35476 63-0973608	REAL ESTAT	AL	NA	RELATED	-236	26,495		No			No	1 000 %

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
SOUTHERN COMMUNITY BUILDERS INC 1909 CENTRAL PARKWAY SW DECATUR, AL 35601 63-1219888	REAL ESTAT	AL	COMMUNITY COMMUNITY ACTION PARTNERSHIP	C CORP	-544,802	12,551,162	100 000 %		No
SOUTHERN COMMUNITY BUILDERS OF SOUTHERN COMMUNITY BUILDERS OF 1909 CENTRAL PARKWAY SW DECATUR, AL 35601 63-1236079	REAL ESTAT	AL	COMMUNITY COMMUNITY ACTION PARTNERSHIP	C CORP	-14,925	-54,926	100 000 %		No
SOUTHERN COMMUNITY BUILDERS INC 1909 CENTRAL PARKWAY SW DECATUR, AL 35601 63-1219888	REAL ESTAT	AL	COMMUNITY COMMUNITY ACTION PARTNERSHIP	C CORP	-544,802	12,551,162	100 000 %		No
SOUTHERN COMMUNITY BUILDERS OF SOUTHERN COMMUNITY BUILDERS OF 1909 CENTRAL PARKWAY SW DECATUR, AL 35601 63-1236079	REAL ESTAT	AL	COMMUNITY COMMUNITY ACTION PARTNERSHIP	C CORP	-14,925	-54,926	100 000 %		No
SOUTHERN COMMUNITY BUILDERS INC 1909 CENTRAL PARKWAY SW DECATUR, AL 35601 63-1219888	REAL ESTAT	AL	COMMUNITY COMMUNITY ACTION PARTNERSHIP	C CORP	-544,802	12,551,162	100 000 %		No
SOUTHERN COMMUNITY BUILDERS OF SOUTHERN COMMUNITY BUILDERS OF 1909 CENTRAL PARKWAY SW DECATUR, AL 35601 63-1236079	REAL ESTAT	AL	COMMUNITY COMMUNITY ACTION PARTNERSHIP	C CORP	-14,925	-54,926	100 000 %		No
SOUTHERN COMMUNITY BUILDERS INC 1909 CENTRAL PARKWAY SW DECATUR, AL 35601 63-1219888	REAL ESTAT	AL	COMMUNITY COMMUNITY ACTION PARTNERSHIP	C CORP	-544,802	12,551,162	100 000 %		No
SOUTHERN COMMUNITY BUILDERS OF SOUTHERN COMMUNITY BUILDERS OF 1909 CENTRAL PARKWAY SW DECATUR, AL 35601 63-1236079	REAL ESTAT	AL	COMMUNITY COMMUNITY ACTION PARTNERSHIP	C CORP	-14,925	-54,926	100 000 %		No
SOUTHERN COMMUNITY BUILDERS INC 1909 CENTRAL PARKWAY SW DECATUR, AL 35601 63-1219888	REAL ESTAT	AL	COMMUNITY COMMUNITY ACTION PARTNERSHIP	C CORP	-544,802	12,551,162	100 000 %		No
SOUTHERN COMMUNITY BUILDERS OF SOUTHERN COMMUNITY BUILDERS OF 1909 CENTRAL PARKWAY SW DECATUR, AL 35601 63-1236079	REAL ESTAT	AL	COMMUNITY COMMUNITY ACTION PARTNERSHIP	C CORP	-14,925	-54,926	100 000 %		No
SOUTHERN COMMUNITY BUILDERS INC 1909 CENTRAL PARKWAY SW DECATUR, AL 35601 63-1219888	REAL ESTAT	AL	COMMUNITY COMMUNITY ACTION PARTNERSHIP	C CORP	-544,802	12,551,162	100 000 %		No
SOUTHERN COMMUNITY BUILDERS OF SOUTHERN COMMUNITY BUILDERS OF 1909 CENTRAL PARKWAY SW DECATUR, AL 35601 63-1236079	REAL ESTAT	AL	COMMUNITY COMMUNITY ACTION PARTNERSHIP	C CORP	-14,925	-54,926	100 000 %		No

-->

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493227015503

Form **4562**
Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization
(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

OMB No 1545-0172

2012

Attachment Sequence No **179**

Name(s) shown on return	Business or activity to which this form relates	**Identifying number**
THE COMMUNITY ACTION PARTNERSHIP OF NORTH ALABAMA INC	INDIRECT DEPRECIATION	63-0514875

Part I **Election To Expense Certain Property Under Section 179**

Note: *If you have any listed property, complete Part V before you complete Part I.*

1	Maximum amount (see instructions)	1	500,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,000,000
4	Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	4	
5	Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	5	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
6			

7	Listed property Enter the amount from line 29	7	
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2011 Form 4562	10	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2013 Add lines 9 and 10, less line 12 ▶	13	

Note: *Do not use Part II or Part III below for listed property. Instead, use Part V.*

Part II **Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	1,204,240

Part III **MACRS Depreciation (Do not include listed property.) (See instructions.)**

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2012	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ ☐		

Section B—Assets Placed in Service During 2012 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27 5 yrs	MM	S/L	
			27 5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2012 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

Part IV **Summary** (see instructions)

21	Listed property Enter amount from line 28	21	
22	**Total.** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instructions	22	1,204,240
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V **Listed Property** (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)

Note: *For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete* ***only*** *24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.*

Section A—Depreciation and Other Information (Caution: *See the instructions for limits for passenger automobiles.***)**

24a Do you have evidence to support the business/investment use claimed? ☐ **Yes** ☐ **No** | **24b** If "Yes," is the evidence written? ☐ **Yes** ☐ **No**

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation/ deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)						**25**		
26 Property used more than 50% in a qualified business use								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use								
		%				S/L -		
		%				S/L -		
		%				S/L -		
28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1						**28**		
29 Add amounts in column (i), line 26 Enter here and on line 7, page 1							**29**	

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person
If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
30 Total business/investment miles driven during the year (**do not** include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal(noncommuting) miles driven												
33 Total miles driven during the year Add lines 30 through 32												
	Yes	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **are not** more than 5% owners or related persons (see instructions)

	Yes	**No**
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions)		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles

Part VI **Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2012 tax year (see instructions)					
43 Amortization of costs that began before your 2012 tax year				**43**	
44 Total. Add amounts in column (f) See the instructions for where to report				**44**	