Forms 990 / 990-EZ Return Summary

For calendar year 2015, or tax year beginning , and ending

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

Net Asset / Fund Balance at Beginning of Year			24,308,867
Revenue			
Contributions	34,716,547		
Program service revenue			
Investment income	1,954		
Capital gain / loss			
Fundraising / Gaming:			
Gross revenue			
Direct expenses			
Net income			
Other income	3,918,826		
Total revenue		38,637,327	
Expenses			
Program services	37,789,463		
Management and general	1,414,921		
Fundraising			
Total expenses		39,204,384	
Excess / (deficit)			-567,057
Changes			3,493,561
Net Asset / Fund Balance at End of Year			27,235,371

Reconciliation of Revenue

Total revenue per financial statements	
Less:	
Unrealized gains	
Donated services	
Recoveries	
Other	
Plus:	
Investment expenses	
Other	
Total revenue per return	38,637,327

Reconciliation of Expenses

Total expenses per financial statements	
Less:	
Donated services	
Prior year adjustments	
Losses	
Other	
Plus:	
Investment expenses	
Other	
Total expenses per return	39,204,384

Balance Sheet

	Beginning	Ending	Differences
Assets	40,338,724	49,750,327	
Liabilities	16,029,857	22,514,956	
Net assets	24,308,867	27,235,371	2,926,504

Miscellaneous Information

Amended return	
Return / extended due date	11/15/16
Failure to file penalty	

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

2015

For calendar year 2015, or fiscal year beginning . . . . . , 2015, and ending . . . . . , 20 . . . . .

Department of the Treasury
Internal Revenue Service

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

Name of exempt organization: **THE COMMUNITY ACTION PARTNERSHIP OF NORTH ALABAMA, INC.**

Employer identification number: **63-0514875**

Name and title of officer: **FRED L HARVEY CHIEF FINANCIAL OFFI**

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

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

1a Form 990 check here ▶ [X] **b**	**Total revenue,** if any (Form 990, Part VIII, column (A), line 12)	**1b**	**38,637,327**
2a Form 990-EZ check here ▶ [ ] **b**	**Total revenue,** if any (Form 990-EZ, line 9)	**2b**	
3a Form 1120-POL check here ▶ [ ] **b**	**Total tax** (Form 1120-POL, line 22)	**3b**	
4a Form 990-PF check here ▶ [ ] **b**	**Tax based on investment income** (Form 990-PF, Part VI, line 5)	**4b**	
5a Form 8868 check here ▶ [ ] **b**	**Balance Due** (Form 8868, Part I, line 3c or Part II, line 8c)	**5b**	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2015 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS **(a)** an acknowledgement of receipt or reason for rejection of the transmission, **(b)** the reason for any delay in processing the return or refund, and **(c)** the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

[X] I authorize **WEAR, HOWELL, STRICKLAND, QUINN &LA** to enter my PIN **85423** as my signature

ERO firm name

Enter five numbers, but do not enter all zeros

on the organization's tax year 2015 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 2015 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 ▶ **08/18/16**

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.

63022784534

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2015 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 ▶ **08/18/16**

ERO Must Retain This Form—See Instructions

Do Not Submit This Form To the IRS Unless Requested To Do So

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047

2015

Open to Public Inspection

A For the 2015 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$ **38,637,327**

F Name and address of principal officer: **FRED L HARVEY**

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

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

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	17
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	17
5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	806
6	Total number of volunteers (estimate if necessary)	6	1200
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	32,953,848	34,716,547
9	Program service revenue (Part VIII, line 2g)		0
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,071	1,954
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,782,051	3,918,826
12	Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	35,737,970	38,637,327
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	2,506,024	2,193,477
14	Benefits paid to or for members (Part IX, column (A), line 4)		0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	19,020,096	21,075,577
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ **0**		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	15,143,612	15,935,330
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	36,669,732	39,204,384
19	Revenue less expenses. Subtract line 18 from line 12	-931,762	-567,057

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	40,338,724	49,750,327
21	Total liabilities (Part X, line 26)	16,029,857	22,514,956
22	Net assets or fund balances. Subtract line 21 from line 20	24,308,867	27,235,371

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 L HARVEY — **CHIEF FINANCIAL OFFI**

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
JOSEPH WYNN	**JOSEPH WYNN**	**08/24/16**		**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.

DAA

Form **990** (2015)

Part III **Statement of Program Service Accomplishments**

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

1 Briefly describe the organization's mission:

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 $ 23,294,783 including grants of$) (Revenue $)

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

4b (Code:) (Expenses $ 2,623,712 including grants of$ 1,865,473) (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 $ 1,730,236 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 $ 10,140,732 including grants of$ 328,004) (Revenue $)

4e Total program service expenses ▶ 37,789,463

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	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	21		X
22	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	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, or IV, and Part V, line 1	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O.	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	131		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c			X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	806		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	3a			X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			X
b	If "Yes," enter the name of the foreign country: ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a			X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a			X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			X
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state?	13a			
	Note. See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b			

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 X

Section A. Governing Body and Management

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

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

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

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 **1909 CENTRAL PARKWAY SW**

DECATUR **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) **GAIL PHILLIPS**	2.00									
DIRECTOR	0.00	X						0	0	0
(2) **BRUCE JONES**	2.00									
DIRECTOR	0.00	X						0	0	0
(3) **LEIGH FRANCES**	2.00									
DIRECTOR	0.00	X						0	0	0
(4) **JACKIE PEEK**	2.00									
DIRECTOR	0.00	X						0	0	0
(5) **CASSANDRA LEE**	2.00									
DIRECTOR	0.00	X						0	0	0
(6) **DAWN OWENS**	2.00									
DIRECTOR	0.00	X						0	0	0
(7) **PAUL LOTT**	2.00									
DIRECTOR	0.00	X						0	0	0
(8) **TIM THRASHER**	2.00									
DIRECTOR	0.00	X						0	0	0
(9) **HEATH MEHERG**	2.00									
DIRECTOR	0.00	X						0	0	0
(10) **SHELLY WATERS**	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) DAVID MATHEWS DIRECTOR	2.00 0.00	X						0	0	0
(13) SHERYL MARSH DIRECTOR	2.00 0.00	X						0	0	0
(14) ALLEN STOVER DIRECTOR	2.00 0.00	X						0	0	0
(15) JENNIFER TAYLOR DIRECTOR	2.00 0.00	X						0	0	0
(16) EARLENE JOHNSON DIRECTOR	2.00 0.00	X						0	0	0
(17) BRUCE GORDON DIRECTOR	2.00 0.00	X						0	0	0
(18) MICHAEL TUBBS EXECUTIVE DIRECTOR	40.00 0.00			X				149,314	0	0
(19) FRED L HARVEY CHIEF FINANCIAL OFFI	40.00 0.00			X				134,079	0	0
1b Sub-total ▶								283,393		
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								283,393		

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

Section B. Independent Contractors

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

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

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
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e	27,166,355			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	7,550,192			
	g Noncash contributions included in lines 1a-1f: $ 5,515,692					
	h **Total.** Add lines 1a–1f ▶		34,716,547			
Program Service Revenue		Busn. Code				
	2a					
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a–2f ▶					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶		1,954	1,954		
	4 Income from investment of tax-exempt bond proceeds ▶					
	5 Royalties ▶					
		(i) Real	(ii) Personal			
	6a Gross rents					
	b Less: rental exps.					
	c Rental inc. or (loss)					
	d Net rental income or (loss) ▶					
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
	b Less: cost or other basis & sales exps.					
	c Gain or (loss)					
	d Net gain or (loss) ▶					
	8a Gross income from fundraising events (not including $ ... of contributions reported on line 1c). See Part IV, line 18 a					
	b Less: direct expenses b					
	c Net income or (loss) from fundraising events ▶					
	9a Gross income from gaming activities. See Part IV, line 19 a					
	b Less: direct expenses b					
	c Net income or (loss) from gaming activities ▶					
	10a Gross sales of inventory, less returns and allowances a					
	b Less: cost of goods sold b					
	c Net income or (loss) from sales of inventory ▶					
	Miscellaneous Revenue	Busn. Code				
	11a RENT INCOME		2,605,818	2,605,818		
	b OTHER REVENUE		1,313,008	1,313,008		
	c					
	d All other revenue					
	e **Total.** Add lines 11a–11d ▶		3,918,826			
	12 **Total revenue.** See instructions. ▶		38,637,327	3,920,780	0	0

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	2,193,477	2,193,477		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	13,926,172	13,227,595	698,577	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	7,149,405	6,927,948	221,457	
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	1,233,107	1,127,859	105,248	
12 Advertising and promotion				
13 Office expenses	539,659	494,902	44,757	
14 Information technology				
15 Royalties				
16 Occupancy	3,855,486	3,749,655	105,831	
17 Travel	501,129	458,332	42,797	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	374,516	374,516		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,686,885	1,686,885		
23 Insurance				
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a OTHER EXPENSES	5,338,901	5,142,647	196,254	
b RENTAL EXPENSES	2,094,210	2,094,210		
c STIPENDS	311,437	311,437		
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	39,204,384	37,789,463	1,414,921	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

			(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest bearing	3,399,599	1	3,809,412
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	540,444	3	1,440,610
	4	Accounts receivable, net	57,697	4	128,461
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net	3,323,043	7	3,564,768
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	39,046	9	45,200
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a: 56,233,136			
	b	Less: accumulated depreciation — 10b: 16,565,452	32,535,783	10c	39,667,684
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	443,112	15	1,094,192
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	40,338,724	16	49,750,327
Liabilities	17	Accounts payable and accrued expenses	2,264,857	17	2,770,125
	18	Grants payable		18	
	19	Deferred revenue	258,966	19	1,136,365
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	13,337,890	23	18,426,807
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	168,144	25	181,659
	26	**Total liabilities.** Add lines 17 through 25	16,029,857	26	22,514,956
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ X and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	21,532,855	27	21,292,186
	28	Temporarily restricted net assets	2,446,012	28	5,328,185
	29	Permanently restricted net assets	330,000	29	615,000
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	24,308,867	33	27,235,371
	34	Total liabilities and net assets/fund balances	40,338,724	34	49,750,327

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	38,637,327
2	Total expenses (must equal Part IX, column (A), line 25)	2	39,204,384
3	Revenue less expenses. Subtract line 2 from line 1	3	-567,057
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	24,308,867
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	3,493,561
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	27,235,371

Part XII Financial Statements and Reporting

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

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

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.

OMB No. 1545-0047

2015

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 (Form 990 or 990-EZ).)

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 (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	22,668,689	24,064,109	24,464,781	32,953,848	34,716,547	138,867,974
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge	2,897,867	4,050,356	2,735,210			9,683,433
4 **Total.** Add lines 1 through 3	25,566,556	28,114,465	27,199,991	32,953,848	34,716,547	148,551,407
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						148,551,407

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4	25,566,556	28,114,465	27,199,991	32,953,848	34,716,547	148,551,407
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	4,558	8,188	1,706	2,071	1,954	18,477
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 **Total support.** Add lines 7 through 10						148,569,884

12	Gross receipts from related activities, etc. (see instructions)	12	3,920,780

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

14	Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	99.99%
15	Public support percentage from 2014 Schedule A, Part II, line 14	15	99.98%

16a **33 1/3% support test—2015.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☒

b **33 1/3% support test—2014.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10%-facts-and-circumstances test—2015.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

b **10%-facts-and-circumstances test—2014.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	**15**	%
16	Public support percentage from 2014 Schedule A, Part III, line 15	**16**	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2015** (line 10c, column (f) divided by line 13, column (f))	**17**	%
18	Investment income percentage from **2014** Schedule A, Part III, line 17	**18**	%

19a **33 1/3% support tests—2015.** 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—2014.** 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 in line 11 on 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
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	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 **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		
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 **Part VI** when and how the organization made the determination.	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.	3c		
4a	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.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
c	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 **Part VI** 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.	4c		
5a	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 **Part VI,** 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).	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in **Part VI.**	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	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 or 990-EZ).	8		
9a	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 **Part VI.**	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**	9b		
c	Did a disqualified person (as defined in line 9a) 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 **Part VI.**	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.	10a		
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.)	10b		

Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	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?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in **Part VI.**	11c		

Section B. Type I Supporting Organizations

			Yes	No
1	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 **Part VI** 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.	1		
2	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 **Part VI** how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		

Section C. Type II Supporting Organizations

			Yes	No
1	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 **Part VI** how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	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 **Part VI** how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	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 **Part VI** the role the organization's supported organizations played in this regard.	3		

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).

			Yes	No
2	Activities Test. **Answer (a) and (b) below.**			
a	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 **Part VI 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.	2a		
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 **Part VI** the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. **Answer (a) and (b) below.**			
a	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 **Part VI.**	3a		
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 **Part VI** the role played by the organization in this regard.	3b		

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

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

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

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

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

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

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in **Part VI**). See instructions.	
7	**Total annual distributions.** Add lines 1 through 6.	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in **Part VI**). See instructions.	
9	Distributable amount for 2015 from Section C, line 6	
10	Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2015:			
a				
b				
c				
d	From 2013			
e	From 2014			
f	**Total** of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2015 distributable amount			
i	Carryover from 2010 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2015 from Section D, line 7: $			
a	Applied to underdistributions of prior years			
b	Applied to 2015 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6	Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7	**Excess distributions carryover to 2016.** Add lines 3j and 4c.			
8	Breakdown of line 7:			
a				
b				
c	Excess from 2013			
d	Excess from 2014			
e	Excess from 2015			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047
2015
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" on 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? ☐ Yes ☐ No

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

Part II Conservation Easements.

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

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

☐ Preservation of land for public use (e.g., recreation or education)
☐ Preservation of a historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

		Held at the End of the 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, handling of violations, and enforcing conservation easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, 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" on Form 990, Part IV, line 8.

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

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

(i) Revenue included on 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 on Form 990, Part VIII, line 1 ▶ $
b Assets included in Form 990, Part X ▶ $

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

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

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

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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

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

2a Did the organization include an amount on Form 990, Part X, line 21, 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 on Part XIII ☐

Part V Endowment Funds.

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

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

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

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

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

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		3,475,226		3,475,226
b Buildings		1,473,131	468,688	1,004,443
c Leasehold improvements				
d Equipment		273,209	239,660	33,549
e Other		51,011,570	15,857,104	35,154,466
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) ▶				39,667,684

Part VII Investments—Other Securities.
Complete if the organization answered "Yes" on 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)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments—Program Related.
Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

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

Part X Other Liabilities.
Complete if the organization answered "Yes" on 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) **TENANT SECURITY DEPOSITS**	**159,647**
(3) **ACCUMULATED DEFICIT INVESTMENT**	**22,012**
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	**181,659**

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

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

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

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

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

Part XIII Supplemental Information.

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

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" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2015

Open to Public Inspection

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

Employer identification number **63-0514875**

Part I General Information on Grants and Assistance

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

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on 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 ▶

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 ENERGY ASSISTANCE	5000	1,865,473			
2 ENERGY ASSISTANCE	500	328,004			
3					
4					
5					
6					
7					

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

Noncash Contributions

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

OMB No. 1545-0047

2015

Open To Public Inspection

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

Employer identification number **63-0514875**

Part I Types of Property

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art — Works of art				
2	Art — Historical treasures				
3	Art — Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities — Publicly traded				
10	Securities — Closely held stock				
11	Securities — Partnership, LLC, or trust interests				
12	Securities — Miscellaneous				
13	Qualified conservation contribution — Historic structures				
14	Qualified conservation contribution — Other				
15	Real estate — Residential				
16	Real estate — Commercial	X	24	2,553,730	INDEPENDENT APPRAISAL
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 ▶(SALARIES)	X	1250	2,961,962	PRICE COMPARISON
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?	30a		X
b	If "Yes," describe the arrangement in Part II.			
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31	X	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		X
b	If "Yes," describe in Part II.			
33	If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.			

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

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2015

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: THE COMMUNITY ACTION PARTNERSHIP OF

Employer identification number: 63-0514875

ADJUSTMENTS TO BEGINNING EQUITY FOR SUBSIDIARIES	$ 3,493,561
TOTAL	$ 3,493,561

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

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.**

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization: **THE COMMUNITY ACTION PARTNERSHIP OF NORTH ALABAMA, INC.**

Employer identification number: **63-0514875**

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" 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	(g) No
(1)	PROPERTY HOLDINGS LLC 1901 CENTRAL PARKWAY SW 63-1219887 DECATUR AL 35601	REAL ESTAT	AL	501C	7	COMMUNITY		X
(2)	NORTH AL COMMUNITY PRTNRSP FUND LLC 1901 CENTRAL PARKWAY SW 26-2352234 DECATUR AL 35601	BANKING	AL	501C	7	COMMUNITY		X
(3)	ALABAMA WORX LLC 1909 CENTRAL PARKWAY SW 46-0986291 DECATUR AL 35601	RECYCLING	AL	501C	7	COMMUNITY		X
(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.? Yes	(h) Dispro-portionate alloc.? No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) General or managing partner? No	(k) Percentage ownership
(1) ALEXANDER TERRACE APARTMENTS 210 LENWOOD ROAD DECATUR AL 35603 72-1398379	REAL ESTAT	AL	N/A	RELATED	-46	205		X	N/A		X	
(2) ANNE PLACE APTS, LTD 210 LENWOOD ROAD DECATUR AL 35603 26-2860002	REAL ESTAT	AL	N/A	RELATED	-8	-35		X	N/A		X	
(3) AZALEA GARDENS, LLC 3924 BROWNING PLACE SUITE 1 RALEIGH NC 27609 20-1162322	REAL ESTAT	AL	N/A	RELATED	-1	-6		X	N/A		X	
(4) COMMUNITY VILLAGE I, LTD 210 LENWOOD ROAD DECATUR AL 35603 20-1745614	REAL ESTAT	AL	N/A	RELATED	-13	-107		X	N/A		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	(i) Section 512(b)(13) controlled entity? No
(1) SOUTHERN COMMUNITY BUILDERS, INC 1909 CENTRAL PARKWAY SW DECATUR AL 35601 63-1219888	REAL ESTAT	AL	COMMUNITY	C	-1,041,973	18,368,416	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.? Yes	(h) Dispro-portionate alloc.? No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) General or managing partner? No	(k) Percentage ownership
(1) DEER RUN APARTMENTS LTD 210 LENWOOD ROAD DECATUR AL 35603 63-1209805	REAL ESTAT	AL	N/A	RELATED	-5			X	N/A		X	
(2) GREENWOOD PARK, LTD 210 LENWOOD ROAD DECATUR AL 35603 20-5150382	REAL ESTAT	AL	N/A	RELATED	-6	-76		X	N/A		X	
(3) HARBOR POINT APTS, LTD 210 LENWOOD ROAD DECATUR AL 35603 20-3103282	REAL ESTAT	AL	N/A	RELATED	-5	-38		X	N/A		X	
(4) HARBOR SQUARE APARTMENTS LTD P.O. BOX 220 FLORENCE AL 35631 63-1160023	REAL ESTAT	AL	N/A	RELATED	-280	-60,828		X	N/A		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	(i) Section 512(b)(13) controlled entity? 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.? Yes	(h) Dispro-portionate alloc.? No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) General or managing partner? No	(k) Percentage ownership
(1) HICKORY RUN APARTMENTS LTD P.O. BOX 220 FLORENCE AL 35631 63-1183369	REAL ESTAT	AL	N/A	RELATED	1,706	1,706		X	N/A		X	
(2) HOLLY POND APARTMENTS II LTD 527 MAIN AVE SUITE B NORTHPORT AL 35476 63-0970866	REAL ESTAT	AL	N/A	RELATED		-8		X	N/A		X	
(3) HOLLY POND APARTMENTS LTD 527 MAIN AVE SUITE B NORTHPORT AL 35476 63-0894634	REAL ESTAT	AL	N/A	RELATED	-1	-16		X	N/A		X	
(4) IVY POINTE APARTMENTS LTD P.O. BOX 220 FLORENCE AL 35631 63-1183367	REAL ESTAT	AL	N/A	RELATED	12,212	21,524		X	N/A		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	(i) Section 512(b)(13) controlled entity? 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.? Yes	(h) Dispro-portionate alloc.? No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) General or managing partner? No	(k) Percentage ownership
(1) LORIS GARDENS, LLC 3924 BROWNING PLACE SUITE 1 RALEIGH NC 27609 61-1448399	REAL ESTAT	AL	N/A	RELATED	1	24		X	N/A		X	
(2) MILLERS RIDGE APTS, LP 3924 BROWNING PLACE SUITE 1 RALEIGH NC 27609 56-2153481	REAL ESTAT	AL	N/A	RELATED	5	-90		X	N/A		X	
(3) MOUND PLAZA, LTD. 527 MAIN AVE, SUITE B NORTHPORT AL 35476 63-0973608	REAL ESTAT	AL	N/A	RELATED	-350	-1,001		X	N/A		X	
(4) MOUNTAINSIDE APARTMENTS LTD 210 LENWOOD ROAD DECATUR AL 35603 47-0933097	REAL ESTAT	AL	N/A	RELATED	-2	-18		X	N/A		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	(i) Section 512(b)(13) controlled entity? 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.? Yes	(h) Dispro-portionate alloc.? No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) General or managing partner? No	(k) Percentage ownership
(1) NORTHGATE PLACE APARTMENTS LTD 527 MAIN AVE SUITE A NORTHPORT AL 35476 94-3414934	REAL ESTAT	AL	N/A	RELATED	-10	-135		X	N/A		X	
(2) PALMETTOS WAY LLC 3924 BROWNING PLACE SUITE 1 RALEIGH NC 27609 02-0649346	REAL ESTAT	AL	N/A	RELATED	-1	-17		X	N/A		X	
(3) PARKWAY PLACE APT, LTD 210 LENWOOD ROAD DECATUR AL 35603 20-5152428	REAL ESTAT	AL	N/A	RELATED	-3	-38		X	N/A		X	
(4) PECAN COVE APT, LTD 210 LENWOOD ROAD DECATUR AL 35603 20-3103373	REAL ESTAT	AL	N/A	RELATED	-9	-78		X	N/A		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	(i) Section 512(b)(13) controlled entity? 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.? Yes	(h) Dispro-portionate alloc.? No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) General or managing partner? No	(k) Percentage ownership
(1) REFORM MANOR LTD 527 MAIN AVE SUITE B NORTHPORT AL 35476 63-1015147	REAL ESTAT	AL	N/A	RELATED	-4	-30		X	N/A		X	
(2) SADDLE RIDGE APARTMENTS LTD 527 MAIN AVE SUITE A NORTHPORT AL 35476 20-0314459	REAL ESTAT	AL	N/A	RELATED		-11,317		X	N/A		X	
(3) SARA'S RIDGE APTS, LTD 210 LENWOOD ROAD DECATUR AL 35603 26-0686008	REAL ESTAT	AL	N/A	RELATED	-14	-98		X	N/A		X	
(4) WYNDSOR DOWNS LLC 3924 BROWNING PLACE SUITE 1 RALEIGH NC 27609 20-2031653	REAL ESTAT	AL	N/A	RELATED	-1	-6		X	N/A		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	(i) Section 512(b)(13) controlled entity? 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
1	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?		
a	Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity **1a**		X
b	Gift, grant, or capital contribution to related organization(s) **1b**		X
c	Gift, grant, or capital contribution from related organization(s) **1c**		X
d	Loans or loan guarantees to or for related organization(s) **1d**		X
e	Loans or loan guarantees by related organization(s) **1e**		X
f	Dividends from related organization(s) **1f**		X
g	Sale of assets to related organization(s) **1g**		X
h	Purchase of assets from related organization(s) **1h**		X
i	Exchange of assets with related organization(s) **1i**		X
j	Lease of facilities, equipment, or other assets to related organization(s) **1j**		X
k	Lease of facilities, equipment, or other assets from related organization(s) **1k**		X
l	Performance of services or membership or fundraising solicitations for related organization(s) **1l**		X
m	Performance of services or membership or fundraising solicitations by related organization(s) **1m**		X
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) **1n**		X
o	Sharing of paid employees with related organization(s) **1o**		X
p	Reimbursement paid to related organization(s) for expenses **1p**		X
q	Reimbursement paid by related organization(s) for expenses **1q**		X
r	Other transfer of cash or property to related organization(s) **1r**		X
s	Other transfer of cash or property from related organization(s) **1s**		X

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

	(a) Name of 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**

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.**

OMB No. 1545-0172

2015

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.

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

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

7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the **smaller** of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2014 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2016. Add lines 9 and 10, less line 12 ▶	13	

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

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

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	1,686,885

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

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2015	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ ☐		

Section B—Assets Placed in Service During 2015 Tax Year Using the General Depreciation System

	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only–see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property						
b	5-year property						
c	7-year property						
d	10-year property						
e	15-year property						
f	20-year property						
g	25-year property			25 yrs.		S/L	
h	Residential rental property			27.5 yrs.	MM	S/L	
				27.5 yrs.	MM	S/L	
i	Nonresidential real property			39 yrs.	MM	S/L	
					MM	S/L	

Section C—Assets Placed in Service During 2015 Tax Year Using the Alternative Depreciation System

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

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	**Total.** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	1,686,885
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

THERE ARE NO AMOUNTS FOR PAGE 2

Federal Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per	Conv	Meth	Prior	Current
Other Depreciation:												
1	MODULAR BUILDING	8/01/93	32,000				32,000	40	MO	S/L	17,200	800
4	MODULAR BUILDING	1/16/95	81,300				81,300	40	MO	S/L	39,634	2,032
5	MODULAR BUILDING 30X76	3/24/95	72,000				72,000	40	MO	S/L	35,100	1,800
7	MODULAR BUILDING 24X40	7/01/97	30,000				30,000	40	MO	S/L	13,125	750
8	MODULAR HS BUILDING	5/21/98	42,236				42,236	40	MO	S/L	17,422	1,056
9	MODULAR BUILDING	8/25/98	46,892				46,892	40	MO	S/L	19,343	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	49,875	5,250
12	ROOF - HARTSELLE HEAD START	8/01/06	38,500				38,500	20	MO	S/L	16,203	1,925
13	ASBURY MODULAR - NE	6/30/08	5,000				5,000	20	MO	S/L	1,625	250
14	BIG SPRING LAKE MODULAR - A - NE	6/30/08	5,000				5,000	20	MO	S/L	1,625	250
15	BIG SPRING LAKE MODULAR - B- NE	6/30/08	5,000				5,000	20	MO	S/L	1,625	250
16	BOAZ MODULAR - A - NE	6/30/08	5,000				5,000	20	MO	S/L	1,625	250
17	BOAZ MODULAR - B - NE	6/30/08	5,000				5,000	20	MO	S/L	1,625	250
18	BRIDGEPORT MODULAR - NE	6/30/08	5,000				5,000	20	MO	S/L	1,625	250
21	CENTRE MODULAR - NE	6/30/08	5,000				5,000	20	MO	S/L	1,625	250
22	CROSSVILLE MODULAR - NE	6/30/08	5,000				5,000	20	MO	S/L	1,625	250
28	GUNTERVILLE MODULAR - NE	6/30/08	5,000				5,000	20	MO	S/L	1,625	250
30	KILPATRICK MODULAR - A - NE	6/30/08	5,000				5,000	20	MO	S/L	1,625	250
31	KILPATRICK MODULAR - B- NE	6/30/08	5,000				5,000	20	MO	S/L	1,625	250
34	NORTH SAND MOUNTAIN MODULAR	6/30/08	5,000				5,000	20	MO	S/L	1,625	250
37	ROSALIE MODULAR - NE	6/30/08	5,000				5,000	20	MO	S/L	1,625	250
38	SAND ROCK MODULAR - NE	6/30/08	5,000				5,000	20	MO	S/L	1,625	250
39	SECTION MODULAR - NE	6/30/08	5,000				5,000	20	MO	S/L	1,625	250
43	SYLVANIA MODULAR - NE	6/30/08	120,000				120,000	20	MO	S/L	39,000	6,000
45	MODULAR HOME	11/15/08	56,680				56,680	40	MO	S/L	8,679	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	28,330	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	24,358	4,236
50	FREEZER/REFRIGERATOR - WALK IN	6/01/94	19,000				19,000	25	MO	S/L	15,580	760
51	SINK - POWER SOAK	6/01/94	10,900				10,900	25	MO	S/L	8,938	436
52	KITCHEN EXHAUST HOOD	6/01/94	9,200				9,200	25	MO	S/L	7,544	368
53	KETTLE - GAS	6/01/94	6,100				6,100	25	MO	S/L	5,002	244
54	VULCAN STOVE/OVEN COMBO	7/01/98	5,500				5,500	25	MO	S/L	3,630	220
55	PLAYGROUND AT HARMONY	9/26/06	8,795				8,795	10	MO	S/L	7,256	880
56	PLAYGROUND EQUIPMENT - HARTSE	1/11/07	12,221				12,221	10	MO	S/L	9,018	1,223
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	8,475	0
62	WHITE BOARD LEARNING SYSTEM	8/11/09	8,475				8,475	5	MO	S/L	8,475	0
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	13,556	1,749
83	2007 DODGE CARAVAN - MOW	3/29/07	17,276				17,276	10	MO	S/L	13,389	1,728
88	2008 HONDA ELEMENT	8/15/08	23,384				23,384	10	MO	S/L	14,907	2,339
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	10,302	1,616
95	8 X 20 UTILITY TRAILER	8/15/08	7,400				7,400	10	MO	S/L	4,718	740
98	CHEVY TRUCK	1/30/09	21,984				21,984	5	MO	S/L	21,984	0
99	VAN - MEALS ON WHEELS	6/22/09	17,899				17,899	10	MO	S/L	9,844	1,790
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	21,004	2,500
102	RATCHFORD HEADSTART BUILDING	1/19/07	162,000				162,000	40	MO	S/L	33,375	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	21,157	2,082
105	2010 Ford F150 Pickup	8/12/10	23,239				23,239	5	MO	S/L	21,157	2,082
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	18,557	3,977
110	GYMNASIUM - DHCA	5/01/10	98,620				98,620	40	MO	S/L	11,506	2,465
111	MODULAR BLDGS - DHCA	5/01/10	60,437				60,437	40	MO	S/L	7,051	1,511
112	DAYCARE BLDG - DHCA	5/01/10	25,000				25,000	40	MO	S/L	2,917	625
113	CAPNA LLE Investments	1/01/09	11,409,743				11,409,743	40	MO	S/L	5,354,802	332,869
114	CAPNA LLE Investments	1/01/09	495,459				495,459	0	--	Land	0	0
115	South Community Builders	1/01/09	2,465,217				2,465,217	0	--	Land	0	0
116	South Community Builders	1/01/09	35,487,553				35,487,553	40	MO	S/L	8,722,619	1,217,091
117	Roof-Decatur	7/01/12	33,420				33,420	20	MO	S/L	4,178	1,671

Federal Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per	Conv	Meth	Prior	Current
118	Walkway/Awning	7/01/12	11,480				11,480	20	MO	S/L	1,435	574
119	Smart Table - Arab	7/01/12	6,500				6,500	5	MO	S/L	3,250	1,300
120	Parking Lot Paving	8/31/13	12,600				12,600	20	MO	S/L	840	630
121	Carpet - Cental Office	6/30/13	42,199				42,199	10	MO	S/L	6,330	4,220
122	Flooring - Scottsboro	8/31/13	5,821				5,821	10	MO	S/L	776	582
123	10 Modular Buildings	7/01/13	50,000				50,000	20	MO	S/L	1,250	2,500
124	2013 Chevrolet Silverado 2500 HD	6/30/13	28,230				28,230	5	MO	S/L	8,469	5,646
125	2092013 Chevrolet Silverado 2500 HD	6/30/13	28,230				28,230	5	MO	S/L	8,469	5,646
126	2013 Chevrolet Silverado 2500 HD (Ex. Cal	6/30/13	30,963				30,963	5	MO	S/L	9,289	6,193
127	2013 Chevrolet Silverado 2500 HD (Ex. Cal	6/30/13	30,963				30,963	5	MO	S/L	9,289	6,193
128	LED Lighting - Various Property	9/30/14	251,038				251,038	20	MO	S/L	3,138	14,005
129	Roof- Piney Chapel Head	1/30/14	6,525				6,525	20	MO	S/L	299	326
130	Fooring - Ridgecrest Elementary	1/30/14	11,118				11,118	10	MO	S/L	1,019	1,112
131	Roof - Madison Head Start	2/28/14	6,381				6,381	20	MO	S/L	266	319
132	Flooring	5/31/14	6,633				6,633	10	MO	S/L	387	663
133	Renovations - Crossville	4/30/14	29,500				29,500	20	MO	S/L	983	1,475
134	Renovations - MLK	4/30/14	13,309				13,309	20	MO	S/L	444	665
135	Transit C 4DR WGN SWB	6/30/14	15,399				15,399	5	MO	S/L	1,540	3,080
136	2014 Transit Connect XLT Wagon SWB	6/30/14	22,803				22,803	5	MO	S/L	2,280	4,561
137	2014 Transit Connect XLT Wagon SWB	6/30/14	22,803				22,803	5	MO	S/L	2,280	4,561
138	Land-Phil Campbell	6/30/15	30,231				30,231	0	--	Land	0	0
139	HVAC	6/30/15	10,100				10,100	20	MO	S/L	0	253
140	Residential House	12/31/15	56,200				56,200	40	MO	S/L	0	0
141	Locust Street House	12/31/15	19,271				19,271	40	MO	S/L	0	0
142	Land - Lanier	12/31/15	40,000				40,000	0	--	Land	0	0
143	Land - Amanda	12/31/15	21,000				21,000	0	--	Land	0	0
144	Land - Opportunity Gardens	12/31/15	13,000				13,000	0	--	Land	0	0
145	Buildings - Lanier	12/31/15	1,095,330				1,095,330	40	MO	S/L	0	0
146	Buildings - Opportunity Gardens	12/31/15	1,059,870				1,059,870	40	MO	S/L	0	0
147	Buildings - Amanda	12/31/15	147,900				147,900	40	MO	S/L	0	0
148	Buildings - Build Out	12/31/15	581,224				581,224	40	MO	S/L	0	0
149	2010 Ford Transit	6/30/15	4,496				4,496	5	MO	S/L	0	450
150	2010 Ford Transit	6/30/15	4,496				4,496	5	MO	S/L	0	450
151	2010 Ford Transit	6/30/15	4,496				4,496	5	MO	S/L	0	450
152	2010 Ford Transit	6/30/15	4,496				4,496	5	MO	S/L	0	450
153	2010 Ford Transit	6/30/15	4,496				4,496	5	MO	S/L	0	450
154	Building	12/31/15	66,389				66,389	40	MO	S/L	0	0
	Total Other Depreciation		56,233,136				56,233,136				14,878,567	1,686,885
	Total ACRS and Other Depreciation		56,233,136				56,233,136				14,878,567	1,686,885
	Grand Totals		56,233,136				56,233,136				14,878,567	1,686,885
	Less: Dispositions and Transfers		0				0				0	0
	Less: Start-up/Org Expense		0				0				0	0
	Net Grand Totals		56,233,136				56,233,136				14,878,567	1,686,885

Depreciation Adjustment Report
All Business Activities

Form	Unit	Asset	Description	Tax	AMT	AMT Adjustments/ Preferences

There are no assets that meet the criteria of this report

Other Depreciation:

Asset	Description	Date In Service	Cost	Tax	AMT
1	MODULAR BUILDING	8/01/93	32,000	800	0
4	MODULAR BUILDING	1/16/95	81,300	2,033	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	1,173	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	659	0
56	PLAYGROUND EQUIPMENT - HARTSELLE	1/11/07	12,221	1,222	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	1,727	0
88	2008 HONDA ELEMENT	8/15/08	23,384	2,338	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	0	0
105	2010 Ford F150 Pickup	8/12/10	23,239	0	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	3,976	0
110	GYMNASIUM - DHCA	5/01/10	98,620	2,466	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	11,409,743	285,244	0
114	CAPNA LLE Investments	1/01/09	495,459	0	0
115	South Community Builders	1/01/09	2,465,217	0	0
116	South Community Builders	1/01/09	35,487,553	887,189	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	6,192	0
127	2013 Chevrolet Silverado 2500 HD (Ex. Cab)	6/30/13	30,963	6,192	0
128	LED Lighting - Various Property	9/30/14	251,038	12,552	0
129	Roof- Piney Chapel Head	1/30/14	6,525	327	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	666	0
135	Transit C 4DR WGN SWB	6/30/14	15,399	3,079	0
136	2014 Transit Connect XLT Wagon SWB	6/30/14	22,803	4,560	0
137	2014 Transit Connect XLT Wagon SWB	6/30/14	22,803	4,560	0
138	Land-Phil Campbell	6/30/15	30,231	0	0
139	HVAC	6/30/15	10,100	505	0
140	Residential House	12/31/15	56,200	1,405	0
141	Locust Street House	12/31/15	19,271	482	0
142	Land - Lanier	12/31/15	40,000	0	0
143	Land - Amanda	12/31/15	21,000	0	0
144	Land - Opportunity Gardens	12/31/15	13,000	0	0
145	Buildings - Lanier	12/31/15	1,095,330	27,383	0
146	Buildings - Opportunity Gardens	12/31/15	1,059,870	26,497	0
147	Buildings - Amanda	12/31/15	147,900	3,698	0
148	Buildings - Build Out	12/31/15	581,224	14,531	0
149	2010 Ford Transit	6/30/15	4,496	899	0
150	2010 Ford Transit	6/30/15	4,496	899	0
151	2010 Ford Transit	6/30/15	4,496	899	0
152	2010 Ford Transit	6/30/15	4,496	899	0
153	2010 Ford Transit	6/30/15	4,496	899	0
154	Building	12/31/15	66,389	1,660	0
	Total Other Depreciation		56,233,136	1,381,669	0
	Total ACRS and Other Depreciation		56,233,136	1,381,669	0
	Grand Totals		56,233,136	1,381,669	0

Form **990**

Two Year Comparison Report

For calendar year 2015, or tax year beginning , ending

2014 & 2015

Name

THE COMMUNITY ACTION PARTNERSHIP OF NORTH ALABAMA, INC.

Taxpayer Identification Number

63-0514875

			2014	2015	Differences
Revenue	1. Contributions, gifts, grants	1.	5,270,597	7,550,192	2,279,595
	2. Membership dues and assessments	2.			
	3. Government contributions and grants	3.	27,683,251	27,166,355	-516,896
	4. Program service revenue	4.			
	5. Investment income	5.	2,071	1,954	-117
	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.	2,782,051	3,918,826	1,136,775
	12. **Total revenue.** Add lines 1 through 11	12.	35,737,970	38,637,327	2,899,357
Expenses	13. Grants and similar amounts paid	13.	2,506,024	2,193,477	-312,547
	14. Benefits paid to or for members	14.			
	15. Compensation of officers, directors, trustees, etc.	15.			
	16. Salaries, other compensation, and employee benefits	16.	19,020,096	21,075,577	2,055,481
	17. Professional fundraising fees	17.			
	18. Other professional fees	18.	490,526	1,233,107	742,581
	19. Occupancy, rent, utilities, and maintenance	19.	4,627,465	3,855,486	-771,979
	20. Depreciation and Depletion	20.	1,590,487	1,686,885	96,398
	21. Other expenses	21.	8,435,134	9,159,852	724,718
	22. **Total expenses.** Add lines 13 through 21	22.	36,669,732	39,204,384	2,534,652
	23. **Excess or (Deficit).** Subtract line 22 from line 12	23.	-931,762	-567,057	364,705
Other Information	24. Total exempt revenue	24.	35,737,970	38,637,327	2,899,357
	25. Total unrelated revenue	25.			
	26. Total excludable revenue	26.	2,784,122	3,920,780	1,136,658
	27. Total assets	27.	40,338,724	49,750,327	9,411,603
	28. Total liabilities	28.	16,029,857	22,514,956	6,485,099
	29. Retained earnings	29.	24,308,867	27,235,371	2,926,504
	30. Number of voting members of governing body	30.	17	17	
	31. Number of independent voting members of governing body	31.	17	17	
	32. Number of employees	32.	748	806	
	33. Number of volunteers	33.	1200	1200	

Form **990**

Tax Return History

2015

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

Employer Identification Number **63-0514875**

	2011	2012	2013	2014	2015	2016
Contributions, gifts, grants		24,064,109	24,464,781	32,953,848	34,716,547	
Membership dues						
Program service revenue						
Capital gain or loss						
Investment income		8,188	1,706	2,071	1,954	
Fundraising revenue (income/loss)						
Gaming revenue (income/loss)						
Other revenue		3,989,381	2,892,346	2,782,051	3,918,826	
Total revenue		28,061,678	27,358,833	35,737,970	38,637,327	
Grants and similar amounts paid		2,188,556	2,577,935	2,506,024	2,193,477	
Benefits paid to or for members						
Compensation of officers, etc.						
Other compensation		14,731,273	14,136,134	19,020,096	21,075,577	
Professional fees			350,605	490,526	1,233,107	
Occupancy costs		2,452,523	2,496,831	4,627,465	3,855,486	
Depreciation and depletion		1,204,240	1,499,681	1,590,487	1,686,885	
Other expenses		8,080,372	6,982,760	8,435,134	9,159,852	
Total expenses		28,656,964	28,043,946	36,669,732	39,204,384	
Excess or (Deficit)		-595,286	-685,113	-931,762	-567,057	
Total exempt revenue		28,061,678	27,358,833	35,737,970	38,637,327	
Total unrelated revenue						
Total excludable revenue		28,061,678	2,894,052	2,784,122	3,920,780	
Total Assets		32,764,708	39,104,705	40,338,724	49,750,327	
Total Liabilities		15,258,966	16,437,113	16,029,857	22,514,956	
Net Fund Balances		17,505,742	22,667,592	24,308,867	27,235,371	

Form **990T**

Tax Return History

2015

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

Employer Identification Number **63-0514875**

	2011	2012	2013	2014	2015	2016
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						
Total trade or business income.						
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

2015

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

Employer Identification Number: **63-0514875**

	2011	2012	2013	2014	2015	2016
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						
Total taxes						
General business credit						
Other credits						
Net tax after credits						
Estimated tax payments						
Other payments						
Balance due/Overpayment						

* Income shown net of expenses

Federal Statements

Taxable Interest on Investments

Description	Amount	Unrelated Business Code	Exclusion Code	Postal Code	Acquired after 6/30/75	US Obs ($ or %)
INTEREST INCOME	$ 1,954					
TOTAL	$ 1,954					

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	$ 471,078	$ 471,078	$	$
CONTRACT SERVICES	59,575	59,575		
CONTRACT SERVICES	702,454	597,206	105,248	
TOTAL	$ 1,233,107	$ 1,127,859	$ 105,248	$ 0

Federal Statements

Schedule A, Part II, Line 1(e)

Description	Amount
STATE OF ALABAMA	$ 6,995,997
DEPT OF HEALTH & HUMAN SERVICES	19,225,958
CORPORATION OF NATIONAL AND COMMUNIT	495,214
DEPARTMENT OF HUD	10,866
NEIGHBORWORKS AMERICA	438,320
UNITED WAY	143,006
OTHER SUPPORT	2,961,962
OTHER SUPPORT	2,553,730
OTHER SUPPORT	1,891,494
TOTAL	$ 34,716,547

Schedule A, Part II, Line 12

Description	Amount
INTEREST INCOME	$ 1,954
RENT INCOME	2,605,818
OTHER REVENUE	1,313,008
TOTAL	$ 3,920,780