

45520  
The Community Action Partnership of

**2014 Client**

# Forms 990 / 990-EZ Return Summary

For calendar year 2014, or tax year beginning , and ending

**THE COMMUNITY ACTION PARTNERSHIP OR 63-0514875**  
**NORTH ALABAMA, INC.**

**Net Asset / Fund Balance at Beginning of Year** 22,667,592

## Revenue

Contributions	<u>32,953,848</u>	
Program service revenue		
Investment income	<u>2,071</u>	
Capital gain / loss		
Fundraising / Gaming:		
Gross revenue		
Direct expenses		
Net income		
Other income	<u>2,782,051</u>	
<b>Total revenue</b>		<u>35,737,970</u>

## Expenses

Program services	<u>35,396,284</u>	
Management and general	<u>1,273,448</u>	
Fundraising		
<b>Total expenses</b>		<u>36,669,732</u>
<b>Excess / (deficit)</b>		<u>-931,762</u>

Changes 2,573,037

**Net Asset / Fund Balance at End of Year** 24,308,867

## Reconciliation of Revenue

Total revenue per financial statements	
Less:	
Unrealized gains	
Donated services	
Recoveries	
Other	
Plus:	
Investment expenses	
Other	
<b>Total revenue per return</b>	<u>35,737,970</u>

## Reconciliation of Expenses

Total expenses per financial statements	
Less:	
Donated services	
Prior year adjustments	
Losses	
Other	
Plus:	
Investment expenses	
Other	
<b>Total expenses per return</b>	<u>36,669,732</u>

	Beginning	Balance Sheet Ending	Differences
Assets	<u>39,104,705</u>	<u>40,338,724</u>	
Liabilities	<u>16,437,113</u>	<u>16,029,857</u>	
Net assets	<u>22,667,592</u>	<u>24,308,867</u>	<u>1,641,275</u>

## Miscellaneous Information

Amended return \_\_\_\_\_  
 Return / extended due date 08/17/15  
 Failure to file penalty \_\_\_\_\_

Form **8879-EO****IRS e-file Signature Authorization  
for an Exempt Organization**

OMB No. 1545-1878

Department of the Treasury  
Internal Revenue Service

For calendar year 2014, or fiscal year beginning ....., 2014, and ending ....., 20 .....

▶ **Do not send to the IRS. Keep for your records.**▶ **Information about Form 8879-EO and its instructions is at [www.irs.gov/form8879eo](http://www.irs.gov/form8879eo).****2014**

Name of exempt organization

**THE COMMUNITY ACTION PARTNERSHIP OF  
NORTH ALABAMA, INC.**

Employer identification number

**63-0514875**

Name and title of officer

**FRED HARVEY  
CHIEF FINANCIAL OFFICER****Part I Type of Return and Return Information (Whole Dollars Only)**

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

<b>1a</b> Form 990 check here ▶ <input checked="" type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990, Part VIII, column (A), line 12) .....	<b>1b</b> <b>35,737,970</b>
<b>2a</b> Form 990-EZ check here ▶ <input type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990-EZ, line 9) .....	<b>2b</b> .....
<b>3a</b> Form 1120-POL check here ▶ <input type="checkbox"/>	<b>b Total tax</b> (Form 1120-POL, line 22) .....	<b>3b</b> .....
<b>4a</b> Form 990-PF check here ▶ <input type="checkbox"/>	<b>b Tax based on investment income</b> (Form 990-PF, Part VI, line 5) .....	<b>4b</b> .....
<b>5a</b> Form 8868 check here ▶ <input type="checkbox"/>	<b>b Balance Due</b> (Form 8868, Part I, line 3c or Part II, line 8c) .....	<b>5b</b> .....

**Part II Declaration and Signature Authorization of Officer**

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2014 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

**Officer's PIN: check one box only**

☒ I authorize **WEAR, HOWELL, STRICKLAND, QUINN & LA** to enter my PIN **54831** as my signature  
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2014 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2014 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶

Date ▶ **06/24/15****Part III Certification and Authentication**

**ERO's EFIN/PIN.** Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

**63022756422**

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2014 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ **JOSEPH WYNN**Date ▶ **06/24/15****ERO Must Retain This Form—See Instructions****Do Not Submit This Form To the IRS Unless Requested To Do So****For Paperwork Reduction Act Notice, see back of form.**Form **8879-EO** (2014)

Form **990**  
Department of the Treasury  
Internal Revenue Service

# Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2014****Open to Public Inspection****A For the 2014 calendar year, or tax year beginning , and ending****B** Check if applicable:

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Final 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)

**1909 CENTRAL PARKWAY, SW**

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

**DECATUR****AL 35601-6822****D** Employer identification number**63-0514875****E** Telephone number**256-355-7843****G** Gross receipts \$ **35,737,970****F** Name and address of principal officer:**H(a)** Is this a group return for subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. (see instructions)

**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: **WWW.CAPNA.ORG****H(c)** Group exemption number ▶**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation: **1966****M** State of legal domicile: **AL****Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities:		
	<b>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.</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>17</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>17</b>
	<b>5</b> Total number of individuals employed in calendar year 2014 (Part V, line 2a)	<b>5</b>	<b>748</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>1200</b>
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0</b>	
	<b>7b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>0</b>
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year <b>24,464,781</b>	Current Year <b>32,953,848</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)		<b>0</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>1,706</b>	<b>2,071</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>2,892,346</b>	<b>2,782,051</b>
	<b>12</b> Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>27,358,833</b>	<b>35,737,970</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)	<b>2,577,935</b>	<b>2,506,024</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		<b>0</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	<b>14,136,134</b>	<b>19,020,096</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		<b>0</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>0</b>		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	<b>11,329,877</b>	<b>15,143,612</b>
	<b>18</b> Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	<b>28,043,946</b>	<b>36,669,732</b>
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>-685,113</b>	<b>-931,762</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year <b>39,104,705</b>	End of Year <b>40,338,724</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>16,437,113</b>	<b>16,029,857</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>22,667,592</b>	<b>24,308,867</b>

**Part II Signature Block**

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

**Sign Here**

Signature of officer

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 PTIN**JOSEPH WYNN****JOSEPH WYNN****06/23/15**

self-employed

**P00410447**Firm's name ▶ **WEAR, HOWELL, STRICKLAND, QUINN & LAW, LLC**Firm's EIN ▶ **63-0510739**Firm's address ▶ **1323 STRATFORD RD SE  
DECATUR, AL 35601-6029**Phone no. **256-353-8902**

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

☐ Yes ☒ No

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2014)

**Part III Statement of Program Service Accomplishments**

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

**1** Briefly describe the organization's mission:

**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 \$ **23,836,196** including grants of\$ (Revenue \$ )  
**DEPARTMENT OF HEALTH & HUMAN SERVICES - ADMINISTRATION OF HEAD START AND EARLY HEAD START**

**4b** (Code: ) (Expenses \$ **2,973,316** including grants of\$ **2,203,134** ) (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 \$ **1,470,190** 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.**

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

(Expenses \$ **7,116,582** including grants of\$ **302,890** ) (Revenue \$ )

**4e** Total program service expenses ▶ **35,396,284**

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	<b>X</b>	
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?		<b>X</b>
<b>3</b> 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		<b>X</b>
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		<b>X</b>
<b>5</b> 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		<b>X</b>
<b>6</b> 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		<b>X</b>
<b>7</b> 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		<b>X</b>
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		<b>X</b>
<b>9</b> 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		<b>X</b>
<b>10</b> 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		<b>X</b>
<b>11</b> 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.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	<b>X</b>	
<b>b</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		<b>X</b>
<b>c</b> 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		<b>X</b>
<b>d</b> 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		<b>X</b>
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	<b>X</b>	
<b>f</b> 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		<b>X</b>
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII		<b>X</b>
<b>b</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	<b>X</b>	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		<b>X</b>
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?		<b>X</b>
<b>b</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		<b>X</b>
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		<b>X</b>
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		<b>X</b>
<b>17</b> 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)		<b>X</b>
<b>18</b> 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		<b>X</b>
<b>19</b> 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		<b>X</b>
<b>20a</b> Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		<b>X</b>
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

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

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

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

		Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	<b>1a</b> 158		
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	<b>1b</b> 0		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<b>1c</b>		X
<b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	<b>2a</b> 748		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	<b>2b</b>	X	
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>		X
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	<b>3b</b>		
<b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<b>4a</b>		X
<b>b</b> If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>		X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>		X
<b>c</b> If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>		
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	<b>6a</b>		X
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
<b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	<b>7a</b>		X
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>		
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>		X
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>		
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>		X
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>		X
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>		X
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>		X
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	<b>8</b>		
<b>9 Sponsoring organizations maintaining donor advised funds.</b>			
<b>a</b> Did the sponsoring organization make any taxable distributions under section 4966?	<b>9a</b>		
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>		
<b>10 Section 501(c)(7) organizations.</b> Enter:			
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>		
<b>11 Section 501(c)(12) organizations.</b> Enter:			
<b>a</b> Gross income from members or shareholders	<b>11a</b>		
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>		
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>			
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>		
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	<b>13b</b>		
<b>c</b> Enter the amount of reserves on hand	<b>13c</b>		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>		X
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	<b>14b</b>		



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

**Section A. Governing Body and Management**

			Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year	<b>1a</b>	<b>17</b>		
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>b</b> Enter the number of voting members included in line 1a, above, who are independent	<b>1b</b>	<b>17</b>		
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		<b>2</b>		<b>X</b>
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		<b>3</b>		<b>X</b>
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<b>4</b>		<b>X</b>
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?		<b>5</b>		<b>X</b>
<b>6</b> Did the organization have members or stockholders?		<b>6</b>		<b>X</b>
<b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		<b>7a</b>		<b>X</b>
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		<b>7b</b>		<b>X</b>
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
<b>a</b> The governing body?		<b>8a</b>	<b>X</b>	
<b>b</b> Each committee with authority to act on behalf of the governing body?		<b>8b</b>	<b>X</b>	
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		<b>9</b>		<b>X</b>

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

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

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed ► **NONE**

**18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

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

**20** State the name, address, and telephone number of the person who possesses the organization's books and records: ►

**FRED HARVEY**  
**DECATUR**

**1909 CENTRAL PARKWAY SW**

**AL 35601**

**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 or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MISTY WILSON	2.00									
DIRECTOR	0.00	X						0	0	0
(2) CLEO MCDANIEL	2.00									
DIRECTOR	0.00	X						0	0	0
(3) MATT HOLMES	2.00									
DIRECTOR	0.00	X						0	0	0
(4) CHRISTINE GARNER	2.00									
DIRECTOR	0.00	X						0	0	0
(5) CASSANDRA LEE	2.00									
DIRECTOR	0.00	X						0	0	0
(6) LORRIE LEE	2.00									
DIRECTOR	0.00	X						0	0	0
(7) PAUL LOTT	2.00									
DIRECTOR	0.00	X						0	0	0
(8) DARRIS FROST	2.00									
DIRECTOR	0.00	X						0	0	0
(9) HEATH MEHERG	2.00									
DIRECTOR	0.00	X						0	0	0
(10) JENNY CLARK	2.00									
DIRECTOR	0.00	X						0	0	0
(11) PAT GILBERT	2.00									
DIRECTOR	0.00	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			
(12) CAROLYN BRACKIN	2.00									
DIRECTOR	0.00	X						0	0	0
(13) SHERYL MARSH	2.00									
DIRECTOR	0.00	X						0	0	0
(14) ALLEN STOVER	2.00									
DIRECTOR	0.00	X						0	0	0
(15) JENNIFER TAYLOR	2.00									
DIRECTOR	0.00	X						0	0	0
(16) EARLENE JOHNSON	2.00									
DIRECTOR	0.00	X						0	0	0
(17) BRUCE GORDON	2.00									
DIRECTOR	0.00	X						0	0	0
(18) MICHAEL TUBBS	40.00									
EXECUTIVE DIRECTOR	0.00			X				138,476	0	0
(19) FRED L HARVEY	40.00									
CHIEF FINANCIAL OFFICER	0.00			X				130,403	0	0
<b>1b Sub-total</b>								<b>268,879</b>		
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>								<b>268,879</b>		

**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 **2**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		<b>X</b>
<b>4</b> 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		<b>X</b>
<b>5</b> 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		<b>X</b>

**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 **0**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns	<b>1a</b>				
	<b>b</b> Membership dues	<b>1b</b>				
	<b>c</b> Fundraising events	<b>1c</b>				
	<b>d</b> Related organizations	<b>1d</b>				
	<b>e</b> Government grants (contributions)	<b>1e</b>	27,683,251			
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	5,270,597			
	<b>g</b> Noncash contributions included in lines 1a-1f: \$		4,856,014			
	<b>h Total.</b> Add lines 1a-1f		32,953,848			
<b>Program Service Revenue</b>		<b>Busn. Code</b>				
	<b>2a</b>					
	<b>b</b>					
	<b>c</b>					
	<b>d</b>					
	<b>e</b>					
	<b>f</b> All other program service revenue					
<b>g Total.</b> Add lines 2a-2f						
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)		2,071	2,071		
	<b>4</b> Income from investment of tax-exempt bond proceeds					
	<b>5</b> Royalties					
		(i) Real	(ii) Personal			
	<b>6a</b> Gross rents					
	<b>b</b> Less: rental exps.					
	<b>c</b> Rental inc. or (loss)					
	<b>d</b> Net rental income or (loss)					
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
	<b>b</b> Less: cost or other basis & sales exps.					
	<b>c</b> Gain or (loss)					
	<b>d</b> Net gain or (loss)					
	<b>8a</b> Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	<b>a</b>				
	<b>b</b> Less: direct expenses	<b>b</b>				
	<b>c</b> Net income or (loss) from fundraising events					
	<b>9a</b> Gross income from gaming activities. See Part IV, line 19	<b>a</b>				
	<b>b</b> Less: direct expenses	<b>b</b>				
	<b>c</b> Net income or (loss) from gaming activities					
	<b>10a</b> Gross sales of inventory, less returns and allowances	<b>a</b>				
	<b>b</b> Less: cost of goods sold	<b>b</b>				
<b>c</b> Net income or (loss) from sales of inventory						
Miscellaneous Revenue		<b>Busn. Code</b>				
<b>11a</b> RENT INCOME		2,043,331	2,043,331			
<b>b</b> OTHER REVENUE		738,720	738,720			
<b>c</b>						
<b>d</b> All other revenue						
<b>e Total.</b> Add lines 11a-11d		2,782,051				
<b>12 Total revenue.</b> See instructions.		35,737,970	2,784,122	0	0	

**Part IX Statement of Functional Expenses**

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

Check if Schedule O contains a response or note to any line in this Part IX ☐**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22	<b>2,506,024</b>	<b>2,506,024</b>		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees				
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	<b>12,446,844</b>	<b>11,801,753</b>	<b>645,091</b>	
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
<b>9</b> Other employee benefits	<b>6,573,252</b>	<b>6,367,028</b>	<b>206,224</b>	
<b>10</b> Payroll taxes				
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management				
<b>b</b> Legal				
<b>c</b> Accounting				
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 7				
<b>f</b> Investment management fees				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	<b>490,526</b>	<b>424,150</b>	<b>66,376</b>	
<b>12</b> Advertising and promotion				
<b>13</b> Office expenses	<b>1,156,311</b>	<b>1,118,567</b>	<b>37,744</b>	
<b>14</b> Information technology				
<b>15</b> Royalties				
<b>16</b> Occupancy	<b>4,627,465</b>	<b>4,535,399</b>	<b>92,066</b>	
<b>17</b> Travel	<b>526,375</b>	<b>486,248</b>	<b>40,127</b>	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings				
<b>20</b> Interest	<b>300,608</b>	<b>300,608</b>		
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	<b>1,590,487</b>	<b>1,590,487</b>		
<b>23</b> Insurance				
<b>24</b> 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.)				
<b>a</b> OTHER EXPENSES	<b>4,324,540</b>	<b>4,138,720</b>	<b>185,820</b>	
<b>b</b> RENTAL EXPENSES	<b>1,828,380</b>	<b>1,828,380</b>		
<b>c</b> STIPENDS	<b>298,920</b>	<b>298,920</b>		
<b>d</b>				
<b>e</b> All other expenses				
<b>25</b> Total functional expenses. Add lines 1 through 24e	<b>36,669,732</b>	<b>35,396,284</b>	<b>1,273,448</b>	<b>0</b>
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest bearing	<b>2,870,470</b>	<b>1</b>	<b>3,399,599</b>
	<b>2</b> Savings and temporary cash investments		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net	<b>1,030,173</b>	<b>3</b>	<b>540,444</b>
	<b>4</b> Accounts receivable, net	<b>52,961</b>	<b>4</b>	<b>57,697</b>
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		<b>6</b>	
	<b>7</b> Notes and loans receivable, net	<b>1,090,918</b>	<b>7</b>	<b>3,323,043</b>
	<b>8</b> Inventories for sale or use		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges	<b>45,390</b>	<b>9</b>	<b>39,046</b>
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a 46,165,280</b>		
	<b>b</b> Less: accumulated depreciation	<b>10b 13,629,497</b>	<b>10c</b>	<b>32,535,783</b>
	<b>11</b> Investments—publicly traded securities		<b>11</b>	
	<b>12</b> Investments—other securities. See Part IV, line 11		<b>12</b>	
	<b>13</b> Investments—program-related. See Part IV, line 11		<b>13</b>	
	<b>14</b> Intangible assets		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11	<b>306,359</b>	<b>15</b>	<b>443,112</b>
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34)	<b>39,104,705</b>	<b>16</b>	<b>40,338,724</b>	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses	<b>2,069,716</b>	<b>17</b>	<b>2,264,857</b>
	<b>18</b> Grants payable		<b>18</b>	
	<b>19</b> Deferred revenue	<b>576,857</b>	<b>19</b>	<b>258,966</b>
	<b>20</b> Tax-exempt bond liabilities		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D		<b>21</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties	<b>13,621,983</b>	<b>23</b>	<b>13,337,890</b>
	<b>24</b> Unsecured notes and loans payable to unrelated third parties		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	<b>168,557</b>	<b>25</b>	<b>168,144</b>
	<b>26 Total liabilities.</b> Add lines 17 through 25	<b>16,437,113</b>	<b>26</b>	<b>16,029,857</b>
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets	<b>21,280,530</b>	<b>27</b>	<b>21,532,855</b>
	<b>28</b> Temporarily restricted net assets	<b>1,217,062</b>	<b>28</b>	<b>2,446,012</b>
	<b>29</b> Permanently restricted net assets	<b>170,000</b>	<b>29</b>	<b>330,000</b>
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds		<b>32</b>	
	<b>33</b> Total net assets or fund balances	<b>22,667,592</b>	<b>33</b>	<b>24,308,867</b>
<b>34</b> Total liabilities and net assets/fund balances	<b>39,104,705</b>	<b>34</b>	<b>40,338,724</b>	

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	<b>35,737,970</b>
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	<b>36,669,732</b>
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	<b>-931,762</b>
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	<b>22,667,592</b>
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	<b>2,573,037</b>
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	<b>24,308,867</b>

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

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

**SCHEDULE A**  
(Form 990 or 990-EZ)Department of the Treasury  
Internal Revenue Service**Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

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

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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations: .....
- g Provide the following information about the supported organization(s).

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



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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	23,260,771	22,668,689	24,064,109	24,464,781	32,953,848	127,412,198
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....	3,423,478	2,897,867	4,050,356	2,735,210		13,106,911
<b>4 Total.</b> Add lines 1 through 3 .....	26,684,249	25,566,556	28,114,465	27,199,991	32,953,848	140,519,109
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						
<b>6 Public support.</b> Subtract line 5 from line 4. ....						140,519,109

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
<b>7</b> Amounts from line 4 .....	26,684,249	25,566,556	28,114,465	27,199,991	32,953,848	140,519,109
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	7,019	4,558	8,188	1,706	2,071	23,542
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10 .....						140,542,651
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	2,784,122

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

<b>14</b> Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	99.98 %
<b>15</b> Public support percentage from 2013 Schedule A, Part II, line 14 .....	<b>15</b>	99.98 %
<b>16a 33 1/3% support test—2014.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ..... <input checked="" type="checkbox"/>		
<b>b 33 1/3% support test—2013.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ..... <input type="checkbox"/>		
<b>17a 10%-facts-and-circumstances test—2014.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ..... <input type="checkbox"/>		
<b>b 10%-facts-and-circumstances test—2013.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ..... <input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ..... <input type="checkbox"/>		

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.) .....						

**Section B. Total Support**

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

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

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

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

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

**19a 33 1/3% support tests—2014.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .....

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

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

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

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

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

- 1** Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (**see instructions**):
- a** ☐ The organization satisfied the Activities Test. Complete **line 2** below.
- b** ☐ The organization is the parent of each of its supported organizations. Complete **line 3** below.
- c** ☐ The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions).

**2 Activities Test. Answer (a) and (b) below.**

	Yes	No
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI</b> identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
<b>2a</b>		
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
<b>2b</b>		
<b>3 Parent of Supported Organizations. Answer (a) and (b) below.</b>		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in <b>Part VI</b> .		
<b>3a</b>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.		
<b>3b</b>		

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

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

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Net short-term capital gain	<b>1</b>		
<b>2</b> Recoveries of prior-year distributions	<b>2</b>		
<b>3</b> Other gross income (see instructions)	<b>3</b>		
<b>4</b> Add lines 1 through 3	<b>4</b>		
<b>5</b> Depreciation and depletion	<b>5</b>		
<b>6</b> Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	<b>6</b>		
<b>7</b> Other expenses (see instructions)	<b>7</b>		
<b>8 Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>		
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
<b>a</b> Average monthly value of securities	<b>1a</b>		
<b>b</b> Average monthly cash balances	<b>1b</b>		
<b>c</b> Fair market value of other non-exempt-use assets	<b>1c</b>		
<b>d Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>		
<b>e Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):			
<b>2</b> Acquisition indebtedness applicable to non-exempt-use assets	<b>2</b>		
<b>3</b> Subtract line 2 from line 1d	<b>3</b>		
<b>4</b> Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	<b>4</b>		
<b>5</b> Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>		
<b>6</b> Multiply line 5 by .035	<b>6</b>		
<b>7</b> Recoveries of prior-year distributions	<b>7</b>		
<b>8 Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>		
<b>Section C - Distributable Amount</b>			Current Year
<b>1</b> Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>		
<b>2</b> Enter 85% of line 1	<b>2</b>		
<b>3</b> Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>		
<b>4</b> Enter greater of line 2 or line 3	<b>4</b>		
<b>5</b> Income tax imposed in prior year	<b>5</b>		
<b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>		
<b>7</b> <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).			

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

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

  

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



**SCHEDULE D  
(Form 990)**Department of the Treasury  
Internal Revenue Service**Supplemental Financial Statements**▶ Complete if the organization answered "Yes" to Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990.

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

OMB No. 1545-0047

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

Name of the organization

**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 value of contributions to (during year) .....		
3 Aggregate value of grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <span style="float:right"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>		
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? <span style="float:right"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>		

**Part II Conservation Easements.**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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



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

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

- a** ☐ Public exhibition **d** ☐ Loan or exchange programs  
**b** ☐ Scholarly research **e** ☐ Other .....

**c** ☐ Preservation for future generations

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

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

**Part IV Escrow and Custodial Arrangements.**

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

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

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

	Amount
<b>c</b> Beginning balance .....	<b>1c</b> .....
<b>d</b> Additions during the year .....	<b>1d</b> .....
<b>e</b> Distributions during the year .....	<b>1e</b> .....
<b>f</b> Ending balance .....	<b>1f</b> .....

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

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

**Part V Endowment Funds.**

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

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

**(i)** unrelated organizations .....

**(ii)** related organizations .....

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

	Yes	No
<b>3a(i)</b> .....		
<b>3a(ii)</b> .....		
<b>3b</b> .....		

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

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land .....		<b>3,220,695</b>		<b>3,220,695</b>
<b>b</b> Buildings .....		<b>1,473,131</b>	<b>427,023</b>	<b>1,046,108</b>
<b>c</b> Leasehold improvements .....				
<b>d</b> Equipment .....		<b>273,209</b>	<b>225,567</b>	<b>47,642</b>
<b>e</b> Other .....		<b>41,198,245</b>	<b>12,976,907</b>	<b>28,221,338</b>
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) ▶				<b>32,535,783</b>

**Part VII Investments—Other Securities.**

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

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

**Part VIII Investments—Program Related.**

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

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) <b>TENANT SECURITY DEPOSITS</b>	<b>139,300</b>	
(3) <b>ACCUMULATED DEFICIT INVESTMENT</b>	<b>28,844</b>	
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►	<b>168,144</b>	

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



**Part XIII** Supplemental Information (continued)

**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

**2014****Open to Public  
Inspection**▶ Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

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 Domestic Organizations and Domestic Governments.** 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.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC 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
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								

- 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 ▶

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

Schedule I (Form 990) (2014)

**Part III Grants and Other Assistance to Domestic Individuals.** 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
<b>1 ENERGY ASSISTANCE</b>	<b>500</b>	<b>2,203,134</b>			
<b>2 ENERGY ASSISTANCE</b>	<b>50</b>	<b>302,890</b>			
<b>3</b>					
<b>4</b>					
<b>5</b>					
<b>6</b>					
<b>7</b>					

**Part IV Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

PART I, LINE 2 - PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS

THE ORGANIZATION HAS A DETAILED FINANCIAL PROCEDURES MANUAL FOR MONITORING

THE USE OF GRANT FUNDS IN THE UNITED STATES.

**SCHEDULE M  
(Form 990)**Department of the Treasury  
Internal Revenue Service

Name of the organization

**Noncash Contributions**

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

OMB No. 1545-0047

**2014****Open To Public  
Inspection****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	<b>X</b>	<b>24</b>	<b>3,402,341</b>	<b>INDEPENDENT APPRAISAL</b>
17 Real estate — Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶( <b>SALARIES</b> )	<b>X</b>	<b>1250</b>	<b>1,453,673</b>	<b>PRICE COMPARISON</b>
26 Other ▶( )				
27 Other ▶( )				
28 Other ▶( )				

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

**29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		<b>X</b>
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?	<b>X</b>	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		<b>X</b>
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.		

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

Schedule M (Form 990) (2014)





**SCHEDULE O**  
**(Form 990 or 990-EZ)**Department of the Treasury  
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

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

Name of the organization

**THE COMMUNITY ACTION PARTNERSHIP OF  
NORTH ALABAMA, INC.**

Employer identification number

**63-0514875****FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENT**

**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.**

**FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990**

**THE ENTITIES FORM 990 IS REVIEWED BY THE ENTITIES CHIEF FINANCIAL OFFICER  
AND THE BOARD OF DIRECTORS ARE INFORMED OF ITS AVAILABILITY.**

**FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY**

**ALL DIRECTORS AND EMPLOYEES ARE REQUIRED ANNUALLY TO SIGN A DISCLOSURE OF  
CONFLICT OF INTEREST STATEMENT.**

**FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL**

**A WAGE STUDY IS PERFORMED EVERY 3 YEARS BY AN INDEPENDENT CONSULTING FIRM.**

**FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS**

**A WAGE STUDY IS PERFORMED EVERY 3 YEARS BY AN INDEPENDENT CONSULTING FIRM.**

**FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION**

**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.**

**FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS EXPLANATION**

Name of the organization

Employer identification number

**THE COMMUNITY ACTION PARTNERSHIP OF**

**63-0514875**

**CAPITAL CONTRIBUTIONS** \$ **224,028**

**ADJUSTMENTS TO BEGINNING EQUITY FOR SUBSIDIARIES** \$ **2,349,009**

**SCHEDULE R  
(Form 990)**Department of the Treasury  
Internal Revenue Service

Name of the organization

**Related Organizations and Unrelated Partnerships**

- Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
 ► Attach to Form 990.  
 ► Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2014****Open to Public  
Inspection****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" on 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
(1) .....					
(2) .....					
(3) .....					
(4) .....					
(5) .....					

**Part II Identification of Related Tax-Exempt Organizations** Complete if the organization answered "Yes" on 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	No
(1) <b>PROPERTY HOLDINGS LLC</b> 1901 CENTRAL PARKWAY SW 63-1219887 DECATUR AL 35601	<b>REAL ESTAT</b>	<b>AL</b>	<b>501C</b>	<b>7</b>	<b>COMMUNITY</b>		<b>X</b>
(2) <b>NORTH AL COMMUNITY PRTRNSP FUND LLC</b> 1901 CENTRAL PARKWAY SW 26-2352234 DECATUR AL 35601	<b>BANKING</b>	<b>AL</b>	<b>501C</b>	<b>7</b>	<b>COMMUNITY</b>		<b>X</b>
(3) <b>ALABAMA WORX LLC</b> 1909 CENTRAL PARKWAY SW 46-0986291 DECATUR AL 35601	<b>RECYCLING</b>	<b>AL</b>	<b>501C</b>	<b>7</b>	<b>COMMUNITY</b>		<b>X</b>
(4) .....							
(5) .....							

**Part III Identification of Related Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on 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) Dispro- portionate alloc.?		(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	
(1) ALEXANDER TERRACE APARTMENTS 210 LENWOOD ROAD DECATUR AL 35603 72-1398379	REAL ESTAT	AL	N/A	RELATED	-46	253		X			X	0.10
(2) ANNE PLACE APTS, LTD 210 LENWOOD ROAD DECATUR AL 35603 26-2860002	REAL ESTAT	AL	N/A	RELATED	-5	-29		X			X	
(3) AZALEA GARDENS, LLC 3924 BROWNING PLACE SUITE 1 RALEIGH NC 27609 20-1162322	REAL ESTAT	AL	N/A	RELATED		-10		X			X	
(4) COMMUNITY VILLAGE I, LTD 210 LENWOOD ROAD DECATUR AL 35603 20-1745614	REAL ESTAT	AL	N/A	RELATED	-12	-96		X			X	

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust** Complete if the organization answered "Yes" on 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
(1) SOUTHERN COMMUNITY BUILDERS, INC 1909 CENTRAL PARKWAY SW DECATUR AL 35601 63-1219888	REAL ESTAT	AL	COMMUNITY	C	-826,566	16,581,433	100.000000		X
(2) SOUTHERN COMMUNITY BUILDERS OF 1909 CENTRAL PARKWAY SW DECATUR AL 35601 63-1236079	REAL ESTAT	AL	COMMUNITY	C					X
(3)									
(4)									

**Part III Identification of Related Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on 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) Dispro- portionate alloc.?		(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	
(1) DEER RUN APARTMENTS LTD 210 LENWOOD ROAD ..... DECATUR AL 35603 63-1209805	REAL ESTATE	AL	N/A	RELATED	-62	-13,017		X			X	0.10
(2) GREENWOOD PARK, LTD 210 LENWOOD ROAD ..... DECATUR AL 35603 20-5150382	REAL ESTATE	AL	N/A	RELATED	-8	-67		X			X	
(3) HARBOR POINT APTS, LTD 210 LENWOOD ROAD ..... DECATUR AL 35603 20-3103282	REAL ESTATE	AL	N/A	RELATED	-4	-38		X			X	
(4) HARBOR SQUARE APARTMENTS LTD P.O. BOX 220 ..... FLORENCE AL 35631 63-1160023	REAL ESTATE	AL	N/A	RELATED	-405	-60,466		X			X	

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust** Complete if the organization answered "Yes" on 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
(1) .....									
(2) .....									
(3) .....									
(4) .....									

**Part III Identification of Related Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on 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) Dispro- portionate alloc.?		(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	
(1) HICKORY RUN APARTMENTS LTD P.O. BOX 220 FLORENCE AL 35631 63-1183369	REAL ESTATE	AL	N/A	RELATED	-123	-4,811		X			X	0.50
(2) HOLLY POND APARTMENTS II LTD 527 MAIN AVE SUITE B NORTHPORT AL 35476 63-0970866	REAL ESTATE	AL	N/A	RELATED		-8		X			X	0.01
(3) HOLLY POND APARTMENTS LTD 527 MAIN AVE SUITE B NORTHPORT AL 35476 63-0894634	REAL ESTATE	AL	N/A	RELATED		-15		X			X	0.01
(4) IVY POINTE APARTMENTS LTD P.O. BOX 220 FLORENCE AL 35631 63-1183367	REAL ESTATE	AL	N/A	RELATED	-300	-4,090		X			X	

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust** Complete if the organization answered "Yes" on 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
(1)									
(2)									
(3)									
(4)									

**Part III Identification of Related Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on 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) Dispro- portionate alloc.?		(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	
(1) LORIS GARDENS, LLC 3924 BROWNING PLACE SUITE 1 RALEIGH NC 27609 61-1448399	REAL ESTATE	AL	N/A	RELATED	-1	-43		X			X	0.01
(2) MILLERS RIDGE APTS, LP 3924 BROWNING PLACE SUITE 1 RALEIGH NC 27609 56-2153481	REAL ESTATE	AL	N/A	RELATED		-215		X			X	0.01
(3) MOUND PLAZA, LTD. 527 MAIN AVE, SUITE B NORTHPORT AL 35476 63-0973608	REAL ESTATE	AL	N/A	RELATED	-345	-651		X			X	
(4) MOUNTAINSIDE APARTMENTS LTD 210 LENWOOD ROAD DECATUR AL 35603 47-0933097	REAL ESTATE	AL	N/A	RELATED	8	-12		X			X	

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust** Complete if the organization answered "Yes" on 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
(1)									
(2)									
(3)									
(4)									

**Part III Identification of Related Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on 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) Dispro- portionate alloc.?		(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	
(1) NORTHGATE PLACE APARTMENTS LTD 527 MAIN AVE SUITE A NORTHPORT AL 35476 94-3414934	REAL ESTATE	AL	N/A	RELATED	55	-65		X			X	0.01
(2) PALMETTOS WAY LLC 3924 BROWNING PLACE SUITE 1 RALEIGH NC 27609 02-0649346	REAL ESTATE	AL	N/A	RELATED		-12		X			X	
(3) PARK HILL APARTMENTS LTD 210 LENWOOD ROAD DECATUR AL 35603 63-1183371	REAL ESTATE	AL	N/A	RELATED	-140	-7,720		X			X	0.50
(4) PARKWAY PLACE APT, LTD 210 LENWOOD ROAD DECATUR AL 35603 20-5152428	REAL ESTATE	AL	N/A	RELATED	-4	-36		X			X	

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust** Complete if the organization answered "Yes" on 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
(1)									
(2)									
(3)									
(4)									



**Part III Identification of Related Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on 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) Dispro- portionate alloc.?		(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	
(1) PECAN COVE APT, LTD 210 LENWOOD ROAD DECATUR AL 35603 20-3103373	REAL ESTATE	AL	N/A	RELATED	-8	-72		X			X	
(2) REFORM MANOR LTD 527 MAIN AVE SUITE B NORTHPORT AL 35476 63-1015147	REAL ESTATE	AL	N/A	RELATED	-3	-26		X			X	1.00
(3) SADDLE RIDGE APARTMENTS LTD 527 MAIN AVE SUITE A NORTHPORT AL 35476 20-0314459	REAL ESTATE	AL	N/A	RELATED	-1	-11,326		X			X	0.07
(4) SARA'S RIDGE APTS, LTD 210 LENWOOD ROAD DECATUR AL 35603 26-0686008	REAL ESTATE	AL	N/A	RELATED	-12	-87		X			X	

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust** Complete if the organization answered "Yes" on 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
(1)									
(2)									
(3)									
(4)									

**Part III Identification of Related Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on 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) Dispro- portionate alloc.?		(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	
(1) WYNDSOR DOWNS LLC 3924 BROWNING PLACE SUITE 1 RALEIGH NC 27609 20-2031653	REAL ESTATE	AL	N/A	RELATED	-7	-59		X			X	
(2)												
(3)												
(4)												

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust** Complete if the organization answered "Yes" on 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
(1)									
(2)									
(3)									
(4)									

**Part V Transactions With Related Organizations** Complete if the organization answered "Yes" on 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
<b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II–IV?		
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity	<b>1a</b>	<b>X</b>
<b>b</b> Gift, grant, or capital contribution to related organization(s)	<b>1b</b>	<b>X</b>
<b>c</b> Gift, grant, or capital contribution from related organization(s)	<b>1c</b>	<b>X</b>
<b>d</b> Loans or loan guarantees to or for related organization(s)	<b>1d</b>	<b>X</b>
<b>e</b> Loans or loan guarantees by related organization(s)	<b>1e</b>	<b>X</b>
<b>f</b> Dividends from related organization(s)	<b>1f</b>	<b>X</b>
<b>g</b> Sale of assets to related organization(s)	<b>1g</b>	<b>X</b>
<b>h</b> Purchase of assets from related organization(s)	<b>1h</b>	<b>X</b>
<b>i</b> Exchange of assets with related organization(s)	<b>1i</b>	<b>X</b>
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s)	<b>1j</b>	<b>X</b>
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s)	<b>1k</b>	<b>X</b>
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s)	<b>1l</b>	<b>X</b>
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s)	<b>1m</b>	<b>X</b>
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	<b>1n</b>	<b>X</b>
<b>o</b> Sharing of paid employees with related organization(s)	<b>1o</b>	<b>X</b>
<b>p</b> Reimbursement paid to related organization(s) for expenses	<b>1p</b>	<b>X</b>
<b>q</b> Reimbursement paid by related organization(s) for expenses	<b>1q</b>	<b>X</b>
<b>r</b> Other transfer of cash or property to related organization(s)	<b>1r</b>	<b>X</b>
<b>s</b> Other transfer of cash or property from related organization(s)	<b>1s</b>	<b>X</b>
<b>2</b> 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 related organization	(b) Transaction type (a–s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

**Part VI** **Unrelated Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on 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 sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate 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	
(1) .....													
(2) .....													
(3) .....													
(4) .....													
(5) .....													
(6) .....													
(7) .....													
(8) .....													
(9) .....													
(10) .....													
(11) .....													

## Part VII

## Supplemental Information

**Supplemental information**  
Provide additional information for responses to questions on Schedule R (see instructions).

Form **4562**Department of the Treasury  
Internal Revenue Service (99)**Depreciation and Amortization**  
(Including Information on Listed Property)

▶ Attach to your tax return.

▶ Information about Form 4562 and its separate instructions is at [www.irs.gov/form4562](http://www.irs.gov/form4562).

OMB No. 1545-0172

**2014**Attachment  
Sequence No. **179**

Name(s) shown on return

**THE COMMUNITY ACTION PARTNERSHIP OF  
NORTH ALABAMA, INC.**

Identifying number

**63-0514875**

Business or activity to which this form relates

**INDIRECT DEPRECIATION****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.

<b>1</b>	Maximum amount (see instructions)	<b>1</b>	<b>500,000</b>
<b>2</b>	Total cost of section 179 property placed in service (see instructions)	<b>2</b>	
<b>3</b>	Threshold cost of section 179 property before reduction in limitation (see instructions)	<b>3</b>	<b>2,000,000</b>
<b>4</b>	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	<b>4</b>	
<b>5</b>	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	<b>5</b>	
<b>6</b>	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
<b>7</b>	Listed property. Enter the amount from line 29	<b>7</b>	
<b>8</b>	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	<b>8</b>	
<b>9</b>	Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8	<b>9</b>	
<b>10</b>	Carryover of disallowed deduction from line 13 of your 2013 Form 4562	<b>10</b>	
<b>11</b>	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	<b>11</b>	
<b>12</b>	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	<b>12</b>	
<b>13</b>	Carryover of disallowed deduction to 2015. Add lines 9 and 10, less line 12	<b>13</b>	

**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.)**

<b>14</b>	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	<b>14</b>	
<b>15</b>	Property subject to section 168(f)(1) election	<b>15</b>	
<b>16</b>	Other depreciation (including ACRS)	<b>16</b>	<b>1,590,487</b>

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

<b>17</b>	MACRS deductions for assets placed in service in tax years beginning before 2014	<b>17</b>	<b>0</b>
<b>18</b>	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 2014 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
<b>19a</b> 3-year property						
<b>b</b> 5-year property						
<b>c</b> 7-year property						
<b>d</b> 10-year property						
<b>e</b> 15-year property						
<b>f</b> 20-year property						
<b>g</b> 25-year property			25 yrs.		S/L	
<b>h</b> Residential rental property			27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
<b>i</b> Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

**Section C—Assets Placed in Service During 2014 Tax Year Using the Alternative Depreciation System**

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

**Part IV Summary (See instructions.)**

<b>21</b>	Listed property. Enter amount from line 28	<b>21</b>	
<b>22</b>	<b>Total.</b> 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	<b>22</b>	<b>1,590,487</b>
<b>23</b>	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	<b>23</b>	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2014)

DAA

**THERE ARE NO AMOUNTS FOR PAGE 2**

63-0514875

**Federal Asset Report**

FYE: 12/31/2014

**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv	Meth	Prior	Current
<b>Other Depreciation:</b>											
1	MODULAR BUILDING	8/01/93	32,000				32,000	40	MO S/L	16,400	800
2	MODULAR BUILDING 35X40	1/01/94	35,000				35,000	40	MO S/L	17,063	17,937
	Sold/Scrapped: 12/31/14										
3	MODULAR BUILDING	1/31/94	28,865				28,865	40	MO S/L	14,072	14,793
	Sold/Scrapped: 12/31/14										
4	MODULAR BUILDING	1/16/95	81,300				81,300	40	MO S/L	37,601	2,033
5	MODULAR BUILDING 30X76	3/24/95	72,000				72,000	40	MO S/L	33,300	1,800
6	MODULAR BUILDING 16X90	7/01/97	35,000				35,000	40	MO S/L	14,438	20,562
	Sold/Scrapped: 12/31/14										
7	MODULAR BUILDING 24X40	7/01/97	30,000				30,000	40	MO S/L	12,375	750
8	MODULAR HS BUILDING	5/21/98	42,236				42,236	40	MO S/L	16,366	1,056
9	MODULAR BUILDING	8/25/98	46,892				46,892	40	MO S/L	18,171	1,172
10	MEALS ON WHEELS LAND	9/25/98	60,000				60,000	0	-- Land	0	0
11	MEALS ON WHEELS BUILDING - COOI	7/01/05	210,000				210,000	40	MO S/L	44,625	5,250
12	ROOF - HARTSELLE HEAD START	8/01/06	38,500				38,500	20	MO S/L	14,278	1,925
13	ASBURY MODULAR - NE	6/30/08	5,000				5,000	20	MO S/L	1,375	250
14	BIG SPRING LAKE MODULAR - A - NE	6/30/08	5,000				5,000	20	MO S/L	1,375	250
15	BIG SPRING LAKE MODULAR - B - NE	6/30/08	5,000				5,000	20	MO S/L	1,375	250
16	BOAZ MODULAR - A - NE	6/30/08	5,000				5,000	20	MO S/L	1,375	250
17	BOAZ MODULAR - B - NE	6/30/08	5,000				5,000	20	MO S/L	1,375	250
18	BRIDGEPORT MODULAR - NE	6/30/08	5,000				5,000	20	MO S/L	1,375	250
21	CENTRE MODULAR - NE	6/30/08	5,000				5,000	20	MO S/L	1,375	250
22	CROSSVILLE MODULAR - NE	6/30/08	5,000				5,000	20	MO S/L	1,375	250
23	DOUGLAS MODULAR - NE	6/30/08	5,000				5,000	20	MO S/L	1,375	3,625
	Sold/Scrapped: 12/31/14										
26	GRASSY MODULAR - NE	6/30/08	5,000				5,000	20	MO S/L	1,375	3,625
	Sold/Scrapped: 12/31/14										
27	COLLINSVILLE MODULAR - NE	6/30/08	5,000				5,000	20	MO S/L	1,375	3,625
	Sold/Scrapped: 12/31/14										
28	GUNTERVILLE MODULAR - NE	6/30/08	5,000				5,000	20	MO S/L	1,375	250
29	HOLLYWOOD MODULAR - NE	6/30/08	5,000				5,000	20	MO S/L	1,375	3,625
	Sold/Scrapped: 12/31/14										
30	KILPATRICK MODULAR - A - NE	6/30/08	5,000				5,000	20	MO S/L	1,375	250
31	KILPATRICK MODULAR - B - NE	6/30/08	5,000				5,000	20	MO S/L	1,375	250
32	MOON LAKE MODULAR - NE	6/30/08	5,000				5,000	20	MO S/L	1,375	3,625
	Sold/Scrapped: 12/31/14										
34	NORTH SAND MOUNTAIN MODULAR	6/30/08	5,000				5,000	20	MO S/L	1,375	250
36	PLAINVIEW BUILDING - NE	6/30/08	20,000				20,000	20	MO S/L	5,500	14,500
	Sold/Scrapped: 12/31/14										
37	ROSALIE MODULAR - NE	6/30/08	5,000				5,000	20	MO S/L	1,375	250
38	SAND ROCK MODULAR - NE	6/30/08	5,000				5,000	20	MO S/L	1,375	250
39	SECTION MODULAR - NE	6/30/08	5,000				5,000	20	MO S/L	1,375	250
40	SKYLINE MODULAR - NE	6/30/08	5,000				5,000	20	MO S/L	1,375	3,625
	Sold/Scrapped: 12/31/14										
41	SPRING GARDEN MODULAR - NE	6/30/08	5,000				5,000	20	MO S/L	1,375	3,625
	Sold/Scrapped: 12/31/14										
42	STEVENSON MODULAR - NE	6/30/08	5,000				5,000	20	MO S/L	1,375	3,625
	Sold/Scrapped: 12/31/14										
43	SYLVANIA MODULAR - NE	6/30/08	120,000				120,000	20	MO S/L	33,000	6,000
44	UNION GROVE MODULAR - NE	6/30/08	5,000				5,000	20	MO S/L	1,375	3,625
	Sold/Scrapped: 12/31/14										
45	MODULAR HOME	11/15/08	56,680				56,680	40	MO S/L	7,262	1,417
46	FYFFE LAND	9/30/09	29,500				29,500	0	-- Land	0	0
47	SCOTTSBORO BUILDING	9/30/09	197,077				197,077	40	MO S/L	23,403	4,927
48	SCOTTSBORO LAND	9/30/09	34,750				34,750	0	-- Land	0	0
49	FYFFE BUILDING	9/30/09	169,446				169,446	40	MO S/L	20,122	4,236
50	FREEZER/REFRIGERATOR - WALK IN	6/01/94	19,000				19,000	25	MO S/L	14,820	760
51	SINK - POWER SOAK	6/01/94	10,900				10,900	25	MO S/L	8,502	436
52	KITCHEN EXHAUST HOOD	6/01/94	9,200				9,200	25	MO S/L	7,176	368
53	KETTLE - GAS	6/01/94	6,100				6,100	25	MO S/L	4,758	244
54	VULCAN STOVE/OVEN COMBO	7/01/98	5,500				5,500	25	MO S/L	3,410	220
55	PLAYGROUND AT HARMONY	9/26/06	8,795				8,795	10	MO S/L	6,377	879
56	PLAYGROUND EQUIPMENT - HARTSE	1/11/07	12,221				12,221	10	MO S/L	7,796	1,222
57	3M MP 8640 PROJECTOR	11/01/99	5,450				5,450	5	MO S/L	5,450	0
	Sold/Scrapped: 12/31/14										
58	HP COLOR LAZERJET 5500	8/21/03	5,000				5,000	5	MO S/L	5,000	0
	Sold/Scrapped: 12/31/14										
59	SAGE SOFTWARE - TIME SHEET MODI	5/26/06	6,500				6,500	5	MO S/L	6,500	0

63-0514875

**Federal Asset Report**

FYE: 12/31/2014

**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv Meth	Prior	Current
Sold/Scrapped: 12/31/14										
60	INSPECTIR 4000 INFRARED CAMERA	1/25/07	5,995				5,995	5 MO S/L	5,995	0
61	WHITE BOARD LEARNING SYSTEM	8/11/09	8,475				8,475	5 MO S/L	7,815	660
62	WHITE BOARD LEARNING SYSTEM	8/11/09	8,475				8,475	5 MO S/L	7,815	660
63	95 FORD VAN - WHITE	6/21/95	18,017				18,017	10 MO S/L	18,017	0
76	2001 FORD F250 PU	5/15/01	33,937				33,937	10 MO S/L	33,937	0
82	2007 DODGE CARAVAN - MOW	3/29/07	17,491				17,491	10 MO S/L	11,806	1,750
83	2007 DODGE CARAVAN - MOW	3/29/07	17,276				17,276	10 MO S/L	11,661	1,728
88	2008 HONDA ELEMENT	8/15/08	23,384				23,384	10 MO S/L	12,569	2,338
90	2004 CHEV P/U - NE	6/30/08	10,000				10,000	5 MO S/L	10,000	0
Sold/Scrapped: 12/31/14										
92	2000 CHEV VENTURE	6/30/08	5,000				5,000	5 MO S/L	5,000	0
94	2008 KUBOTA TRACTOR	8/15/08	16,160				16,160	10 MO S/L	8,686	1,616
95	8 X 20 UTILITY TRAILER	8/15/08	7,400				7,400	10 MO S/L	3,978	740
96	CHEVY TRUCK	1/30/09	21,984				21,984	5 MO S/L	20,451	1,533
Sold/Scrapped: 12/31/14										
97	CHEVY TRUCK	1/30/09	21,984				21,984	5 MO S/L	20,451	1,533
Sold/Scrapped: 12/31/14										
98	CHEVY TRUCK	1/30/09	21,984				21,984	5 MO S/L	20,451	1,533
99	VAN - MEALS ON WHEELS	6/22/09	17,899				17,899	10 MO S/L	8,055	1,789
100	HARTSELLE HEADSTART BUILDING	12/31/99	40,000				40,000	40 MO S/L	40,000	0
101	SHEFFIELD HEADSTART BUILDINGS	12/31/99	100,000				100,000	40 MO S/L	18,504	2,500
102	RATCHFORD HEADSTART BUILDING	1/19/07	162,000				162,000	40 MO S/L	29,325	4,050
103	LAND-FRONT OF MAIN OFFICE	1/01/06	93,210				93,210	0 -- Land	0	0
104	2010 Ford F150 Pickup	8/12/10	23,239				23,239	5 MO S/L	16,509	4,648
105	2010 Ford F150 Pickup	8/12/10	23,239				23,239	5 MO S/L	16,509	4,648
106	LAND - SHEFFIELD	12/31/99	13,392				13,392	0 -- Land	0	0
107	LAND - RATCHFORD BLDG	1/19/07	18,000				18,000	0 -- Land	0	0
108	LAND - 12 ACRES DHCA	5/01/10	161,467				161,467	0 -- Land	0	0
109	SCHOOL BUILDING - DHCA	5/01/10	159,060				159,060	40 MO S/L	14,581	3,976
110	GYMNASIUM - DHCA	5/01/10	98,620				98,620	40 MO S/L	9,040	2,466
111	MODULAR BLDGS - DHCA	5/01/10	60,437				60,437	40 MO S/L	5,540	1,511
112	DAYCARE BLDG - DHCA	5/01/10	25,000				25,000	40 MO S/L	2,292	625
113	CAPNA LLE Investments	1/01/09	8,451,677				8,451,677	40 MO S/L	3,825,564	254,169
114	CAPNA LLE Investments	1/01/09	418,159				418,159	0 -- Land	0	0
115	South Community Builders	1/01/09	2,392,217				2,392,217	0 -- Land	0	0
116	South Community Builders	1/01/09	31,691,058				31,691,058	40 MO S/L	7,661,932	1,086,686
117	Roof-Decatur	7/01/12	33,420				33,420	20 MO S/L	2,507	1,671
118	Walkway/Awning	7/01/12	11,480				11,480	20 MO S/L	861	574
119	Smart Table - Arab	7/01/12	6,500				6,500	5 MO S/L	1,950	1,300
120	Parking Lot Paving	8/31/13	12,600				12,600	20 MO S/L	210	630
121	Carpet - Cental Office	6/30/13	42,199				42,199	10 MO S/L	2,110	4,220
122	Flooring - Scottsboro	8/31/13	5,821				5,821	10 MO S/L	194	582
123	10 Modular Buildings	7/01/13	50,000				50,000	20 MO S/L	1,250	0
124	2013 Chevrolet Silverado 2500 HD	6/30/13	28,230				28,230	5 MO S/L	2,823	5,646
125	2092013 Chevrolet Silverado 2500 HD	6/30/13	28,230				28,230	5 MO S/L	2,823	5,646
126	2013 Chevrolet Silverado 2500 HD (Ex. Cal	6/30/13	30,963				30,963	5 MO S/L	3,096	6,193
127	2013 Chevrolet Silverado 2500 HD (Ex. Cal	6/30/13	30,963				30,963	5 MO S/L	3,096	6,193
128	LED Lighting - Various Property	9/30/14	251,038				251,038	20 MO S/L	0	3,138
129	Roof- Piney Chapel Head	1/30/14	6,525				6,525	20 MO S/L	0	299
130	Flooring - Ridgecrest Elementary	1/30/14	11,118				11,118	10 MO S/L	0	1,019
131	Roof - Madison Head Start	2/28/14	6,381				6,381	20 MO S/L	0	266
132	Flooring	5/31/14	6,633				6,633	10 MO S/L	0	387
133	Renovations - Crossville	4/30/14	29,500				29,500	20 MO S/L	0	983
134	Renovations - MLK	4/30/14	13,309				13,309	20 MO S/L	0	444
135	Transit C 4DR WGN SWB	6/30/14	15,399				15,399	5 MO S/L	0	1,540
136	2014 Transit Connect XLT Wagon SWB	6/30/14	22,803				22,803	5 MO S/L	0	2,280
137	2014 Transit Connect XLT Wagon SWB	6/30/14	22,803				22,803	5 MO S/L	0	2,280
138	5 Modular Homes	7/01/13	25,000				25,000	20 MO S/L	625	24,375
Sold/Scrapped: 12/31/14										
<b>Total Other Depreciation</b>			<u>46,425,063</u>				<u>46,425,063</u>		<u>12,298,793</u>	<u>1,590,487</u>
<b>Total ACRS and Other Depreciation</b>			<u>46,425,063</u>				<u>46,425,063</u>		<u>12,298,793</u>	<u>1,590,487</u>



**Federal Asset Report****Form 990, Page 1**

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv Meth	Prior	Current
	<b>Grand Totals</b>		46,425,063				46,425,063		12,298,793	1,590,487
	<b>Less: Dispositions and Transfers</b>		259,783				259,783		131,925	127,858
	<b>Less: Start-up/Org Expense</b>		<u>0</u>				<u>0</u>		<u>0</u>	<u>0</u>
	<b>Net Grand Totals</b>		<u>46,165,280</u>				<u>46,165,280</u>		<u>12,166,868</u>	<u>1,462,629</u>

## Depreciation Adjustment Report

FYE: 12/31/2014

## All Business Activities

AMT  
Adjustments/  
Preferences

<u>Form</u>	<u>Unit</u>	<u>Asset</u>	<u>Description</u>	<u>Tax</u>	<u>AMT</u>
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**There are no assets that meet the criteria of this report**

63-0514875

**Future Depreciation Report****FYE: 12/31/15**

FYE: 12/31/2014

**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Tax	AMT
<b>Other Depreciation:</b>					
1	MODULAR BUILDING	8/01/93	32,000	800	0
4	MODULAR BUILDING	1/16/95	81,300	2,032	0
5	MODULAR BUILDING 30X76	3/24/95	72,000	1,800	0
7	MODULAR BUILDING 24X40	7/01/97	30,000	750	0
8	MODULAR HS BUILDING	5/21/98	42,236	1,056	0
9	MODULAR BUILDING	8/25/98	46,892	1,172	0
10	MEALS ON WHEELS LAND	9/25/98	60,000	0	0
11	MEALS ON WHEELS BUILDING - COOK	7/01/05	210,000	5,250	0
12	ROOF - HARTSELLE HEAD START	8/01/06	38,500	1,925	0
13	ASBURY MODULAR - NE	6/30/08	5,000	250	0
14	BIG SPRING LAKE MODULAR - A - NE	6/30/08	5,000	250	0
15	BIG SPRING LAKE MODULAR - B- NE	6/30/08	5,000	250	0
16	BOAZ MODULAR - A - NE	6/30/08	5,000	250	0
17	BOAZ MODULAR - B - NE	6/30/08	5,000	250	0
18	BRIDGEPORT MODULAR - NE	6/30/08	5,000	250	0
21	CENTRE MODULAR - NE	6/30/08	5,000	250	0
22	CROSSVILLE MODULAR - NE	6/30/08	5,000	250	0
28	GUNTERVILLE MODULAR - NE	6/30/08	5,000	250	0
30	KILPATRICK MODULAR - A - NE	6/30/08	5,000	250	0
31	KILPATRICK MODULAR - B- NE	6/30/08	5,000	250	0
34	NORTH SAND MOUNTAIN MODULAR - NE	6/30/08	5,000	250	0
37	ROSALIE MODULAR - NE	6/30/08	5,000	250	0
38	SAND ROCK MODULAR - NE	6/30/08	5,000	250	0
39	SECTION MODULAR - NE	6/30/08	5,000	250	0
43	SYLVANIA MODULAR - NE	6/30/08	120,000	6,000	0
45	MODULAR HOME	11/15/08	56,680	1,417	0
46	FYFFE LAND	9/30/09	29,500	0	0
47	SCOTTSBORO BUILDING	9/30/09	197,077	4,927	0
48	SCOTTSBORO LAND	9/30/09	34,750	0	0
49	FYFFE BUILDING	9/30/09	169,446	4,236	0
50	FREEZER/REFRIGERATOR - WALK IN	6/01/94	19,000	760	0
51	SINK - POWER SOAK	6/01/94	10,900	436	0
52	KITCHEN EXHAUST HOOD	6/01/94	9,200	368	0
53	KETTLE - GAS	6/01/94	6,100	244	0
54	VULCAN STOVE/OVEN COMBO	7/01/98	5,500	220	0
55	PLAYGROUND AT HARMONY	9/26/06	8,795	880	0
56	PLAYGROUND EQUIPMENT - HARTSELLE	1/11/07	12,221	1,223	0
60	INSPECTIR 4000 INFRARED CAMERA	1/25/07	5,995	0	0
61	WHITE BOARD LEARNING SYSTEM	8/11/09	8,475	0	0
62	WHITE BOARD LEARNING SYSTEM	8/11/09	8,475	0	0
63	95 FORD VAN - WHITE	6/21/95	18,017	0	0
76	2001 FORD F250 PU	5/15/01	33,937	0	0
82	2007 DODGE CARAVAN - MOW	3/29/07	17,491	1,749	0
83	2007 DODGE CARAVAN - MOW	3/29/07	17,276	1,728	0
88	2008 HONDA ELEMENT	8/15/08	23,384	2,339	0
92	2000 CHEV VENTURE	6/30/08	5,000	0	0
94	2008 KUBOTA TRACTOR	8/15/08	16,160	1,616	0
95	8 X 20 UTILITY TRAILER	8/15/08	7,400	740	0
98	CHEVY TRUCK	1/30/09	21,984	0	0
99	VAN - MEALS ON WHEELS	6/22/09	17,899	1,790	0
100	HARTSELLE HEADSTART BUILDING	12/31/99	40,000	0	0
101	SHEFFIELD HEADSTART BUILDINGS	12/31/99	100,000	2,500	0
102	RATCHFORD HEADSTART BUILDING	1/19/07	162,000	4,050	0
103	LAND-FRONT OF MAIN OFFICE	1/01/06	93,210	0	0
104	2010 Ford F150 Pickup	8/12/10	23,239	2,082	0
105	2010 Ford F150 Pickup	8/12/10	23,239	2,082	0
106	LAND - SHEFFIELD	12/31/99	13,392	0	0
107	LAND - RATCHFORD BLDG	1/19/07	18,000	0	0
108	LAND - 12 ACRES DHCA	5/01/10	161,467	0	0
109	SCHOOL BUILDING - DHCA	5/01/10	159,060	3,977	0
110	GYMNASIUM - DHCA	5/01/10	98,620	2,465	0
111	MODULAR BLDGS - DHCA	5/01/10	60,437	1,511	0
112	DAYCARE BLDG - DHCA	5/01/10	25,000	625	0
113	CAPNA LLE Investments	1/01/09	8,451,677	211,292	0
114	CAPNA LLE Investments	1/01/09	418,159	0	0
115	South Community Builders	1/01/09	2,392,217	0	0
116	South Community Builders	1/01/09	31,691,058	792,276	0

Asset	Description	Date In Service	Cost	Tax	AMT
117	Roof-Decatur	7/01/12	33,420	1,671	0
118	Walkway/Awning	7/01/12	11,480	574	0
119	Smart Table - Arab	7/01/12	6,500	1,300	0
120	Parking Lot Paving	8/31/13	12,600	630	0
121	Carpet - Cental Office	6/30/13	42,199	4,220	0
122	Flooring - Scottsboro	8/31/13	5,821	582	0
123	10 Modular Buildings	7/01/13	50,000	2,500	0
124	2013 Chevrolet Silverado 2500 HD	6/30/13	28,230	5,646	0
125	2092013 Chevrolet Silverado 2500 HD	6/30/13	28,230	5,646	0
126	2013 Chevrolet Silverado 2500 HD (Ex. Cab)	6/30/13	30,963	6,193	0
127	2013 Chevrolet Silverado 2500 HD (Ex. Cab)	6/30/13	30,963	6,193	0
128	LED Lighting - Various Property	9/30/14	251,038	12,552	0
129	Roof- Piney Chapel Head	1/30/14	6,525	326	0
130	Fooring - Ridgecrest Elementary	1/30/14	11,118	1,112	0
131	Roof - Madison Head Start	2/28/14	6,381	319	0
132	Flooring	5/31/14	6,633	663	0
133	Renovations - Crossville	4/30/14	29,500	1,475	0
134	Renovations - MLK	4/30/14	13,309	665	0
135	Transit C 4DR WGN SWB	6/30/14	15,399	3,080	0
136	2014 Transit Connect XLT Wagon SWB	6/30/14	22,803	4,561	0
137	2014 Transit Connect XLT Wagon SWB	6/30/14	22,803	4,561	0
<b>Total Other Depreciation</b>			<u>46,165,280</u>	<u>1,136,537</u>	<u>0</u>
<b>Total ACRS and Other Depreciation</b>			<u>46,165,280</u>	<u>1,136,537</u>	<u>0</u>
<b>Grand Totals</b>			<u>46,165,280</u>	<u>1,136,537</u>	<u>0</u>

Form <b>990</b>	<b>Two Year Comparison Report</b>	<b>2013 &amp; 2014</b>
For calendar year 2014, or tax year beginning , ending		

Name

Taxpayer Identification Number

**THE COMMUNITY ACTION PARTNERSHIP OF  
NORTH ALABAMA, INC.**
**63-0514875**

		2013	2014	Differences
<b>Revenue</b>	1. Contributions, gifts, grants	1. 3,226,241	5,270,597	2,044,356
	2. Membership dues and assessments	2.		
	3. Government contributions and grants	3. 21,238,540	27,683,251	6,444,711
	4. Program service revenue	4.		
	5. Investment income	5. 1,706	2,071	365
	6. Proceeds from tax exempt bonds	6.		
	7. Net gain or (loss) from sale of assets other than inventory	7.		
	8. Net income or (loss) from fundraising events	8.		
	9. Net income or (loss) from gaming	9.		
	10. Net gain or (loss) on sales of inventory	10.		
	11. Other revenue	11. 2,892,346	2,782,051	-110,295
	12. <b>Total revenue.</b> Add lines 1 through 11	12. 27,358,833	35,737,970	8,379,137
<b>Expenses</b>	13. Grants and similar amounts paid	13. 2,577,935	2,506,024	-71,911
	14. Benefits paid to or for members	14.		
	15. Compensation of officers, directors, trustees, etc.	15.		
	16. Salaries, other compensation, and employee benefits	16. 14,136,134	19,020,096	4,883,962
	17. Professional fundraising fees	17.		
	18. Other professional fees	18. 350,605	490,526	139,921
	19. Occupancy, rent, utilities, and maintenance	19. 2,496,831	4,627,465	2,130,634
	20. Depreciation and Depletion	20. 1,499,681	1,590,487	90,806
	21. Other expenses	21. 6,982,760	8,435,134	1,452,374
	22. <b>Total expenses.</b> Add lines 13 through 21	22. 28,043,946	36,669,732	8,625,786
	23. <b>Excess or (Deficit).</b> Subtract line 22 from line 12	23. -685,113	-931,762	-246,649
<b>Other Information</b>	24. Total exempt revenue	24. 27,358,833	35,737,970	8,379,137
	25. Total unrelated revenue	25.		
	26. Total excludable revenue	26. 2,894,052	2,784,122	-109,930
	27. Total assets	27. 39,104,705	40,338,724	1,234,019
	28. Total liabilities	28. 16,437,113	16,029,857	-407,256
	29. Retained earnings	29. 22,667,592	24,308,867	1,641,275
	30. Number of voting members of governing body	30. 18	17	
	31. Number of independent voting members of governing body	31. 18	17	
	32. Number of employees	32. 633	748	
	33. Number of volunteers	33. 1200	1200	

Form <b>990T</b>		<b>Two Year Comparison Report</b>		<b>2013 &amp; 2014</b>	
		For calendar year 2014, or tax year beginning		, ending	
Name <b>THE COMMUNITY ACTION PARTNERSHIP OF NORTH ALABAMA, INC.</b>				Taxpayer Identification Number <b>63-0514875</b>	

  

		2013	2014	Differences
<b>Revenue</b>	1. Gross profit/loss on business activities	1.		
	2. Capital gains/losses	2.		
	3. Income/loss from partnerships and S corporations	3.		
	4. Rental income (net of expense)	4.		
	5. Unrelated debt-financed income (net of expense)	5.		
	6. Interest, and other income from controlled organizations (net of expense)	6.		
	7. Investment income of specific organizations (net of expense)	7.		
	8. Exploited exempt activity income (net of expense)	8.		
	9. Advertising income (net of expense)	9.		
	10. Other income	10.		
	<b>11. Total trade or business income.</b> Combine lines 1 through 10	<b>11.</b>		
<b>Expenses</b>	12. Compensation of officers, directors, and trustees	12.		
	13. Other salaries and wages	13.		
	14. Repairs and maintenance	14.		
	15. Bad debts	15.		
	16. Interest	16.		
	17. Taxes and licenses	17.		
	18. Charitable contributions	18.		
	19. Depreciation and Depletion	19.		
	20. Contributions to deferred compensation plans	20.		
	21. Employee benefit programs	21.		
	22. Other deductions	22.		
	<b>23. Total deductions.</b> Add lines 12 through 22	<b>23.</b>		
	<b>24. Taxable income before NOL.</b> Subtract line 23 from 11	<b>24.</b>		
	25. Net operating loss deduction	25.		
	26. Specific deduction	26.	1,000	-1,000
	<b>27. Unrelated business taxable income.</b>	<b>27.</b>	-1,000	1,000
	<b>Tax &amp; Credits</b>	28. Income tax (corporate or trust)	28.	
29. Proxy tax		29.		
30. Alternative minimum tax		30.		
<b>31. Total taxes</b>		<b>31.</b>		
32. Other credits		32.		
33. General business credit		33.		
34. Credit for prior year minimum tax		34.		
<b>35. Total credits</b>		<b>35.</b>		
<b>36. Net tax after credits</b>		<b>36.</b>		
37. Recapture taxes		37.		
<b>38. Total Taxes</b>	<b>38.</b>			
<b>Due/Refund</b>	39. Prior year overpayment and estimated tax payments	39.		
	40. Payment made with extension	40.		
	41. Backup withholding and foreign withholding	41.		
	42. Other payments	42.		
	<b>43. Total payments</b>	<b>43.</b>		
	<b>44. Balance due/(Overpayment)</b>	<b>44.</b>		
	45. Overpayment applied to next year	45.		
	46. Penalties	46.		
	<b>47. Total due/(Refund)</b>	<b>47.</b>		

Form <b>990</b>	<b>Tax Return History</b>	<b>2014</b>
Name <b>THE COMMUNITY ACTION PARTNERSHIP OF NORTH ALABAMA, INC.</b>		Employer Identification Number <b>63-0514875</b>

	2010	2011	2012	2013	2014	2015
Contributions, gifts, grants .....			24,064,109	24,464,781	32,953,848	
Membership dues .....						
Program service revenue .....						
Capital gain or loss .....						
Investment income .....			8,188	1,706	2,071	
Fundraising revenue (income/loss) .....						
Gaming revenue (income/loss) .....						
Other revenue .....			3,989,381	2,892,346	2,782,051	
<b>Total revenue</b> .....			28,061,678	27,358,833	35,737,970	
Grants and similar amounts paid .....			2,188,556	2,577,935	2,506,024	
Benefits paid to or for members .....						
Compensation of officers, etc. ....						
Other compensation .....			14,731,273	14,136,134	19,020,096	
Professional fees .....				350,605	490,526	
Occupancy costs .....			2,452,523	2,496,831	4,627,465	
Depreciation and depletion .....			1,204,240	1,499,681	1,590,487	
Other expenses .....			8,080,372	6,982,760	8,435,134	
<b>Total expenses</b> .....			28,656,964	28,043,946	36,669,732	
<b>Excess or (Deficit)</b> .....			-595,286	-685,113	-931,762	
Total exempt revenue .....			28,061,678	27,358,833	35,737,970	
Total unrelated revenue .....						
Total excludable revenue .....			28,061,678	2,894,052	2,784,122	
Total Assets .....			32,764,708	39,104,705	40,338,724	
Total Liabilities .....			15,258,966	16,437,113	16,029,857	
Net Fund Balances .....			17,505,742	22,667,592	24,308,867	

Form **990T**

**Tax Return History**

**2014**

Name	<b>THE COMMUNITY ACTION PARTNERSHIP OF NORTH ALABAMA, INC.</b>	Employer Identification Number <b>63-0514875</b>
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	2010	2011	2012	2013	2014	2015
Business activity profit/loss .....						
Capital gains/losses .....						
Partner and S Corp gain/loss .....						
Rental income* .....						
Debt-financed income* .....						
Controlled organizations income/interest* .....						
Investment income, specific organizations* .....						
Exploited exempt activity income* .....						
Other income .....						
<b>Total trade or business income.</b> .....						
Compensation of officers, ect. ....						
Other salaries and wages .....						
Repairs and maintenance .....						
Bad debts .....						
Interest .....						
Taxes and licenses .....						
Charitable contributions .....						
Depreciation and Depletion .....						
Deferred compensation plans .....						
Employee benefit programs .....						



Form **990T**

**Tax Return History**

**2014**

Name	<b>THE COMMUNITY ACTION PARTNERSHIP OF NORTH ALABAMA, INC.</b>	Employer Identification Number <b>63-0514875</b>
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	2010	2011	2012	2013	2014	2015
Other deductions .....						
Net operating loss deduction .....						
Specific deduction .....			1,000	1,000		
Income after expense and deductions .....			-1,000	-1,000		
Income tax (corporate or trust) .....						
Other taxes .....						
<b>Total taxes</b> .....						
General business credit .....						
Other credits .....						
<b>Net tax after credits</b> .....						
Estimated tax payments .....						
Other payments .....						
<b>Balance due/Overpayment</b> .....						

\* Income shown net of expenses

Taxable Interest on Investments

Description	Amount	Unrelated Business Code	Exclusion Code	Postal Code	Acquired after 6/30/75	US Obs (\$ or %)
INTEREST INCOME	\$ 2,071					
TOTAL	\$ 2,071					

## Federal Statements

### Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)

Description	Total Expenses	Program Service	Management & General	Fund Raising
CONTRACT SERVICES	\$ 270,581	\$ 270,581	\$	\$
CONTRACT SERVICES	74,347	74,347		
CONTRACT SERVICES	145,598	79,222	66,376	
TOTAL	\$ 490,526	\$ 424,150	\$ 66,376	\$ 0

## Federal Statements

### Schedule A, Part II, Line 1(e)

Description	Amount
STATE OF ALABAMA	\$ 6,366,505
DEPT OF HEALTH & HUMAN SERVICES	20,456,270
CORPORATION OF NATIONAL AND COMMUNIT	494,090
DEPARTMENT OF HUD	13,293
NEIGHBORWORKS AMERICA	353,093
UNITED WAY	134,028
OTHER SUPPORT	1,453,673
OTHER SUPPORT	3,402,341
OTHER SUPPORT	280,555
TOTAL	\$ 32,953,848

### Schedule A, Part II, Line 12

Description	Amount
INTEREST INCOME	\$ 2,071
RENT INCOME	2,043,331
OTHER REVENUE	738,720
TOTAL	\$ 2,784,122