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Form 990

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

2009

Open to Public
Inspection

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

A For the 2009 calendar year, or tax year beginning

, and ending

B Check if applicable	C Name of organization Doing Business As	D Employer identification number
<input type="checkbox"/> Address change	WALDO COMMUNITY ACTION PARTNERS	01-6020566
<input type="checkbox"/> Name change	Number and street (or P.O. box if mail is not delivered to street address)	E Telephone number
<input type="checkbox"/> Initial return	P.O. BOX 130 9 FIELD ST.	207-338-6809
<input type="checkbox"/> Terminated	Room/suite	
<input type="checkbox"/> Specific Instructions	City or town, state or country, and ZIP + 4	
<input type="checkbox"/> Amended return	BELFAST	ME 04915-1535
<input type="checkbox"/> Application pending	F Name and address of principal officer. JOYCE C. SCOTT, EXECUTIVE DIRECTOR SAME AS C ABOVE	G Gross receipts \$ 5,360,934

I Tax-exempt status: 501(c) (3) (insert no.) 4947(a)(1) or 527

H(a) Is this a group return for affiliates? Yes No
 H(b) Are all affiliates included? Yes No
 If "No," attach a list (see instructions)

J Website: ► WWW.WALDOCAP.ORG

H(c) Group exemption number ►

K Form of organization: Corporation Trust Association Other ► L Year of formation 1965 M State of legal domicile ME

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO CREATE OPPORTUNITIES FOR PEOPLE TO IMPROVE THEIR QUALITY OF LIFE.		
	2 Check this box ► <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
Revenue	3 Number of voting members of the governing body (Part VI, line 1a)	3	21
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	21
Expenses	5 Total number of employees (Part V, line 2a)	5	79
	6 Total number of volunteers (estimate if necessary)	6	
Net Assets or Fund Balances	7a Total gross 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)	3,094,385	3,616,684	
9 Program service revenue (Part VIII, line 2g)	1,475,682	1,742,502	
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4,410	1,748	
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	0	
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,574,477	5,360,934	
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,393,027	1,773,193	
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0	
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	2,254,709	2,419,563	
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0	
b Total fundraising expenses (Part IX, column (B), line 25) ►	0		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	869,706	1,084,089	
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	4,517,442	5,276,845	
19 Revenue less expenses Subtract line 18 from line 12	57,035	84,089	
	Beginning of Current Year	End of Year	
20 Total assets (Part X, line 16)	1,222,212	1,314,966	
21 Total liabilities (Part X, line 26)	724,453	749,033	
22 Net assets or fund balances. Subtract line 21 from line 20	497,759	565,933	

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

► Catherine Miklovich

August 18, 2010

Signature of officer

Date

► Catherine Miklovich, Board Chair

Type or print name and title

Paid Preparer's Use Only	Preparer's signature ► Charles A. Calligan	Date 7/21/2010	Check if self-employed ► <input checked="" type="checkbox"/>	Preparer's identifying number (see instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4 ► CHARLES A. CALLIGAN, CPA, P.A.	EIN ►		
	P.O. BOX 599, MANCHESTER, ME 04351	Phone no ►		

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

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

(HTA)

Form 990 (2009)

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Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission:
 SEE PAGE 1

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 exempt purpose achievements for each of the organization's three largest program services by expenses.

Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 1,707,343 including grants of \$ 0) (Revenue \$ 0)

HEAD START-SERVED 182 CHILDREN IN WALDO COUNTY. OFFERING
 PROGRAMS FOR LOW-INCOME FAMILIES TO PARTICIPATE IN THE
 EDUCATION, HEALTH CARE, SOCIAL AND EMOTIONAL GROWTH OF THEIR
 CHILDREN.

4b (Code:) (Expenses \$ 1,608,371 including grants of \$ 0) (Revenue \$ 0)

TRANSPORTATION-DELIVERING TRIPS WITHIN WALDO COUNTY.
 TRANSPORTATION PROGRAM IS A FULL SERVICE
 PROVIDER SERVING RESIDENTS OF ALL WALDO COUNTY COMMUNITIES.
 WCTP PROVIDES NON-EMERGENCY PUBLIC TRANSPORTATION TO LOW
 INCOME, ELDERLY AND DISABLED PEOPLE IN WALDO COUNTY AS WELL
 AS TO THE GENERAL PUBLIC.

4c (Code:) (Expenses \$ 964,458 including grants of \$ 0) (Revenue \$ 0)

LIHEAP/WEATHERIZATION-SERVING HOUSEHOLDS IN WALDO COUNTY.
 WEATHERIZATION PROVIDES ENERGY CONSERVATION MEASURES
 (INSULATION, CAULKING, ETC.) EDUCATION ON ENERGY CONSERVATION
 MEASURES AND SAFETY FOR LOW INCOME FAMILIES OF WALDO COUNTY.

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

(Expenses \$ 597,239 including grants of \$ 0) (Revenue \$ 0)

4e Total program service expenses ► 4,877,411

Part IV Checklist of Required Schedules

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A

2 Is the organization required to complete Schedule B, Schedule of Contributors?

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

4 **Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II

5 **Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III

6 Did the organization maintain any donor advised funds or any similar funds or accounts where 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

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

8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III

9 Did the organization report an amount in Part X, line 21; 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

10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V

11 Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable

- Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.
- 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.
- 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.
- 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.
- Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.
- 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? If "Yes," complete Schedule D, Part X.

12 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII

12A Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional

13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States?

 b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I

15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II

16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III

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

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

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

20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H

	Yes	No
1	X	
2	X	
3		X
4		X
5		
6		X
7		X
8		X
9		X
10		X
11	X	
12	X	
13	X	
14a	X	
14b		X
15		X
16		X
17		X
18		X
19		X
20		X

Part IV Checklist of Required Schedules (continued)

		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States 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 and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	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 25	24a	X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	X
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	X
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	X
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	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	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? 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 of the organization (or a family member) 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, IV, and V, line 1	34	X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35	X
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 11 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

1a Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable. **1a** 59 Yes No

b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. **1b**

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** 120

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 this return. (see instructions)

3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? **3a** X

b If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O* **3b**

4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? **4a** X

b If "Yes," enter the name of the foreign country: ► See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.

5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? **5a** 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, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? **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? **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, during the year, 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 For all contributions of qualified intellectual property, did the organization file Form 8899 as required? **7g** X

h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? **7h** X

8 **Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? **8** N/A

9 **Sponsoring organizations maintaining donor advised funds.**

a Did the organization make any taxable distributions under section 4966? **9a** X

b Did the organization make a distribution to a donor, donor advisor, or related person? **9b** X

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**

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.

Section A. Governing Body and Management

1a Enter the number of voting members of the governing body. 21
 b Enter the number of voting members that are independent. 21
 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?
 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?
 4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?
 5 Did the organization become aware during the year of a material diversion of the organization's assets?
 6 Does the organization have members or stockholders?
 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?
 b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?
 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:
 a The governing body?
 b Each committee with authority to act on behalf of the governing body?
 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

	Yes	No
1a	21	
1b	21	
2	X	
3	X	
4	X	
5	X	
6	X	
7a	X	
7b	X	
8a	X	
8b	X	
9a	X	

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

10a Does the organization have local chapters, branches, or affiliates?
 b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?
 11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?
 11A Describe in Schedule O the process, if any, used by the organization to review this Form 990.
 12a Does the organization have a written conflict of interest policy? If "No," go to line 13.
 b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?
 c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done.
 13 Does the organization have a written whistleblower policy?
 14 Does the organization have a written document retention and destruction policy?
 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.
 b Other officers or key employees of the organization.
 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?
 b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?

	Yes	No
10a	X	
10b		
11	X	
12a	X	
12b	X	
12c	X	
13		X
14	X	
15a	X	
15b	X	
16a		X
16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ►
 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 Own website Another's website Upon request
 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► JOYCE C. SCOTT 207-338-6809
 9 FIELD ST, BELFAST, ME 04915-1535

Form 990 (2009) WALDO COMMUNITY ACTION PARTNERS

01-6020586

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

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. Use Schedule J-2 if additional space is needed.

- 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. 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, 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

Check this box if the corporation did not compensate a current officer, director, employee, or compensated employee, and former such persons.

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

1b Total ► 83,627 0 0

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ► 0

3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual.

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3		X
4		X
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.

(A) Name and business address	(B) Description of services	(C) Compensation
BAY TAXI	964 SWANLAKE AVE, SWANVILLE, ME 04915	TRANSPORTATION SERVICE
JL KENNEY BUILDERS	57 PLEASANT VIEW RIDGE, CHINA, ME 04355	WEATHERIZATION SERVICE
DANNICK CARPENTRY	180 DAMASCUS RD, CARMEL, ME 04419	WEATHERIZATION SERVICE
ENERGY SAVERS OF ME	239 BESSEY RIDGE RD, ALBION, ME 04910	WEATHERIZATION SERVICE

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 4

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a 0					
	1b Membership dues	1b 0					
	1c Fundraising events	1c 0					
	1d Related organizations	1d 0					
	1e Government grants (contributions)	1e 3,308,737					
	f All other contributions, gifts, grants, and similar amounts not included above	1f 307,947					
	g Noncash contributions included in lines 1a-1f: \$	0					
	h Total. Add lines 1a-1f	► 3,616,684					
Program Service Revenue	2a PROGRAM SERVICES FEES	Business Code					
	2b AND CLIENT MEDICAID REIMBURSE-		0				
	2c MENTS		0				
	2d		1,742,502				
	2e		0				
	2f All other program service revenue		0				
	g Total. Add lines 2a-2f	► 1,742,502					
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		1,748			
4 Income from investment of tax-exempt bond proceeds			0				
5 Royalties			0				
6a Gross Rents		(i) Real	(ii) Personal				
6b Less: rental expenses							
6c Rental income or (loss)		0	0				
6d Net rental income or (loss)				0			
7a Gross amount from sales of assets other than inventory		(i) Securities	(ii) Other				
7b Less: cost or other basis and sales expenses	0	0					
7c Gain or (loss)	0	0					
7d Net gain or (loss)			0				
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	0						
8b Less: direct expenses	a 0						
8c Net income or (loss) from fundraising events	b 0		0				
9a Gross income from gaming activities. See Part IV, line 19.	a 0						
9b Less: direct expenses	b 0						
9c Net income or (loss) from gaming activities			0				
10a Gross sales of inventory, less returns and allowances	a 0						
10b Less: cost of goods sold	b 0						
10c Net income or (loss) from sales of inventory			0				
Miscellaneous Revenue	Business Code						
11a		0					
11b		0					
11c		0					
11d All other revenue		0					
e Total. Add lines 11a-11d	► 0						
12 Total revenue. See instructions	► 5,360,934		0	0	0	0	

Part IX Statement of Functional Expenses**Section 501(c)(3) and 501(c)(4) organizations must complete all columns.****All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).**

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	0			
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	1,773,193	1,773,193		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	0			
4 Benefits paid to or for members	0			
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)	83,627		83,627	
7 Other salaries and wages	0			
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	1,699,233	1,615,634	83,599	
9 Other employee benefits	93,653	83,705	9,948	
10 Payroll taxes	365,258	338,252	27,006	
11 Fees for services (non-employees):				
a Management	0			
b Legal	14,894		14,894	
c Accounting	18,032		18,032	
d Lobbying	0			
e Professional fundraising services. See Part IV, line 17	0			
f Investment management fees	0			
g Other	0			
12 Advertising and promotion	0			
13 Office expenses	0			
14 Information technology	0			
15 Royalties . EQUIPMENT MAINTENANCE	84,824	49,775	35,049	
16 Occupancy & UTILITIES	151,244	114,192	37,052	
17 Travel	249,847	248,008	1,839	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	0			
20 Interest	0			
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	39,546	39,546	0	0
23 Insurance	0			
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a CONTRACTUAL SERVICES	177,489	155,673	21,816	
b OTHER	233,535	207,208	26,327	
c CONSUMABLE SUPPLIES	114,678	90,661	24,017	
d	0			
e	0			
f All other expenses	0			
25 Total functional expenses. Add lines 1 through 24f	5,276,845	4,877,411	399,434	0
26 Joint costs. Check here ► <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	1		
	2 Savings and temporary cash investments	399,051	2	321,102
	3 Pledges and grants receivable, net	459,734	3	648,508
	4 Accounts receivable, net	22,410	4	42,581
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		0	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		0	
	7 Notes and loans receivable, net	181,425	7	178,393
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	33,298	9	37,592
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 942,736		
	b Less: accumulated depreciation	10b 855,946	126,294	10c 86,790
	11 Investments—publicly traded securities		0	11 0
	12 Investments—other securities. See Part IV, line 11		0	12 0
	13 Investments—program-related. See Part IV, line 11		0	13 0
	14 Intangible assets		0	14 0
	15 Other assets. See Part IV, line 11		0	15 0
	16 Total assets. Add lines 1 through 15 (must equal line 34)		1,222,212	16 1,314,966
Liabilities	17 Accounts payable and accrued expenses		171,921	17 201,779
	18 Grants payable			18
	19 Deferred revenue		223,868	19 326,621
	20 Tax-exempt bond liabilities		0	20
	21 Escrow or custodial account liability. Complete Part IV of Schedule D			21
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		0	22
	23 Secured mortgages and notes payable to unrelated third parties		10,162	23 5,500
	24 Unsecured notes and loans payable to unrelated third parties		0	24 0
	25 Other liabilities. Complete Part X of Schedule D		318,502	25 215,133
	26 Total liabilities. Add lines 17 through 25		724,453	26 749,033
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ► <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	310,883	27	443,998
	28 Temporarily restricted net assets	186,876	28	121,935
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here ► <input type="checkbox"/> 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	497,759	33	565,933
	34 Total liabilities and net assets/fund balances	1,222,212	34	1,314,966

Part XI Financial Statements and Reporting

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?

b Were the organization's financial statements audited by an independent accountant?

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.

d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:

Separate basis Consolidated basis Both consolidated and separate basis

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?

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.

	Yes	No
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

Department of the Treasury
Internal Revenue Service

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

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Name of the organization

WALDO COMMUNITY ACTION PARTNERS

Employer identification number

01-6020566

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

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

1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
 9 An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h
 a Type I b Type II c Type III—Functionally integrated d Type III—Other
 e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**.
 f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
 g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
 (ii) A family member of a person described in (i) above?
 (iii) A 35% controlled entity of a person described in (i) or (ii) above?
 h Provide the following information about the supported organization(s).

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

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.)
Section A. Public Support**Calendar year (or fiscal year beginning in) ►**

	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3,332,781	3,157,409	3,289,540	3,094,385	3,616,684	16,490,799
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0				0
3 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0				0
4 Total. Add lines 1 through 3	3,332,781	3,157,409	3,289,540	3,094,385	3,616,684	16,490,799
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						16,490,799

Section B. Total Support**Calendar year (or fiscal year beginning in) ►**

	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	3,332,781	3,157,409	3,289,540	3,094,385	3,616,684	16,490,799
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on	7,505	10,079	6,013	4,410	1,748	29,755
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0
11 Total support. Add lines 7 through 10	21,803	0				21,803
12 Gross receipts from related activities, etc. (see instructions)					12	1,742,502
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 ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	99.69%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	99.59%
16a 33 1/3% support test-2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization ► <input checked="" type="checkbox"/>		
b 33 1/3% support test-2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
17a 10%-facts-and-circumstances test-2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . ► <input type="checkbox"/>		
b 10%-facts-and-circumstances test-2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . ► <input type="checkbox"/>		
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 ► <input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 509(a)(2)
 (Complete only if you checked the box on line 9 of Part I.)
Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	0	0				0
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	0	0				0
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0				0
5 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0				0
6 Total. Add lines 1 through 5	0	0	0	0	0	0
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0
c Add lines 7a and 7b	0	0	0	0	0	0
8 Public support (Subtract line 7c from line 6.)						0

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6	0	0	0	0	0	0
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						0
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
c Add lines 10a and 10b	0	0	0	0	0	0
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	0	0				0
13 Total support. (Add lines 9, 10c, 11, and 12.)	0	0	0	0	0	0
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 ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	0.00%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	0.00%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	0.00%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	0.00%
19a 33 1/3% support tests—2009. 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 ► <input type="checkbox"/>		
b 33 1/3% support tests—2008. 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 ► <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/>		

Part IV

Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2009

Open to Public
Inspection

Employer identification number

01-6020566

WALDO COMMUNITY ACTION PARTNERS

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

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

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

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

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

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

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

	Held at the End of the Tax Year
2a	
2b	
2c	
2d	

a Total number of conservation easements
b Total acreage restricted by conservation easements
c Number of conservation easements on a certified historic structure included in (a)
d Number of conservation easements included in (c) acquired after 8/17/06
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►
4 Number of states where property subject to conservation easement is located ►
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No
6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ►
7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No
9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

1a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items.
b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
(i) Revenues included in Form 990, Part VIII, line 1 ► \$
(ii) Assets included in Form 990, Part X ► \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:
a Revenues included in Form 990, Part VIII, line 1 ► \$
b Assets included in Form 990, Part X ► \$

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

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

a <input type="checkbox"/> Public exhibition	d <input type="checkbox"/> Loan or exchange programs
b <input type="checkbox"/> Scholarly research	e <input type="checkbox"/> Other
c <input type="checkbox"/> Preservation for future generations	

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

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

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

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

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

	Amount
1c	0
1d	
1e	
1f	0

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

b If "Yes," explain the arrangement in Part XIV.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	0				
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	0	0			

2 Provide the estimated percentage of the year end balance held as:

a Board designated or quasi-endowment ► %

b Permanent endowment ► %

c Term endowment ► %

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

Yes	No
3a(i)	
3a(ii)	
3b	

(i) unrelated organizations

(ii) related organizations

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

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	0	12,200		12,200
b Buildings	0	131,899	144,099	-12,200
c Leasehold improvements	0	0	0	0
d Equipment	0	130,048	133,425	-3,377
e Other	0	668,589	578,422	90,167

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ► 86,790

WALDO COMMUNITY ACTION PARTNERS

01-6020566

Schedule D (Form 990) 2009

Page 3

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives	0	
Closely-held equity interests	0	
Other	0	
	0	
	0	
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Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation. Cost or end-of-year market value
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Part IX **Other Assets.** See Form 990, Part X, line 15.

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

Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)

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

(a) Description of liability	(b) Amount
Federal income taxes	0
REFUNDABLE ADVANCES	46,020
ESCROWS PAYABLE	169,113
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2 FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that describes the accounting for uncertain tax positions.

2. FIN 48 Footnote. In Part XIV, 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.

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	5,360,934
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	5,276,845
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	84,089
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	0
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	84,089

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

1	Total revenue, gains, and other support per audited financial statements	1	5,558,358
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	197,424
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	197,424
3	Subtract line 2e from line 1	3	5,360,934
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 XIV.)	4b	
c	Add lines 4a and 4b	4c	0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	5,360,934

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

1	Total expenses and losses per audited financial statements	1	5,474,269
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	197,424
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	197,424
3	Subtract line 2e from line 1	3	5,276,845
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 XIV.)	4b	
c	Add lines 4a and 4b	4c	0
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	5,276,845

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

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Part XIV Supplemental Information (continued)

2 Enter total number of section 501 (c)(3) and government organizations

3 Enter total number of other organizations .

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

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

See Part IV and Schedule I-1 (Form 990) 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
COMMUNITY ACTION AGENCY ASSISTANCE TO NUMEROUS LOW-INCOME CLIENTS	0	0	0	0	
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Part IV Supplemental Information Complete this part to provide the information required in Part I, line 2, and any other additional information.

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

OMB No 1545-0047

2009

**Open To Public
Inspection**

Name of the organization
WALDO COMMUNITY ACTION PARTNERS

Employer identification number
01-6020566

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► (.....)		0	0	
26 Other ► (.....)		0	0	
27 Other ► (.....)		0	0	
28 Other ► (.....)		0	0	

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**

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

30a	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		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	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		X

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

32a	<input type="checkbox"/>	<input checked="" type="checkbox"/>
		X

b If "Yes," describe in Part II.

33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II.

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part II **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Part I Line 29 PART IV THOUSANDS OF VOLUNTEERS HOURS VALUED AT \$ 337,000

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization

WALDO COMMUNITY ACTION PARTNERS

Employer identification number

01-6020566

Form 990, Part III, Line 4d: Program Service Expenses: 597,239, Grants and allocations: 0, Revenue:

0. OTHER PROGRAM SERVICES

Form 990 Part VI Section B Line 11a FULL BOARD OF DIRECTORS REVIEWS FORM 990 AND APPROVES AT A
REGULAR MONTHLY MEETING.

Form 990 Part VI Section B Line 12c CONFLICT OF INTEREST FORMS SIGNED BY ALL EMPLOYEES EACH YEAR.

Form 990 Part VI Section B Line 15 THE BOARD OF DIRECTORS ANNUALLY EVALUATES THE EXECUTIVE DIRECTOR
AND APPROVES COMPENSATION. OTHER KEY EMPLOYEES ARE EVALUATED BY THE EXECUTIVE DIRECTOR AND
COMPENSATION IS BASED ON INDUSTRY STANDARDS, EDUCATION, SUPERVISORY LEVEL AND POSITION.

Form 990 Part VI Section C Line 19 THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, FORM 990,
FORM 1023, AND THE FINANCIAL STATEMENTS ARE CONTAINED IN A FILE IN THE ADMINISTRATIVE OFFICE AND ARE
AVAILABLE TO THE PUBLIC UPON REQUEST.

Form 4562 Statement - 990

12/31/2009

Item No.	Description of Property	Date Placed In Service	Asset Code	Bus Use %	Cost or Other Basis	Sec 179 Deduction	Special Allowance	Salvage Value	Recovery Basis	Recovery Period	Method	Conv Code	Prior Accum Deprec.	2009 Deprec	2009 Accum Deprec.	
															179, Bonus	
26	07 CHEVY SILVERAD	1/25/2007	V-4	100 00%	18,120	0	0	0	18,120	5	SL/GDS	MM	7,097	3,624	10,721	
27	07 DODGE CARAVAN	2/22/2007	V-4	100 00%	19,861	0	0	0	19,861	5	SL/GDS	MM	7,447	3,972	11,419	
28	07 DODGE CARAVAN	2/22/2007	V-4	100 00%	19,861	0	0	0	19,861	5	SL/GDS	MM	7,447	3,972	11,419	
29	07 DODGE CARAVAN	2/22/2007	V-4	100 00%	19,861	0	0	0	19,861	5	SL/GDS	MM	7,447	3,972	11,419	
30	07 DODGE CARAVAN	2/22/2007	V-4	100 00%	19,861	0	0	0	19,861	5	SL/GDS	MM	7,447	3,972	11,419	
31	08 FORD STARTRAN ¹	12/7/2007	V-4	100,00%	50,087	0	0	0	50,087	5	SL/GDS	MM	10,434	10,017	20,451	
32	08 FORD STARTRAN ¹	12/7/2007	V-4	100 00%	50,087	0	0	0	50,087	5	SL/GDS	MM	10,434	10,017	20,451	
Listed Property																
Listed property with more than 50% business use (Line 25 and 26)																
11	2000 FORD ECONOLI	12/2/1999	F-4	100 00%	36,310	0	0	0	36,310	5	SL/GDS	HY	36,310	0	36,310	
13	2000 GMC BUS 3838 ²	2/17/2000	F-4	100 00%	30,500	0	0	0	30,500	5	SL/GDS	HY	30,500	0	30,500	
15	2000 GMC BUS 5435 ²	4/3/2000	F-4	100,00%	30,800	0	0	0	30,800	5	SL/GDS	HY	30,800	0	30,800	
12	2000 GMC BUS 5652 ²	7/21/2000	F-4	100 00%	31,500	0	0	0	31,500	5	SL/GDS	HY	31,500	0	31,500	
14	2000 GMC BUS 5725 ²	4/3/2000	F-4	100 00%	30,800	0	0	0	30,800	5	SL/GDS	HY	30,800	0	30,800	
16	AGENCY COMPUTER	1/1/2003	F-4	100 00%	72,407	0	0	0	72,407	5	SL/GDS	FM	72,407	0	72,407	
10	DODGE NSKL52 BUS	12/4/1997	F-4	100 00%	17,133	0	0	0	17,133	5	SL/GDS	HY	17,133	0	17,133	
25	GOSHEN COACH BUS ¹	2/15/2004	V-6	100 00%	37,560	0	0	0	37,560	5	SL/GDS	HY	37,560	0	37,560	
Total listed prop with > 50% business use																
					287,010	0	0	0	287,010					287,010	0	287,010
Subtotal Listed Property																
					287,010	0	0	0	287,010					287,010	0	287,010

Depreciation and Amortization

2009

(Including Information on Listed Property)

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

Name(s) shown on return WALDO COMMUNITY ACTION PARTNERS	Business or activity to which this form relates 990	Identifying number 01-6020566
--	--	----------------------------------

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 the instructions for a higher limit for certain businesses	1 250,000
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)	3 800,000
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4 0
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5 250,000

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 0
9 Tentative deduction. Enter the smaller of line 5 or line 8	9 0
10 Carryover of disallowed deduction from line 13 of your 2008 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 0
13 Carryover of disallowed deduction to 2010. Add lines 9 and 10, less line 12	► 13 0

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

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 2009	17 39,546
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 ► <input type="checkbox"/>	

Section B - Assets Placed in Service During 2009 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19 a 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	
i Nonresidential real property			27.5 yrs	MM	S/L	
			39 yrs.	MM	S/L	
				MM	S/L	

Section C - Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System

20 a 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 39,546
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

For Paperwork Reduction Act Notice, see separate instructions.

(HTA)

WCAP Board of Directors

Members:

Low-Income Sector				
Ellie Weaver 41 Grove Street, Belfast, ME 04915	1 03/08	Work 338-3320 Home 338-5562		ellieweaver@roadrunner.net
• Eric Nadeau (Vice Chairperson) 60 Bowden Rd., Searsport, ME 04974	2 10/1/98	Work 548-0228 Home 548-2210		Cell 902-2079
Joe Brooks 325 Stream Rd, Winterport, ME 04496	3 5/2/02	Work 223-5733 Home 223-5041		joeb@prexar.com
• Walter Ash, Jr. 36 Searsport Ave, Belfast, ME 04915	4 6/2/05	Work 338-4131 Home 338-3485		jowalt64@yahoo.com Cell 322-4131
Alan Wood 179 Main St, Belfast, ME 04915	5 6/2/05	Work 338-4209 Home		Cell 323-2283
Norma Littlefield 260 Waldo Avenue, Belfast, ME 04915	6 12/01/00	Work Home (*82) 338-4254		
Penny Nault 3 Moody Road, Prospect, ME 04981	Policy Council 11/09	Work Home 567-3166		

Members:

Private Sector				
Angela Crawford 226 New England Road, Searsmont, ME 04973	Business 3/1/01	Work Home 342-2040		Cell 323-7117
Arlin Larson POB 778, Searsport, ME 04974	Religion 08/24/06	Work 548-0327 Home (*82) 548-6599		akslarson@myfairpoint.net
• Kate Miklovich (Chairperson) 21 West Moores Shore Lane, Swanville, ME 04915	Education 2/5/96	Work 338-1260 Home		miklovich@prexar.com Cell - 322-3909
Aaron Fethke 1 North Searsport Road, Searsport, ME 04974	Professional 8/27/09	Work 548-6311 Home 548-0289		Fax 548-6344 afethke@fethkelaw.com
Michael Weaver 41 Grove Street, Belfast, ME 04915	Welfare 08/24/06	Work Home 338-5562		mweaver4@roadrunner.net
• Kristy Richardson P.O. Box 195, Belfast, ME 04915	Finance 1/7/99	Work 338-4270 Cell 323-2533		Kristy.Richardson@Bangor.com
• Pat Woodbury (Secretary) 91 Camden St., Suite 103, Rockland, ME 04841 250 Weymouth Road, Morrill, ME 04952	Health 5/20/99	Work 1-800-432-7802 or 596-4242 Home 342-5813 Cell 323-1067		taylortoodle@gwi.net Patricia.Woodbury@maine.gov

Members:

Public Sector				
• Joanne E Pease (Treasurer) McLain Road, P.O. Box 296, Liberty, ME 04949	Liberty 2/18/99	Work 453-7030 Home 589-3369		jep1@fairpoint.net 322-5535
Faith Campbell P.O. Box 42, Sandy Point, ME 04972	Stockton Springs 7/17/03	Work 568-7561 Home 567-3190		fcampbell@msad3.org
Jim Tatgenhorst 473 Monroe Road, Winterport, ME 04496	Winterport 5/21/09	Work Home		jtatgenhorst6@gmail.com Cell-356-8369
Charles Miklovich 21 West Moores Shore Lane, Swanville, ME 04915	Swanville 5/2/02	Work Home 338-1260		
• Jon Cheston 8 Pierce Street, Belfast, ME 04915	Belfast 10/28/99	Work Home 338-3981		nhauswald@gmail.com
Mertice Moore 596 Albion Road, Unity, ME 04988	Unity 4/10/03	Work Home 948-6232		ingallside@uninet.net
Ron Cook P.O. Box 562, Searsport, ME 04974	Searsport 10/1/00	Work Home 548-2833		

Alternates:

	Low-Income Sector		
Patricia Keyes 1014 Swan Lake Avenue, Swanville, ME 04915	1 5/2/02	Work Home	338-6919 keez@pobox.com
Gary Moore 96 Loop Road, Searsport, ME 04974	2 05/08	Work Home	944-5853
VACANT	3	Work Home	
VACANT	4	Work Home	
VACANT	5	Work Home	
VACANT	6	Work Home	
Heather Reid 134 Reid Road, Thorndike, ME 04986	Policy Council 11/09	Work Home	568-4445

Alternates:

	Private Sector		
Kim Mitchell 31 Small Lane, Northport, ME 04849	Business 4/20/07	Work Home	338-7030 kimberly.j.mitchell@bankofamerica.com cell 930-5252
VACANT	Religion	Work Home	
Linda Stec 20 Drake Pond Rd, Jackson, ME 04921	Education 6/2/05	Work Home	338-1751 722-3748 lstec@prexar.com
Bob Meggison PO Box 507, Belfast, ME 04915	Professional 10/08/09	Work Home	338-9986 meggison@midcoast.com
VACANT	Welfare	Work Home	
Joyce Fenner 39 Pearl Street, Belfast, Me 04915	Finance 11/09	Work Home	338-2062
Amy Wagner P.O. Box 573, Belfast, ME 04915	Health 11/17/05	Work Home	722-3993 Cell 322-7396 aewagner@midmaine.com

Alternates:

	Public Sector		
VACANT	Liberty	Work Home	
VACANT	Stockton Springs	Work Home	
VACANT	Winterport	Work Home	
Dan Horton 39 West Moores Shore Lane, Swanville, ME 04915	Swanville 11/04	Work Home	338-3613 dhot-10@prexar.com
VACANT	Belfast	Work Home	
Marilyn Fogg P. O. Box 574, Unity, ME 04988	Unity 4/29/04	Work Home	948-2782 mfogg52@yahoo.com
Sandra Otis-Anderson P.O. Box 651, Searsport, ME 04974	Searsport 4/29/04	Work Home	548-6530