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Department of the Treasury Internal Revenue Service

Form **990-EZ**

Short Form 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) Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$50,000 and total assets less than \$1,250,000 at the end of the year may use this form

OMB No 1545-1150 2009

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

Open to Public Inspection

19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (attach explanation) 21 Net assets or fund balances at end of year Combine lines 18 through 20 Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ (See the instructions for Part II) 22 Cash, savings, and investments 23 Land and buildings 24 Other assets (describe ► SEE STATEMENT 2) 25 Total assets 26 Total liabilities (describe ► SEE STATEMENT 3) 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 28 Total assets or fund balances (line 27 of column (B) must agree with line 21) 29 Total assets 20 Total sasets (line 27 of column (B) must agree with line 21) 20 136, 397. 21 137, 654. 22 13865. 23 22 23, 885. 24 139, 505. 25 Total assets 26 Total liabilities (describe ► SEE STATEMENT 3) 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 29 Total assets 20 136, 397. 21 137, 745.	A	For th	ne 2009 calendar year, or tax year beginning JUL 1, 2009		and end			
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Secretaries		l chang	e print or COMMUNITY ACTION PARTNERSHIP OF C					
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Section 591(c)(3) organizations and 4947(a)(1) nonesempt charitable trusts must attach a completed Cacher	Ļ	—Jretur	1 1 1					
Website: WWW.CAPOREGON.ORG	L							
Website: ► WWW. CAPOREGON.ORG		• Se		h a con	npleted	1		Cash X Accrual
Tax-exempt status (check only one)								
The cigarization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000 A From 990-EZ or From 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return. Add lines 5b, 6b, and 7b, 10 ine 9 to determine gross receipts, if \$500,000 or more, file Form 990 estead of From 990-EZ								*
Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return Add lines 50, 60, and 70, to fine 9 to determine gross receipts, if \$50,000 or more, file form 990 instead of form 990+EZ								
Add times \$b, 8b, and 7b, 1o fines \$10 determine gross receipts, if \$500,000 or more, the Form \$90 instead of Form \$90 eVEZ \$455, 192.	K	Check					e than \$1	25,000 A Form 990-EZ or
Part								155 102
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12 Salaries, other compensation, and employee benefits 13 317, 289. 13 Professional fees and other payments to independent contractors 14 19, 023. 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping A M	i						11	
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22 Cash, savings, and investments 883. 22 23,885. 23 Land and buildings 23 24 Other assets (describe ► SEE STATEMENT 2) 67,832. 24 139,505. 25 Total assets 68,715. 25 163,390. 26 Total liabilities (describe ► SEE STATEMENT 3) 61,061. 26 25,645. 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 7,654. 27 137,745.	P	art I		nore, file				(B) 5 1 6
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For	n'990-EZ(2009)	SHIP OF OREGON		30-	01809	05 Page 2
	art III Statement of Program Service Accomplishmen	nts (See the instructions for	Part III)		F	rpenses
	at is the organization's primary exempt purpose? SEE STATEMENT				7	or section 501(c)(3)
) organizations and
	cribe what was achieved in carrying out the organization's exempt pur			be	1	7(a)(1) trusts, optional
	services provided, the number of persons benefited, and other relevan	t information for each proc	ram title.		for others)	
28	SEE STATEMENT 8					
						
	(Grants \$ 3,400 •) If this amount includes foreign g	rants check here			28a	341,255.
29	To a service and the amount morages foreign a	ranto, onesit nero				
23		·				
						
	(Grants \$) If this amount includes foreign g	grants, check here	<u> </u>		29a	
30						
	(Create &) If the constant is already females a		•		30a	
	(Grants \$) If this amount includes foreign g	rants, check here	<u></u>		308	
31	Other program services (attach schedule)		_	$\overline{}$		
	(Grants \$) If this amount includes foreign g	rants, check here		ш	31a	
32	Total program service expenses (add lines 28a through 31a)				32	341,255.
P	art IV List of Officers, Directors, Trustees, and Key E	mployees. List each one ex	en if not compensated ((See the	instructions	for Part IV)
				(d) Co	ntributions	
		(b) Title and average hours	(c) Compensation		mployee	(e) Expense
	(a) Name and address	per week devoted to	(If not paid, enter		fit plans &	account and
		position	-0)		eferred	other allowances
				com	pensation	
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	SEE STATEMENT 7		98,048.	14	<u>,913.</u>	· · · · · · · · · · · · · · · · · · ·
						
						
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Pa	Other Information (Note the statement requirements in the instructions for Part V.)			
			Yes	
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not			
	reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T	1		1
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting,			
	and proxy tax requirements?	35a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	N/	A
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"			
	complete applicable parts of Sch. N	36		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions			
	Did the organization file Form 1120-POL for this year?	37b		X
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made			
	in a prior year and still outstanding at the end of the period covered by this return?	38a	[]	X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A			
39	Section 501(c)(7) organizations Enter	1		
	Initiation fees and capital contributions included on line 9			
	Gross receipts, included on line 9, for public use of club facilities 39b N/A	1		
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under	1		
704	section 4911 ► 0 • , section 4912 ► 0 • , section 4955 ► 0 •	ŀ		
h	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the			
·	year or is it 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	40b		X
	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers.			
·	or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the			
u	organization			
۵	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter			
·	transaction? If "Yes," complete Form 8886-T	40e	1	X
41	List the states with which a copy of this return is filed OR	100		
	The organization's books are in care of ► THE ORGANIZATION Telephone no ► 503/31	6-3	951	
7£ Q	Located at ▶ P.O. BOX 7964, SALEM, OR ZIP+4 ▶ 9	730	3	
h	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		Yes	No
	account)?	42b		X
	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.			
r	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	[X
٠	If "Yes," enter the name of the foreign country			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here		•	
70	and enter the amount of tax-exempt interest received or accrued during the tax year	N/A		
	and enter the amount of tax exempt interest received of accided during the tax your			
			Yes	No
ЛЛ	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of		1.23	1
44	Form 990-EZ	44		X
AE	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be	7.7	1	
45	completed instead of Form 990-EZ	45		X
_	Completed instead of Fulfill 330-LZ	Form 9	90-F7	

	organizations and section 4947(a)(1) nonexempt charitable t and 51.	rusts must answer question	ns 46-49b and con	nplete the table	s for	lines 5	0
46 Did ti	ne organization engage in direct or indirect political campaign activities or	n behalf of or in opposition to c	andidates for public			Yes	No
	? If "Yes," complete Schedule C, Part I			[46		Х
	ne organization engage in lobbying activities? If "Yes," complete Sche	dule C, Part II			47	Х	
	organization a school as described in section 170(b)(1)(A)(ii)? If "Yes,				48		Х
49a Did ti	ne organization make any transfers to an exempt non-charitable related o	rganization?			49a		X
b If "Ye	s," was the related organization a section 527 organization?				49b		l
	olete this table for the organization's five highest compensated employee \$100,000 of compensation from the organization. If there is none, enter		, trustees and key er	mployees) who e	ach red	ceived i	nore
	(a) Name and address of each employee paid more than \$100,000 NONE	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contribution to employee benefit plans & deferred compensation	a othe	B) Expectount er allow	and
	plete this table for the organization's five highest compensated independing nization of there is none, enter "None" NONE (a) Name and address of each independent contractor paid more to		(b) Type of sei			rom the	
d Total	number of other independent contractors each receiving over \$100,000		>		-		
Sign Here		companying schedules and statement formation of which preparer has any ecutive direct	knowledge	y knowledge and be	9 / 1	s true,	
Paid Preparer's	0,000	12/2//10 em	eck if self- ployed Prep	parer's identifying n	umber ((See inst	<i>x</i>)
Use Only	GROVE, MUELLER & SWANK of self-employed), address, and ZIP+4 GROVE, MUELLER & SWANK 475 COTTAGE STREET NE, SALEM, OR 97301		EIN Phor no		581	.–77	88
May the IE	IS discuss this return with the preparer shown above? See instructions			<u></u>		es [No
iriay the Ir	to discuss and folder man the property shown above; ess instructions			·. · ·		990-EZ	

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. ► See separate instructions.

OMB No 1545-0047

Inspection

Name of the organization

COMMUNITY ACTION PARTNERSHIP OF OREGON

Employer identification number

		COMMUNI	TY ACTION PA	RTNER	SHIP	OF OR	EGON		30	-0180905
Part I	Reason	for Public Char	ity Status (All organiz	ations mu:	st complet	e this part	.) See inst	ructions.		
	nization is not a	a private foundation	because it is: (For lines 1	I through 1	1, check	only one b	ox.)			
¹ ⊨	•		s, or association of churc		ıbed ın se	ction 170	(b)(1)(A)(i)	•		
2			'0(b)(1)(A)(ii). (Attach Sc	•						
3 🖳			tal service organization of							
4 📖	A medical res	search organization	operated in conjunction	with a hos	pıtal descr	ıbed ın se	ction 170	(b)(1)(A)(ii	i). Enter th	ie hospital's name,
	city, and stat									
5 🗀	section 170	(b)(1)(A)(iv). (Comple						nental uni	t describe	d in
6	-	•	ent or governmental unit							
7 X	-	organization that normally receives a substantial part of its support from a governmental unit or from the general public described in tion 170(b)(1)(A)(vi). (Complete Part II.)								
8 🗀	A community	trust described in s	ection 170(b)(1)(A)(vi).	(Complete	Part II.)					
9 🔲	An organizati	on that normally rec	eives: (1) more than 33 1	1/3% of its	support fi	om contri	butions, m	nembershi	p fees, and	d gross receipts from
			nctions - subject to certa							
			axable income (less sect							
		509(a)(2). (Complete								
10 🔲	An organizati	on organized and or	perated exclusively to te	st for publi	c safety. S	ee sectio	n 509(a)(4	l).		
11 🔲			perated exclusively for the						y out the p	ourposes of one or
	more publicly	y supported organiza	ations described in section	on 509(a)(1	l) or section	n 509(a)(2				
			organization and comple						٦	Turne III. Other
	a Type I		,,		e III - Func	-	-			Type III - Other
e []			at the organization is not							
			han one or more publicly						9(a)(1) or s	ection 509(a)(2).
f	-		ten determination from t	the IRS tha	atitisaly	pe I, Type	II, or Type)		
		rganization, check th		٠.					0	لــــا
9			organization accepted ar							Vac Na
			lirectly controls, either al	one or tog	ether with	persons c	iescribed i	n (II) and (iii) below,	Yes No
	_	•	upported organization?							11g(i)
			n described in (i) above?		_					11g(ii)
			person described in (i)							11g(iii)
h	Provide the f	ollowing information	about the supported or	ganization	(s).					
	e of supported panization	(II) EIN	(III) Type of organization (described on lines 1-9 above or IRC section	in col (i) lis	rganization sted in your document?	organızat	ion in col	(vi) Is organizatio (i) organiz U S	on in col	(vii) Amount of support
			(see instructions))	Yes	No	Yes	No	Yes	No	
								:		
			-	-						
					_				-	
Total				<u> </u>			<u> </u>	L	<u> </u>	

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

Schedule A (Form 990 or 990-EZ) 2009

932021 02-08-10

Schedule A (Form 990 or 990-EZ) 2009 COMMUNITY ACTION PARTNERSHIP OF OREGON 30-0180905 Page 2

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

Section A. Public Support Galendary year (or fiscal year beginning milk) Zero year (Do not include any "unusual grants.") Zero year year (Do not include any "unusual grants.") Zero year (Do not incl		(Complete only if you checke	d the box on line 3	, 7, 01 0 01 Fait 1.)				
1 Giffs, grants, Controlutions, and membrants free received. (Do not include any "unusual grants.") 2 Tax revenues leved 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 change 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other thin a governmental unit to publicly supported organization) included on line 1 that exceede 2% of the amount shown on line 11, column (f) 6 Public support. Secretal line 2 from line 4 8 Gross income from Interest, dividends, payments received on securities loans, rents, royalities and income from Interest, dividends, payments received on securities loans, rents, royalities and 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 sessets (Explain in Part IV) 11 Total support. Add lines 7 through 10 Lines from 90 is for the organization of rest, second, third, fourth, or fifth tax year as a section 501(c)(3) organization or loss from the sale of capital sessets (Explain in Part IV) 15 Public support percentage from 2008 Schedule A, Part III, line 14 16 Public support percentage from 2008 Schedule A, Part III, line 14 16 Public support percentage from 2008 Schedule A, Part III, line 14 16 Public support percentage from 2008 Schedule A, Part III, line 14 17 a 10% -facts-and-circumstances test - 2009 (life organization did not check the box on line 13, and line 15 is 33 1/3% or more, check this box or more, and of the organization needs the "fact-and-circumstances test. 2009 (life organization of cline 14 is 30 in 17% or more, and of the organization meets the "fact-and-circumstances test. Check this box on line 13, 16a, or 16b, and line 14 is 10% or more, and of the organization meets the "fact-and-circumstances test. Check this box on line 13, 16a, or 16b, and line 15 is 10% or more, and of the organization meets the	Se	ction A. Public Support						
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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 2009 (line 6, column (f) divided by line 11, column (f)) 15 Public support percentage from 2008 Schedule A, Part II, line 14 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 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 more, and if the organization meets the "facts-and-circumstances" test. 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. 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	11	• • • • • • • • • • • • • • • • • • • •	<u> </u>					
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and stop here. The organization qualifies as a publicly supported organization 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 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						line 15 is 33 1/3%	or more check th	
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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							now the organ	▶
more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the							7a, and line 15 is	 10% or
	•							
organization meets the Tacts and circumstances lest. The organization dualines as a bublicly subborned 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	18	_		-				ıs ▶ 🗀

Schedule A (Form 990 or 990-EZ) 2009

	rt III Support Schedule for C	<u> Prganizations</u>	Described in	Section 509(a)(2) (Complete only	ıf you checked the bo	x on line 9 of Part I
Se	ction A. Public Support						
Cal	endar 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.")						
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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7 <i>a</i>	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						<u></u>
t	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)				,		
	ction B. Total Support						
Cal	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	Amounts from line 6						<u> </u>
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
t	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
(: Add lines 10a and 10b					<u> </u>	
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support (Add lines 9, 10c, 11, and 12)						
	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth t	ax year as a secti	on 501(c)(3) organiz	ation,
	check this box and stop here				· ··-		<u>▶□</u>
Se	ction C. Computation of Publ	ic Support Pe	rcentage	<u> </u>			
15	Public support percentage for 2009 (ine 8, column (f) d	ivided by line 13, o	column (f))		15	%
16	Public support percentage from 2008	Schedule A, Part	III, line 15			16	%
	ction D. Computation of Inve						
17	Investment income percentage for 20	009 (line 10c, colur	nn (f) divided by lir	ne 13, column (f))		17	%
18						18	<u>%</u>
198	33 1/3% support tests - 2009. If the			on line 14, and line	e 15 is more than	33 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box a						
ı	33 1/3% support tests - 2008. If the	organization did r	ot check a box or	line 14 or line 19	a, and line 16 is m	ore than 33 1/3%,	and
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check t			<u> </u>
					6-	hadula A /Earm 00	0 or 990-EZ) 2009

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Complete if the organization is described below.

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

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II·B. Do not complete Part II·A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

	or (6) organizations: Complete Part III.			
Name of organization			1 "	loyer identification number
	COMMUNITY ACTION PARTN		30-0180905	
Part I-A Comple	te if the organization is exempt un	nder section 501(c)	or is a section 527 o	rganization.
1 Provide a description	of the organization's direct and indirect politi	tical campaign activities	ın Part IV.	
2 Political expenditure	3		▶ \$	·
3 Volunteer hours				
Part I-B Comple	te if the organization is exempt un	nder section 501(c)		
	any excise tax incurred by the organization u		> \$	
	any excise tax incurred by organization mana	=	5 ▶\$	
<u>-</u>	curred a section 4955 tax, did it file Form 472	20 for this year?		Yes No
4a Was a correction ma	•			Yes No
b If "Yes," describe in		aday apatian E01/a	avent costion E01/	(2)(2)
	te if the organization is exempt ur			
	ectly expended by the filing organization for s			
	the filing organization's funds contributed to	other organizations for s	_	
exempt function act		. 5 4400 000	▶\$	
	n expenditures. Add lines 1 and 2. Enter here	and on Form 1120-POL		
line 17b			▶\$	Yes No
	ation file Form 1120-POL for this year?	(FIAD - 4 - II 4 FOT -	. 14 1	res No
	dresses and employer identification number (
	n listed, enter the amount paid from the filing and directly delivered to a separate political or			
	pace is needed, provide information in Part i\		sparate segregated fund of t	a political action committee
			(d) Amount poid from	(a) Amount of political
(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's	(e) Amount of political contributions received and
			funds. If none, enter -0	promptly and directly
				delivered to a separate
				political organization. If none, enter ·0·.
				
For Privacy Act and Par	erwork Reduction Act Notice, see the Inst	ructions for Form 990 o	or 990-EZ. Schedule C	(Form 990 or 990-EZ) 2009

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

Schedule C (Form 990 or 990-EZ) 2009	COMMUNITY	ACTION PAR	INERSHIP OF	OREGON 30-	018090 <u>5 Page 2</u>
Part II-A Complete if the org	anization is exe				
(election under sec	tion 501(h)).				.
	tion belongs to an affi	liated group.			
B Check 🕨 📖 if the filing organiza	ion checked box A a	nd "limited control" pi	rovisions apply.	. <u></u>	
	s on Lobbying Expe litures" means amou		1.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influ	ience public opinion (grass roots lobbying)			
b Total lobbying expenditures to influ	ience a legislative boo	dy (direct lobbying)			
c Total lobbying expenditures (add li	nes 1a and 1b)				
d Other exempt purpose expenditure	es				
e Total exempt purpose expenditure	s (add lines 1c and 1d	(t			
f Lobbying nontaxable amount. Ente	r the amount from the	e following table in bo	oth columns.		
if the amount on line 1e, column (a) o	r (b) is: The lob	bying nontaxable an	nount is:		
Not over \$500,000	20% of	the amount on line 1	e		
Over \$500,000 but not over \$1,000	0,000 \$100,00	00 plus 15% of the ex	cess over \$500,000.		
Over \$1,000,000 but not over \$1,5	00,000 \$175,00	00 plus 10% of the ex	cess over \$1,000,000		
Over \$1,500,000 but not over \$17,	000,000 \$225,00	00 plus 5% of the exc	ess over \$1,500,000.		
Over \$17,000,000	\$1,000,	000.			
g Grassroots nontaxable amount (en			-		
h Subtract line 1g from line 1a. If zero			-		
i Subtract line 1f from line 1c. If zero	=	line 1 i did the erooni	zation filo Form 4720		
j If there is an amount other than zer		line 11, dia the organi.	zation nie Form 4720		Yes No
reporting section 4911 tax for this		eraging Period Unde	r Section 501(h)		iesito
	ations that made a s	ection 501(h) election	on do not have to comp nes 2a through 2f on pa		
	Lobbying Expe	nditures During 4-Ye	ear Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount					
(150% of line 2a, column(e))	.,				
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount		,			"
(150% of line 2d, column (e))					
, , , , , , , , , , , , , , , , , , , ,					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2009

Schedule C (Form 990 or 990-EZ) 2009 COMMUNITY ACTION PARTNERSHIP OF OREGON 30-0180905 Page 3 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

		(a)	(1	b)
		Yes	No	Am	ount
1	During the year, did the filing organization attempt to influence foreign, national, state or				
	local legislation, including any attempt to influence public opinion on a legislative matter				
	or referendum, through the use of:				
а	Volunteers?		X		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X		
С	Media advertisements?		Х		
d	Mailings to members, legislators, or the public?		X		
е	Publications, or published or broadcast statements?		X		
f	Grants to other organizations for lobbying purposes?		X	<u> </u>	
9	Direct contact with legislators, their staffs, government officials, or a legislative body?		X		
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Х		
i	Other activities? If "Yes," describe in Part IV	X			7,920.
j	Total. Add lines 1c through 1i				7,920.
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X		
b	If "Yes," enter the amount of any tax incurred under section 4912				
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				·
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), secti	on 501(c)	(5), or se	ction	
	501(c)(6).				
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year? ### MI-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(4).		3		
1	501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Pa"Yes." Dues, assessments and similar amounts from members		1	13Welled	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political	cal		1	
	expenses for which the section 527(f) tax was paid).				
а	Current year		2a		
b	Carryover from last year		2b		
С	Total		2c		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3	<u> </u>	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex	cess		1	
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and	political		1	
	expenditure next year?		4	<u> </u>	
5	Taxable amount of lobbying and political expenditures (see instructions)		5		
Pa	t IV Supplemental Information				
Com	plete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; a	nd Part II-B	, line 1ı. Also	, complete	this part
	ny additional information.				
PA	RT II-B, LINE 1(I), OTHER LOBBYING ACTIVITIES:				
PA:	ID A LOBBYING FIRM FOR THEIR EFFORTS TO INFLUENCE T	HE ST	ATE		
TE(GISLATURE.				
	•				

932043 02-04-10

FORM 990-EZ OTHER EXPENSE	ES	STATEMENT	1
DESCRIPTION		AMOUNT	
PUBLIC EDUCATION		25,74	48.
INSURANCE		2,04	
DUES		6,18	
SUPPLIES		7,03	30.
TRAVEL		23,51	
CONFERENCES, CONVENTIONS, MEETINGS		9,98	
TELEPHONE		12,12	22.
TOTAL TO FORM 990-EZ, LINE 16		86,63	30.
FORM 990-EZ OTHER ASSETS	<u> </u>	STATEMENT	2
DESCRIPTION	BEG. OF YEAR	END OF YEA	AR
		27.04	
GRANTS RECEIVABLE	59,877. 1,995.	37,96 6,53	
PREPAID EXPENSES AND DEFERRED CHARGES OTHER RECEIVABLES	5,960.	95,00	
OTHER RECEIVABLES			
TOTAL TO FORM 990-EZ, LINE 24	67,832.	139,50	05. —
FORM 990-EZ OTHER LIABILIT	IES	STATEMENT	3
DESCRIPTION	BEG. OF YEAR	END OF YEA	AR
ACCOUNTS PAYABLE AND ACCRUED EXPENSES	25,415.	25,64	45.
OTHER NOTES PAYABLE	35,646.		0.
TOTAL TO FORM 990-EZ, LINE 26	61,061.	25,64	45.
FORM 990-EZ OTHER CHANGES IN NET ASSETS OR	FUND BALANCES	STATEMENT	4
DEGODIDATON		AMOUNT	
DESCRIPTION	DIRECTOR OF		
DESCRIPTION CONTRIBUTION OF ASSETS FROM COMMUNITY ACTION I OREGON EIN 94-3035405	DIRECTORS OF	136,39	97.

FORM 990-EZ CASH GRANTS AND ALLOCA	TIONS	STATEMENT	5
CLASS OF ACTIVITY/GRANTEE'S NAME AND ADDRESS	GRANTEE'S RELATIONSHIP	AMOUNT	r
GRANTS TO OTHERS AMERICAN RED CROSS - OREGON TRAIL CHAPTER PO BOX 2069 PORTLAND, OR 97208-2069	NONE	3,40	00.
TOTAL INCLUDED ON FORM 990-EZ, LINE 10		3,40	00.

FO	RM 990-EZ INFORMATION REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS	STATEMENT 6
A)	DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUND DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT?	
В)	DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?	?? [] YES [X] NO

FORM 990-EZ

STATEMENT

7

TRUSTEES AND	KEY EMPLOYEES			
NAME AND ADDRESS	TITLE AND AVRG HRS/WK			EXPENSE
SHARON MILLER, 945 COLUMBIA STREET NE, SALEM, OR 97301	PRESIDENT 2.00	0.	0.	0.
BRENDA DURBIN, 945 COLUMBIA STREET NE, SALEM, OR 97301	VICE PRESIDEN 2.00	Π 0.	0.	0.
TERESA COX, 945 COLUMBIA STREET NE, SALEM, OR 97301	TREASURER 2.00	0.	0.	0.
RON HAUGE, 945 COLUMBIA STREET NE, SALEM, OR 97301	SECRETARY 2.00	0.	0.	0.
MICHAEL FIELDMAN, 945 COLUMBIA STREET NE, SALEM, OR 97301	PAST PRESIDEN 2.00	0.	0.	0.
JIM SLUSHER, 945 COLUMBIA STREET NE, SALEM, OR 97301	DIRECTOR 2.00	0.	0.	0.
GARY MILLER, 945 COLUMBIA STREET NE, SALEM, OR 97301	DIRECTOR 2.00	0.	0.	0.
DONNA KINNAMAN, 945 COLUMBIA STREET NE, SALEM, OR 97301	DIRECTOR 2.00	0.	0.	0.
ROCKY JOHNSON, 945 COLUMBIA STREET NE, SALEM, OR 97301	DIRECTOR 2.00	0.	. 0.	0.
MARGARET DAVIDSON, 945 COLUMBIA STREET NE, SALEM, OR 97301	DIRECTOR 2.00	0.	0.	0.
MARTHA LYON, 945 COLUMBIA STREET NE, SALEM, OR 97301	DIRECTOR 2.00	0.	0.	0.
BARB HIGINBOTHAM, 945 COLUMBIA STREET NE, SALEM, OR 97301	DIRECTOR 2.00	0.	0.	0.
DONNA BOWMAN, 945 COLUMBIA STREET NE, SALEM, OR 97301	DIRECTOR 2.00	0.	0.	0.
STEVE MANELA, 945 COLUMBIA STREET NE, SALEM, OR 97301	DIRECTOR 2.00	0.	0.	0.

PART IV - LIST OF OFFICERS, DIRECTORS,

COMMUNITY ACTION PARTNERSHIP OF OR	EGON		30-01	80905
MARY LI, 945 COLUMBIA STREET NE, SALEM, OR 97301	DIRECTOR 2.00	0.	0.	0.
MARY SHOEN-CLARK, 945 COLUMBIA STREET NE, SALEM, OR 97301	DIRECTOR 2.00	0.	0.	0.
LEE MEANS, 945 COLUMBIA STREET NE, SALEM, OR 97301	DIRECTOR 2.00	0.	0.	0.
TOM CLANCEY-BURNS, 945 COLUMBIA STREET NE, SALEM, OR 97301	EXECUTIVE D		14,913.	0.
JERRALYN NESS, 945 COLUMBIA STREET NE, SALEM, OR 97301	DIRECTOR 2.00	0.	0.	0.
TOTALS INCLUDED ON FORM 990-EZ, PART	IV	98,048.	14,913.	0.

990-EZ PG 2

STATEMENT

8

COLLABORATED WITH A VARIETY OF PARTNERS REPRESENTING LOCAL AND STATE GOVERNMENTS AS WELL AS COMMUNITY AND ADVOCACY GROUPS ORGANIZING EFFORTS TO ELIMINATE THE CAUSES OF POVERTY IN OREGON, AND INITIATED A BIMONTHLY NEWSLETTER TO REACH OUT TO THE COMMUNITY.

990-EZ PG 2

STATEMENT

9

THE MISSION OF CAPO AND MEMBER COMMUNITY ACTION AGENCIES IS TO ERADICATE THE CAUSES AND CONDITIONS OF POVERTY THAT EXIST IN OREGON. THIS ANTI-POVERTY WORK IS DONE IN COLLABORATION WITH A VARIETY OF PARTNERS, REPRESENTING LOCAL, STATE AND FEDERAL GOVERNMENT, AS WELL AS COMMUNITY AND ADVOCACY GROUPS, POLICYMAKERS AND LOW INCOME LEADERS.

Form **8868**

(Rev. Aprıl 2009)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return

OMB No 1545-1709

If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box						
If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form)						
Do no	ot complete Part II unless you have already been granted an automatic 3-month extension on a previously fil	ed For	m 8868			
Par	Automatic 3-Month Extension of Time. Only submit original (no copies needed)					
Δ cor	poration required to file Form 990-T and requesting an automatic 6 month extension - check this box and com	plete				
⊃art I		μ.σ.σ	▶ □			
	orry ner corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an	exten	sion of time			
	income tax returns.	CATOII	sion or time			
noted (not a you m	ronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronic utomatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consust submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing gov/efile and click on e-file for Charities & Nonprofits.	cally if rsolida	(1) you want the additional ated Form 990 T Instead,			
Туре		Empl	oyer identification number			
print			0.040005			
ile by	COMMUNITY ACTION PARTNERSHIP OF OREGON	3	0-0180905			
due dat filing yo	e for Number, street, and room or suite no. If a P.O. box, see instructions					
eturn :	560					
	SALEM, OR 97303					
Chaa	k type of return to be filed (file a separate application for each return).					
Cilec						
님	Form 990 Form 990-T (corporation) Form 47					
	Form 990-BL Form 990-T (sec 401(a) or 408(a) trust) Form 52					
$\overline{}$	Form 990-EZ Form 990-T (trust other than above) Form 99					
<u></u>	Form 990-PF	-70				
	THE ORGANIZATION					
	e books are in the care of ► <u>P.O. BOX 7964 - SALEM, OR 97303</u>					
	lephone No ► 503/316-3951 FAX No ►					
	he organization does not have an office or place of business in the United States, check this box his is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)	e ie foi	the whole group, check this			
	If it is for part of the group, check this box and attach a list with the names and EINs of all					
JOX ,	In this for part of the group, check this box					
1	I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until	ı				
	FEBRUARY 15, 2011 , to file the exempt organization return for the organization named a		The extension			
	is for the organization's return for					
	▶ calendar year or					
	► X tax year beginning <u>JUL 1, 2009</u> , and ending <u>JUN 30, 2010</u>		_			
		\Box				
2	If this tax year is for less than 12 months, check reason Initial return Final return	L	Change in accounting period			
3a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any		 			
-	nonrefundable credits See instructions	3a	\$			
b	If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated					
	tax payments made Include any prior year overpayment allowed as a credit	3b	\$			
С	Balance Due. Subtract line 3b from line 3a Include your payment with this form, or, if required,					
	deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System)	<u> </u>				
	See instructions	3c	\$ N/A			
Cauti	ion. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form	8879-1	EO for payment instructions			
			Form 8868 (Rev 4-2009)			
LHA	For Privacy Act and Paperwork Reduction Act Notice, see Instructions.		1 UITH 0000 (NEV 4-2009)			