

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)

Department of the Treasury
Internal Revenue Service

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

A For the 2005 calendar year, or tax year beginning **JUL 1, 2005** and ending **JUN 30, 2006**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print type. See Specific Instructions.	G Name of organization Community Action Organization		D Employer identification number 93-0554941
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1001 SW Baseline St.		E Telephone number 503-648-6646
		City or town, state or country, and ZIP + 4 Hillsboro, OR 97123		F Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify)

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations.

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

H(b) If "Yes," enter number of affiliates N/A

H(c) Are all affiliates included? N/A Yes No (If "No," attach a list.)

H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No

I Group Exemption Number N/A

M Check if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

G Website: **www.caowash.org**

J Organization type (check only one) 501(c) (3) (insert no.) 4947(a)(1) or 527

K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization chooses to file a return, be sure to file a complete return. Some states require a complete return.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 **14,036,671.**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Revenue	1	Contributions, gifts, grants, and similar amounts received:			
	a	Direct public support	1a	685,053.	
	b	Indirect public support	1b	79,477.	
	c	Government contributions (grants)	1c	12,939,069.	
	d	Total (add lines 1a through 1c) (cash \$ 13,703,599. noncash \$)	1d	13,703,599.	
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2	107,527.	
	3	Membership dues and assessments	3		
	4	Interest on savings and temporary cash investments	4		
	5	Dividends and interest from securities	5		
	6a	Gross rents	6a		
	b	Less: rental expenses	6b		
	c	Net rental income or (loss) (subtract line 6b from line 6a)	6c		
7	Other investment income (describe)	7			
8a	Gross amount from sales of assets other than inventory	(A) Securities	(B) Other		
b	Less: cost or other basis and sales expenses	8a			
c	Gain or (loss) (attach schedule)	8b			
d	Net gain or (loss) (combine line 8c, columns (A) and (B))	8c			
8d					
9	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>				
a	Gross revenue (not including \$ of contributions reported on line 1a)	9a			
b	Less: direct expenses other than fundraising expenses	9b			
c	Net income or (loss) from special events (subtract line 9b from line 9a)	9c			
10a	Gross sales of inventory, less returns and allowances	10a			
b	Less: cost of goods sold	10b			
c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c			
11	Other revenue (from Part VII, line 103)	11	225,545.		
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	14,036,671.		
Expenses	13	Program services (from line 44, column (B))	13	12,144,281.	
	14	Management and general (from line 44, column (C))	14	1,422,465.	
	15	Fundraising (from line 44, column (D))	15	333,871.	
	16	Payments to affiliates (attach schedule)	16		
	17	Total expenses (add lines 16 and 44, column (A))	17	13,900,617.	
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 12)	18	136,054.	
	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	1,106,024.	
	20	Other changes in net assets or fund balances (attach explanation)	20	0.	
	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	1,242,078.	

Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule) (cash \$ <u>0</u> • noncash \$ <u>0</u> .) If this amount includes foreign grants, check here <input type="checkbox"/>				
23 Specific assistance to individuals (attach schedule)				
24 Benefits paid to or for members (attach schedule)				
25 Compensation of officers, directors, etc.	100,945.	0.	100,945.	0.
26 Other salaries and wages	5,614,175.	4,929,624.	507,944.	176,607.
27 Pension plan contributions	73,344.	63,259.	7,811.	2,274.
28 Other employee benefits	1,441,833.	1,243,581.	153,555.	44,697.
29 Payroll taxes	600,678.	518,085.	63,972.	18,621.
30 Professional fundraising fees				
31 Accounting fees				
32 Legal fees				
33 Supplies	179,563.	104,809.	54,215.	20,539.
34 Telephone	246,410.	189,463.	33,028.	23,919.
35 Postage and shipping				
36 Occupancy	406,978.	395,378.		11,600.
37 Equipment rental and maintenance	229,822.	179,360.	50,462.	
38 Printing and publications				
39 Travel	118,385.	97,729.	18,198.	2,458.
40 Conferences, conventions, and meetings				
41 Interest				
42 Depreciation, depletion, etc. (attach schedule)	73,044.		73,044.	
43 Other expenses not covered above (itemize):				
a				
b				
c				
d				
e				
f				
g See Statement 1	4,815,440.	4,422,993.	359,291.	33,156.
44 Total functional expenses. Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	13,900,617.	12,144,281.	1,422,465.	333,871.

Joint Costs. Check if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No

If "Yes," enter (i) the aggregate amount of these joint costs \$ N/A; (ii) the amount allocated to Program services \$ N/A;

(iii) the amount allocated to Management and general \$ N/A; and (iv) the amount allocated to Fundraising \$ N/A

Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ▶ See Statement 6	Program Service Expenses
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
a See Statement 2	
(Grants and allocations \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	6,148,866.
b See Statement 3	
(Grants and allocations \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	5,995,415.
c See Statement 4	
(Grants and allocations \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
d See Statement 5	
(Grants and allocations \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
e Other program services (attach schedule)	
(Grants and allocations \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ▶	12,144,281.

Form 990 (2005)

Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year	(B) End of year
Assets	45 Cash - non-interest-bearing	1,032,652.	886,436.
	46 Savings and temporary cash investments		
	47 a Accounts receivable	47a 477,167.	
	b Less: allowance for doubtful accounts	47b	47c 477,167.
	48 a Pledges receivable	48a 81,356.	
	b Less: allowance for doubtful accounts	48b	48c 81,356.
	49 Grants receivable		49
	50 Receivables from officers, directors, trustees, and key employees		50
	51 a Other notes and loans receivable	51a	51c
	b Less: allowance for doubtful accounts	51b	
	52 Inventories for sale or use		52
	53 Prepaid expenses and deferred charges	3,045.	53 3,045.
	54 Investments - securities Stmt 7 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	350.	54 350.
	55 a Investments - land, buildings, and equipment: basis	55a	
	b Less: accumulated depreciation	55b	55c
56 Investments - other		56	
57 a Land, buildings, and equipment: basis	57a 3,111,247.		
b Less: accumulated depreciation	57b 930,876.	57c 2,180,371.	
58 Other assets (describe Loan Costs)		58 13,741.	
59 Total assets (must equal line 74). Add lines 45 through 58	3,944,252.	59 3,642,466.	
Liabilities	60 Accounts payable and accrued expenses	1,018,792.	60 578,773.
	61 Grants payable		61
	62 Deferred revenue	138,212.	62 311,880.
	63 Loans from officers, directors, trustees, and key employees		63
	64 a Tax-exempt bond liabilities		64a
	b Mortgages and other notes payable Stmt 8 Stmt 9	1,681,224.	64b 1,509,735.
	65 Other liabilities (describe)		65
66 Total liabilities. Add lines 60 through 65	2,838,228.	66 2,400,388.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.		
	67 Unrestricted	574,403.	67 611,373.
	68 Temporarily restricted	531,621.	68 630,705.
	69 Permanently restricted		69
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.		
	70 Capital stock, trust principal, or current funds		70
	71 Paid-in or capital surplus, or land, building, and equipment fund		71
	72 Retained earnings, endowment, accumulated income, or other funds		72
73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19; column (B) must equal line 21)	1,106,024.	73 1,242,078.	
74 Total liabilities and net assets/fund balances. Add lines 66 and 73	3,944,252.	74 3,642,466.	

Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions.)

a	Total revenue, gains, and other support per audited financial statements		a	14680081.
b	Amounts included on line a but not on Part I, line 12:			
1	Net unrealized gains on investments	b1		
2	Donated services and use of facilities	b2	643,410.	
3	Recoveries of prior year grants	b3		
4	Other (specify):	b4		
	Add lines b1 through b4		b	643,410.
c	Subtract line b from line a		c	14036671.
d	Amounts included on Part I, line 12, but not on line a:			
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify):	d2		
	Add lines d1 and d2		d	0.
e	Total revenue (Part I, line 12). Add lines c and d		e	14036671.

Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

a	Total expenses and losses per audited financial statements		a	14544027.
b	Amounts included on line a but not on Part I, line 17:			
1	Donated services and use of facilities	b1	643,410.	
2	Prior year adjustments reported on Part I, line 20	b2		
3	Losses reported on Part I, line 20	b3		
4	Other (specify):	b4		
	Add lines b1 through b4		b	643,410.
c	Subtract line b from line a		c	13900617.
d	Amounts included on Part I, line 17, but not on line a:			
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify):	d2		
	Add lines d1 and d2		d	0.
e	Total expenses (Part I, line 17). Add lines c and d		e	13900617.

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
See Statement 10		99,745.	1,200.	0.

Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)

75 a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings 23
b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s) 75b X
c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to this organization through common supervision or common control? 75c X
Note. Related organizations include section 509(a)(3) supporting organizations.
If "Yes," attach a statement that identifies the individuals, explains the relationship between this organization and the other organization(s), and describes the compensation arrangements, including amounts paid to each individual by each related organization.
d Does the organization have a written conflict of interest policy? 75d X

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

Table with 5 columns: (A) Name and address, (B) Loans and Advances, (C) Compensation, (D) Contributions to employee benefit plans & deferred compensation plans, (E) Expense account and other allowances. All entries in column A are 'None'.

Part VI Other Information (See the instructions.)

76 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity 76 X
77 Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes. 77 X
78 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 78a X
b If "Yes," has it filed a tax return on Form 990-T for this year? N/A 78b
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement 79 X
80 a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? 80a X
b If "Yes," enter the name of the organization N/A and check whether it is [] exempt or [] nonexempt
81 a Enter direct or indirect political expenditures. (See line 81 instructions.) 81a 0
b Did the organization file Form 1120-POL for this year? 81b X

Part VI Other Information (continued) Yes No

82 a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value? 82a X
b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.) 82b 643,410.
83 a Did the organization comply with the public inspection requirements for returns and exemption applications? 83a X
b Did the organization comply with the disclosure requirements relating to quid pro quo contributions? 83b X
84 a Did the organization solicit any contributions or gifts that were not tax deductible? 84a X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 84b N/A
85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members? 85a N/A
b Did the organization make only in-house lobbying expenditures of \$2,000 or less? 85b N/A
If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.
c Dues, assessments, and similar amounts from members 85c N/A
d Section 162(e) lobbying and political expenditures 85d N/A
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e N/A
f Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f N/A
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? 85g N/A
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? 85h N/A
86 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12 86a N/A
b Gross receipts, included on line 12, for public use of club facilities 86b N/A
87 501(c)(12) organizations. Enter: a Gross income from members or shareholders 87a N/A
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 87b N/A
88 At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX 88 X
89 a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 0.; section 4912 0.; section 4955 0.
b 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction 89b X
c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 0.
d Enter: Amount of tax on line 89c, above, reimbursed by the organization 0.
90 a List the states with which a copy of this return is filed None
b Number of employees employed in the pay period that includes March 12, 2005 90b 244
91 a The books are in care of John Russell Telephone no 503-639-3245
Located at 1001 SW Baseline, Hillsboro, Oregon ZIP + 4 97123
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country N/A
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.
c At any time during the calendar year, did the organization maintain an office outside of the United States? If "Yes," enter the name of the foreign country N/A
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here and enter the amount of tax-exempt interest received or accrued during the tax year 92 N/A

Table with 2 columns: Question, Yes, No. Row 91b: Did the organization have an interest in or a signature or other authority over a financial account in a foreign country? Yes, No. Row 91c: At any time during the calendar year, did the organization maintain an office outside of the United States? Yes, No.

Part VII Analysis of Income-Producing Activities (See the instructions.)

Table with 5 columns: (A) Business code, (B) Amount, (C) Exclusion code, (D) Amount, (E) Related or exempt function income. Rows include 93 Program service revenue: a Service Fees (107,527), 94 Membership dues and assessments, 95 Interest on savings and temporary cash investments, 96 Dividends and interest from securities, 97 Net rental income or (loss) from real estate, 98 Net rental income or (loss) from personal property, 99 Other investment income, 100 Gain or (loss) from sales of assets other than inventory, 101 Net income or (loss) from special events, 102 Gross profit or (loss) from sales of inventory, 103 Other revenue: a Other Revenue (225,545), 104 Subtotal (333,072), 105 Total (333,072).

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Table with 2 columns: Line No., Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes. Row 93: Day care and migrant child care fees to provide a safe environment while the parents work. Row 103: Miscellaneous income that help reach CAO's primary exempt purpose.

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

Table with 5 columns: (A) Name, address, and EIN of corporation, partnership, or disregarded entity; (B) Percentage of ownership interest; (C) Nature of activities; (D) Total income; (E) End-of-year assets. Row 1: N/A, %, %.

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No (X)
(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No (X)
Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Signature and information block. Includes: Please Sign Here: Signature of officer (Dorothy Ness), Date (2-14-07), Type or print name and title (Executive Director). Preparer's signature (Terry Sanders, CPA), Date (2/18/07), Check if self-employed (), Preparer's SSN or PTIN. Firm's name (Aiken & Sanders, Inc., PS), address (343 W. Wishkah, Aberdeen, WA 98520), EIN, Phone no.

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

OMB No. 1545-0047

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or 4947(a)(1) Nonexempt Charitable Trust

2005

Department of the Treasury
Internal Revenue Service

Supplementary Information-(See separate instructions.)
▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization: **Community Action Organization** Employer identification number: **93 0554941**

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Jerralynn Ness 1001 SW Baseline St., Hillsboro, OR	Ex Director 40.00	99,745.	1,200.	
John Russell 1001 SW Baseline St., Hillsboro, OR	Fiscal Direct 40.00	69,687.	900.	
Marilyn Harrison 1001 SW Baseline St., Hillsboro, OR	Dir of Child 40.00	60,315.	1,200.	
Winnie Althizer 1001 SW Baseline St., Hillsboro, OR	Dir of Human 40.00	60,315.		
Jeri Alcock 1001 SW Baseline St., Hillsboro, OR	Dir of Dev & 40.00	60,319.	485.	
Total number of other employees paid over \$50,000 ▶	3			

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
None		
Total number of others receiving over \$50,000 for professional services ▶	0	

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
None		
Total number of other contractors receiving over \$50,000 for other services ▶	0	

Part III Statements About Activities (See page 2 of the instructions.)

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities \blacktriangleright \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		X
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a Sale, exchange, or leasing of property?		X
b Lending of money or other extension of credit?		X
c Furnishing of goods, services, or facilities?		X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? See Part V-A, Form 990	X	
e Transfer of any part of its income or assets?		X
3 a Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.)		X
b Do you have a section 403(b) annuity plan for your employees?		X
c During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?		X
4 a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?		X
b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?		X

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)

The organization is not a private foundation because it is: (Please check only ONE applicable box.)

- 5 A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v)
- 9 A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state \blacktriangleright _____
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 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 charitable, etc., 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). (Also complete the **Support Schedule** in Part IV-A.)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above; or (2) sections 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). Check the box that describes the type of supporting organization: \blacktriangleright Type 1 Type 2 Type 3

Provide the following information about the supported organizations. (See page 6 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14 An organization organized and operated to test for public safety. Section 509(a)(4). (See page 6 of the instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	14369433.	13246603.	12540971.	10425840.	50,582,847.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	170,551.	126,833.	117,501.	150,130.	565,015.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975					
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	109,773.	119,997.	See Statement 11 38,775.	103,997.	372,542.
23 Total of lines 15 through 22	14649757.	13493433.	12697247.	10679967.	51,520,404.
24 Line 23 minus line 17	14479206.	13366600.	12579746.	10529837.	50,955,389.
25 Enter 1% of line 23	146,498.	134,934.	126,972.	106,800.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 1,019,108.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2001 through 2004 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b 0.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 50,955,389.
d Add: Amounts from column (e) for lines: 18 _____ 19 _____ 22 <u>372,542.</u> 26b _____					26d 372,542.
e Public support (line 26c minus line 26d total)					26e 50,582,847.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 99.2689%
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: N/A					
(2004) _____ (2003) _____ (2002) _____ (2001) _____					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: N/A					
(2004) _____ (2003) _____ (2002) _____ (2001) _____					
c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____					27c N/A
d Add: Line 27a total _____ and line 27b total _____					27d N/A
e Public support (line 27c total minus line 27d total)					27e N/A
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)					27f N/A
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h N/A %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

Part V Private School Questionnaire (See page 7 of the instructions.)

N/A

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?		
If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)			
.....			
.....			
.....			
32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d	
If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			
.....			
.....			
33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges?	33a	
b	Admissions policies?	33b	
c	Employment of faculty or administrative staff?	33c	
d	Scholarships or other financial assistance?	33d	
e	Educational policies?	33e	
f	Use of facilities?	33f	
g	Athletic programs?	33g	
h	Other extracurricular activities?	33h	
If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			
.....			
.....			
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b	Has the organization's right to such aid ever been revoked or suspended?	34b	
If you answered "Yes" to either 34a or b, please explain using an attached statement.			
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35	

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions.)
 (To be completed ONLY by an eligible organization that filed Form 5768)

N/A

Check a if the organization belongs to an affiliated group. Check b if you checked "a" and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
		N/A	
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38	Total lobbying expenditures (add lines 36 and 37)	38	
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39)	40	
41	Lobbying nontaxable amount. Enter the amount from the following table -		
	If the amount on line 40 is -		
	The lobbying nontaxable amount is -		
	Not over \$500,000	20% of the amount on line 40	
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	
	Over \$17,000,000	\$1,000,000	
41		41	
42	Grassroots nontaxable amount (enter 25% of line 41)	42	
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 11 of the instructions.)

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				N/A (e) Total
	(a) 2005	(b) 2004	(c) 2003	(d) 2002	
45	Lobbying nontaxable amount				0.
46	Lobbying ceiling amount (150% of line 45(e))				0.
47	Total lobbying expenditures				0.
48	Grassroots nontaxable amount				0.
49	Grassroots ceiling amount (150% of line 48(e))				0.
50	Grassroots lobbying expenditures				0.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines c through h.)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (Add lines c through h.)			0.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

Form 990

Other Expenses

Statement 1

Description	(A)	(B)	(C)	(D)
	Total	Program Services	Management and General	Fundraising
Professional Costs	165,296.	14,610.	150,686.	
Advertising	19,768.	8,391.	347.	11,030.
Insurance	79,540.	37,059.	42,481.	
Repairs & Maintenance	77,020.	46,222.	30,673.	125.
Miscellaneous	154,928.	110,530.	38,334.	6,064.
Client Expenses	4,257,568.	4,161,568.	96,000.	
Bad Debt Expense	16,707.		770.	15,937.
Capital Outlay	44,613.	44,613.		
Total to Fm 990, ln 43	4,815,440.	4,422,993.	359,291.	33,156.

Form 990

Statement of Program Service Accomplishments

Statement 2

Description of Program Service One

During the 2005-2006 school year, Community Action provided comprehensive early childhood programs preparing children for educational success in school. The following are some of the outcomes:

* 799 children were served in Head Start, with an average daily attendance rate in classrooms of 92%.

* 558 children received dental screening; 648 children received medical screenings of which: 20 children received

treatment for vision problems; 36 for hearing problems; 41 for asthma; and 19 for anemia.

* 442 families received family services which included: adult education; job training; or emergency services.

	<u>Grants</u>	<u>Expenses</u>
To Form 990, Part III, line a		6,148,866.

Description of Program Service Two

Family & Community Resources: Community Action provided services to alleviate the suffering of poverty. Through a variety of programs, families were assisted in meeting their immediate needs and planning for future self-sufficiency.

* Increased the supply of child care in Washington County by

providing child care division required training.

* 99% of child care providers who participated in Community Action's training reported increased knowledge.

* Introduced early childhood literacy techniques to 53 child

care sites in Washington County.

* 1,540 families were provided assistance finding child care

*558 households received rent assist. to prevent evictions.

* 7,014 households received energy assistance to prevent utility shut off or restore service.

* 52 homeless families were provided emergency shelter, stabilization services and tenant readiness training.

* Advocated for the rights of 404 homeless children to ensure that they received support services for educational success.

* 69 families exited long-term housing stabilization; 75%

entered permanent housing.

* 186 homes were made more energy efficient and/or safer through comprehensive weatherization services.

* 91% of babies born to mothers participating in the

maternity outreach program were born with a healthy birth weight.

* Provided free on-line access to Washington County social service resources via Community Action's website. The site

received 13,881 hits.

* Provided the data needed to respond to 13,237 Washington County calls for social service information and referral via the 211-info initiative.

To Form 990, Part III, line b

Grants	Expenses
_____	_____
=====	=====
	5,995,415.

Form 990

Statement of Program Service Accomplishments

Statement 4

Description of Program Service Three

Partnered with numerous other organizations such as businesses, local governments and non-profits to deliver services that help achieve the overall mission. 27,150 families requested assistance at a variety of sites across

Washington County.

Grants

Expenses

To Form 990, Part III, line c

Form 990 Statement of Program Service Accomplishments Statement 5

Description of Program Service Four

Resource Development: Community Action assumed a leadership role in educating and engaging the community in poverty issues specific to Washington County.

*Educated thousands of community residents about the causes

and consequences of poverty in Washington County.

* Launched the first poverty education website specific to Washington County, that offers daily updates on poverty issues and statistics.

* Placed 779 volunteers into community service throughout agency programs.

Grants

Expenses

To Form 990, Part III, line d

Form 990 Statement of Organization's Primary Exempt Purpose Statement 6
Part III

Explanation

In partnership with the community, Community Action Organization assists low-income people in Washington County to achieve self-determination.

Form 990 Government Securities Statement 7

Description	Cost/FMV	U.S. Government	State and Local Gov't	Total Gov't Securities
US Savings Bond	FMV	350.		350.
Total to Form 990, line 54, Col B		350.		350.

Form 990

Mortgages Payable

Statement 8

Description

Balance Due

Columbia Community Bank

1,509,735.

Total included on Form 990, Part IV, line 64b, Column B

1,509,735.

Form 990

Other Notes and Loans Payable

Statement 9

<u>Lender's Name</u>		<u>Terms of Repayment</u>	
Columbia Community Bank		Mo Interest, Principal by 8/31/06	

<u>Date of Note</u>	<u>Maturity Date</u>	<u>Original Loan Amount</u>	<u>Interest Rate</u>
08/17/04	08/31/06	338,447.	6.00%

<u>Security Provided by Borrower</u>	<u>Purpose of Loan</u>
Building	Pay for Repairs to Facility

Relationship of Lender

Bank

<u>Description of Consideration</u>	<u>FMV of Consideration</u>	<u>Balance Due</u>
	0.	0.

<u>Lender's Name</u>		<u>Terms of Repayment</u>	
Columbia Community Bank			

<u>Date of Note</u>	<u>Maturity Date</u>	<u>Original Loan Amount</u>	<u>Interest Rate</u>
03/15/05	03/15/06	250,000.	5.50%

<u>Security Provided by Borrower</u>	<u>Purpose of Loan</u>
A/R, Inventory, Equipment	Line of Credit

Relationship of Lender

Bank

<u>Description of Consideration</u>	<u>FMV of Consideration</u>	<u>Balance Due</u>
	0.	0.

Total included on Form 990, Part IV, line 64, Column B

Form 990

Part V-A - List of Officers, Directors,
Trustees and Key Employees

Statement 10

Name and Address	Title and Avrg Hrs/Wk	Compen- sation	Employee Ben Plan Expense Contrib Account	
Jerralynn Ness 1001 SW Baseline St. Hillsboro, OR 97123	Executive Director 40.00	99,745.	1,200.	0.
Leslea Smith 1001 SW Baseline St. Hillsboro, OR 97123	Chair 0.00	0.	0.	0.
Kevin Aguirre 1001 SW Baseline St. Hillsboro, OR 97123	Vice Chair 0.00	0.	0.	0.
Leroy Bentley 1001 SW Baseline St. Hillsboro, OR 97123	Treasurer 0.00	0.	0.	0.
Dana Galaxy 1001 SW Baseline St. Hillsboro, OR 97123	Secretary 0.00	0.	0.	0.
Dick Stenson 1001 SW Baseline St. Hillsboro, OR 97123	At-Large 0.00	0.	0.	0.
Ralph Brown 1001 SW Baseline St. Hillsboro, OR 97123	At-Large 0.00	0.	0.	0.
Alfredo Solares-Vega 1001 SW Baseline St. Hillsboro, OR 97123	BOD 0.00	0.	0.	0.
Cathy Stanton 1001 SW Baseline St. Hillsboro, OR 97123	BOD 0.00	0.	0.	0.
Anastasia Mata Hernandez 1001 SW Baseline St. Hillsboro, OR 97123	BOD 0.00	0.	0.	0.
Craig Kinnie 1001 SW Baseline St. Hillsboro, OR 97123	BOD 0.00	0.	0.	0.

David Wu 1001 SW Baseline St. Hillsboro, OR 97123	BOD	0.00	0.	0.	0.
Dick Schouten 1001 SW Baseline St. Hillsboro, OR 97123	BOD	0.00	0.	0.	0.
Doug Nichols 1001 SW Baseline St. Hillsboro, OR 97123	BOD	0.00	0.	0.	0.
Ivan Camacho 1001 SW Baseline St. Hillsboro, OR 97123	BOD	0.00	0.	0.	0.
Glen Scruggs 1001 SW Baseline St. Hillsboro, OR 97123	BOD	0.00	0.	0.	0.
Lou Ogden 1001 SW Baseline St. Hillsboro, OR 97123	BOD	0.00	0.	0.	0.
Rob Drake 1001 SW Baseline St. Hillsboro, OR 97123	BOD	0.00	0.	0.	0.
Ron Sarazin 1001 SW Baseline St. Hillsboro, OR 97123	BOD	0.00	0.	0.	0.
Ryan Deckert 1001 SW Baseline St. Hillsboro, OR 97123	BOD	0.00	0.	0.	0.
Tom Brian 1001 SW Baseline St. Hillsboro, OR 97123	BOD	0.00	0.	0.	0.
Tom Hughes 1001 SW Baseline St. Hillsboro, OR 97123	BOD	0.00	0.	0.	0.
Maria Lopez 1001 SW Baseline St. Hillsboro, OR 97123	BOD	0.00	0.	0.	0.
Wendy Ray 1001 SW Baseline St. Hillsboro, OR 97123	BOD	0.00	0.	0.	0.

Totals Included on Form 990, Part V-A

99,745.

1,200.

0.

Schedule A	Other Income			Statement 11
Description	2004 Amount	2003 Amount	2002 Amount	2001 Amount
Miscellaneous	109,773.	119,997.	38,775.	103,997.
Total to Schedule A, line 22	109,773.	119,997.	38,775.	103,997.

Community Action Organization
Form 990 93-0554941
2005

Part IV Line 57 - Land, Buildings, & Equipment

<u>Asset</u>	<u>Method</u>	<u>Life</u>	<u>Cost</u>	<u>Accum. Deprec.</u>	<u>Deprec. Expense</u>
Land			316,192		
Buildings	S/L	40 YRS	2,623,416	760,169	65,585
Vehicles		7 YRS	78,276	77,344	2,797
Equipment	S/L	3 - 5 YRS	93,363	93,363	3,811
Total			<u>3,111,247</u>	<u>930,876</u>	<u>72,193</u>