# SCANNED OCT 2 6 2016

Form 990

# **Return of Organization Exempt From Income Tax**

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

OMB No: 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

► Do not enter social security numbers on this form as it may be made public.

► Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public

A	For the	2015 cale	ndar year, or tax year beginning	, 2	015, and en	nding			, 20	
В	Check if a	pplicable	C Name of organization OHIO CITIZEN	ACTION				D Employ	er identification n	umber
	Address o	hange	Doing business as						34-1208942	
	Name cha	-	Number and street (or P.O. box if mail is	not delivered to street address	) Roon	n/surte		E Telepho	ne number	
$\overline{\Box}$	Initial retu	·	614 W SUPERIOR AVE			120	n I		216-861-5200	
$\overline{\Box}$		/terminated		and ZIP or foreign postal code		,				<del></del>
$\overline{\Box}$	Amended		CLEVELAND, OH 44113	• •				G Gross re	eceipts \$	895266
Ξ		n pending	F Name and address of principal officer	PACHAFI REL7			H/a) Is this a no		subordinates? Yes	
	гррповно	in pending	614 W SUPERIOR AVE, #1200, CLI						s included?  Yes	_
	Tax-exem	nt status	[	(insert no.) 4947(a)(	1) or 527	7			a list, (see instructio	
<del>-</del>	Website:		W.OHIOCITIZEN.ORG	1 (Insert 110.) 1 4947(a)(	1) 01 1 32		H(c) Group			•
K				0ther ►	I Voes of for			<del></del>		
-	art !			Other P	L Year of for	mation	1976	M State	of legal domicile	ОН
	_	Summ			111					
•		•	escribe the organization's mission					*		
Activities & Governance	1		MENTAL ORG. WE ENGAGE IN DO		CY TO ENG	AGE P	EOPLE IN	CAMPA	IGNS TO	
ja ja			HEALTH AND THE ENVIRONMEN							
Š			is box ▶□ if the organization dis			ed of r	nore than	25,% of	its net assets.	
Ğ	1		of voting members of the governi					3		6
જ			of independent voting members o			1b) .		4		6
itie	5	Fotal nur	nber of individuals employed in c	alendar year 2015 (Part \	/, line 2a)		:	5		196
Ę	6	Total nur	nber of volunteers (estimate if ne	cessary)				6		100
ĕ	7a -	Total unr	elated business revenue from Pa	t VIII, column (C), line 12				7a		0
	1 d	Vet unrel	ated business taxable income fro	m Form 990-T, line 34				7b		0
							Prior Ye	ar	Current Ye	ar
Φ	8 (	Contribut	tions and grants (Part VIII, line 1h	)				769163		781318
Revenue	9 F	rogram	service revenue (Part VIII, line 2g	) , , , , , , ,				86902		113000
	10 [	nvestme	nt income (Part VIII, column (A), I	nes 3, 4, and 7d)				1051		
Œ			enue (Part VIII, column (A), lines					4781		948
	1		enue-add lines 8 through 11 (mus		•	,		861897	·	895266
			nd similar amounts paid (Part IX,					0		0
			paid to or for members (Part IX, o	• •			0			
S	1		other compensation, employee ber					736705		709138
Expenses			nal fundraising fees (Part IX, colu					12896		
per	1		draising expenses (Part IX, colum			73.00 2.50 1.50	Name of the latest	12090	14630	
ŭ	1		penses (Part IX, column (A), lines		1	. <u>1538</u>		178181	THE PERSON NAMED OF THE PERSON NAMED IN THE PE	
		Cotal exp	enses. Add lines 13-17 (must eq	THE PANTED AND	25)	$\vdash$		927782	<del></del>	183679 907447
			less expenses. Subtract line 18-f		) 20, .	-			<u> </u>	
- Se		10101140	less expenses: outstruct line real	2 2016	<del>}} ````</del>	Bea	inning of Cur	-65885	End of Yea	-12181 ar
Assets or Balances	20 7	Intal acc	ets (Part X, line 16)	OCT 0 6 2016	21	508	9 0. 00.	<del></del>	2.1.0 01 1 01	
Ass	21 7		ets (Part X, line 16)	. 0,0	<b>≐</b>   · · ·	-	·	247484		246151
Net 6	21 1	lot appor		maney UT	<u>.</u>			387479	<del></del>	398327
		Cianal	ts or fund balances. Subtract line	21 MOST ME PUI	<del></del>			-139995		-152176
	art II		ure Block							
Un	der penalti e. correct	es of perjui	ry, I declare that I have examined this retui ete. Declaration of preparer (other than offi	n, including accompanying sch	edules and st	tatemen	its, and to the	e best of r	ny knowledge and	belief, it is
		1 2	ON A 10A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	oei) is based on all information	or windinglep	AICI IIA	s arry knowle		<del></del>	
ci.		<u> </u>	ature of officer						<del></del>	
Sig He		Signa			a		Dat	- / -	1.	
пе	re	KI		EXECUTIVE DIA	20070	R		130	14	
		<del>/</del>	or print name and title			12		· · ·		
Pa	id	Print/19	pe preparer's name Pre	eparer's signature		Date		Check [		
Pr	eparer	ļ		· · · · · · · · · · · · · · · · · · ·		L		self-emp	oloyed	
	e Only	1	ame ►			·	Firm	's EIN ▶		
		Firm's a	ddress ►			·	Phor	ne no.		
Ma	y the IRS	discuss	s this return with the preparer sho	wn above? (see instructi	ons)		<u> </u>		🗌 Yes	
For	Paperwo	ork Redu	ction Act Notice, see the separate i	nstructions.	Ca	at No. 1	1282Y		Form 9	90 (2015)

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Form¹99	0 (2015)				Page 2
Part			ce Accomplishments a response or note to any line in this	Part III	
1		e the organization's mi			· · · · · · · · · · · · · · · · · · ·
·	OHIO CITIZEN	ACTION (OCA) IS OHIO'S	LARGEST ENVIRONMENTAL ORG. OCA O PROTECT HEALTH AND THE ENVIRON	IMENT.	
2	prior Form 990	or 990-EZ?	ignificant program services during the y		
3	Did the organ services?		ting, or make significant changes in		
4	Describe the o	tion 501(c)(3) and 501	Schedule O. service accomplishments for each of it (c)(4) organizations are required to repo y, for each program service reported.		
4a	(Code:	) (Expenses \$	596522 including grants of \$	) (Revenue \$	113000)
•••	ENVIRONMENT PUBLIC HEALT	AL: PUBLIC EDUCATIO	N, ORGANIZING, AND LOBBYING ON ENV OXIC CHEMICAL EXPOSURE,AIR POLLU	/IRONMENTAL, ENERGY, AND TION, WATER POLLUTION,	
4b	(Code:	) (Expenses \$	ıncluding grants of \$	) (Revenue \$	)
4c	(Code:	) (Expenses \$	including grants of \$	) (Revenue \$	)
4d	Other program	services (Describe in S	Schedule O.)		
4e	(Expenses \$		g grants of \$ ) (Revenue	e \$ )	

Part	IV Checklist of Required Schedules			Page
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		1
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	1	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	1	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		1
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.	<b>199</b>		
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	<b>√</b>	منتشد.
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		1
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		1
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		1
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		1
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		1
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		1
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		✓
14 a		14a		1
ь	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV			1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV.	14b		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	15		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	16		<b>√</b>
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	17		1
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	18		✓ ✓
	, , , , , , , , , , , , , , , , , , , ,		Ld	<u> </u>

Part.	Checklist of Required Schedules (continued)			
20 -	Did the experientian energies are as more hamital facilities? If "Vas " complete Schedule H	20a	Yes	No
zva b	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<b>-</b>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		1
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1
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		1
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		1
b c	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b		1
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		1
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		1
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		1
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 b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		1
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	29		<b>√</b>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	30	·	1
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		<u>√</u>
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		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		1
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		✓
36	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 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	35b		
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,	36		
38	Part VI	37		✓
<del></del>	19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	38	1	

Form **990** (2015)

<sup>2</sup> art				
	Check if Schedule O contains a response or note to any line in this Part V			. <u> </u>
	5		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Did the organization comply with backup withholding rules for reportable payments to vendors and			
Ŭ	reportable gaming (gambling) winnings to prize winners?	1c	1	-
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			种
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 19	_		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	<b>√</b>	. 58,34
2-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	30	13.5°	<u> </u>
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3a 3b	<del> </del>	-
b 4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	00	<u> </u>	-
Tu	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		✓
b	If "Yes," enter the name of the foreign country: ▶			TIENT.
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			4
	(FBAR).	-200	*	
5a b	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a 5b		1
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<u>*                                   </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			-
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a	1	
þ	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
_	gifts were not tax deductible?	6b	Y-Oh-A	2
7 a	Organizations that may receive deductible contributions under section 170(c).  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	2:15.	تندت
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	-	i
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c	36 0.5	
d	If "Yes," indicate the number of Forms 8282 filed during the year		180	
e f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7e 7f	-	-
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	<u> </u>	<u> </u>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
_	sponsoring organization have excess business holdings at any time during the year?	8	ic total	ر خانالاندم تور
9	Sponsoring organizations maintaining donor advised funds.	9a	580	4
a b	Did the sponsoring organization make any taxable distributions under section 4966?	9b		
10	Section 501(c)(7) organizations. Enter:		M.A.	
а	Initiation fees and capital contributions included on Part VIII, line 12			
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 b	Gross income from members or shareholders	_		
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	1	a ista
ь	If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		2.7	1
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	Take Ave	1.0050
ь	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which			
U	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		<b>V</b>
h	If "Vee " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14b		

Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S	See ins	for a struct	"No" ions.
	Check if Schedule O contains a response or note to any line in this Part VI	<u> </u>	<u> </u>	. 🗸
Secti	on A. Governing Body and Management		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
ь 2	Enter the number of voting members included in line 1a, above, who are independent . Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		<b>√</b>
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3		1
4 5 6 7a	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?  Did the organization become aware during the year of a significant diversion of the organization's assets?.  Did the organization have members or stockholders?	5	<b>✓</b>	<b>√</b>
b	one or more members of the governing body?	7a 7b	1	1
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a b	The governing body?	8a 8b	1	<u> </u>
9 Secti	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	√ ode	<u></u>
00011	on b. 1 onoics (this occupit b requests information about policies not required by the internal riever	100 0	Yes	No
10a b	Did the organization have local chapters, branches, or affiliates?	10a		1
11a	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b	1	├
b 12a b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.  Did the organization have a written conflict of interest policy? If "No," go to line 13		<b>∨</b> ✓	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		
13 14 15	Did the organization have a written whistleblower policy?	13 14	✓ ✓	
a b 16a	The organization's CEO, Executive Director, or top management official	15a 15b	<b>✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓</b>	
b	with a taxable entity during the year?	16a 16b	731.374.33	12.75 52
Secti	on C. Disclosure			
17 18	List the states with which a copy of this Form 990 is required to be filed ► OH, KY  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	n 501(	c)(3)s	only
19	✓ Own website ✓ Another's website ✓ Upon request ☐ Other (explain in Schedule O)  Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of infinancial statements available to the public during the tax year.	erest :	polic	y, and
20	State the name, address, and telephone number of the person who possesses the organization's books and re	cords	: ▶	

Fortn	990	(2015)	

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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.

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization no	r any relate	d org	aniz	atic	n c	ompe	nsa	ted any currer	t officer, directo	r, or trustee.
					C) ution					
(A) Name and Title	(B) Average hours per	box,	unles	neck ss pe	more	e than o	an	(D) Reportable compensation	(E) Reportable compensation from	(F) Estimated amount of
	week (list any hours for related organizations below dotted line)	Individua or direct		a Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) BARBARA WOOD	11				:					
DIRECTOR		/		ļ		<u> </u>		0	0	0
(2) NANCY SULLIVAN DIRECTOR	1	1						0	0	0
(3) ANN KNOTEK	1									
DIRECTOR		1						0	0	0
(4) THOMAS FERGUSON DIRECTOR	11	1						o	0	0
(5) LAURA RENCH	2							<u>~</u>		<del>-</del>
SECRETARY/TREASURER		1		1				0	o	0
(6) ANNE WISE	2				_	<del> </del>		<u>~</u>		<u> </u>
PRESIDENT	***************************************	1		1			}	О	o	0
(7) LYNN SCHEERHORN	32									
FINANCE DIRECTOR				✓				60190	o	0
(8) RACHAEL BELZ EXECUTIVE DIRECTOR	20			1				04044		
(9)				•				31844	0	0
(10)										
N	<b>†</b>								1	
(11)										
(12)										
(13)										
(14)										

Part	VII Section A. Officers, Directors, Trust	ees, Key E	mploy	/ees	s, aı	nd H	lighe	st C	ompensated E	mployees	(continu	ued)	
	(A) Name and title	(B) Average hours per week (list any	box, i	ınles	Pos eck s pe	rson	e than o is both or/trus	an tee)	(D)  Reportable compensation from	(E) Reportation compensation related	n from	(F) Estima amoun othe	ited it of
		hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizati (W-2/1099-N	ons	compens from t organiza and rela organiza	sation the ation ated
(15)													
(16)												7	
(17)													
(18)												<del></del>	<del></del>
(19)													
(20)													
(21)						_							
(22)												<del> </del>	
(23)													
(24)													
(25)												<del> </del>	<del></del>
1b c d	Sub-total	VII, Sectio	n A		•	 	•	<u> </u>	92034				
2	Total (add lines 1b and 1c)	not limited						) w	92034 ho received me	ore than \$1	00,000	) of	
3	Did the organization list any former of employee on line 1a? If "Yes," complete 8							mp	loyee, or high	est compe	nsated	3 Y	es No
4	For any individual listed on line 1a, is the organization and related organizations individual	sum of rep	oortat	ole d	com	per	nsatio						
5	Did any person listed on line 1a receive of for services rendered to the organization?									ation or inc	 dividua	1 5	
Section	on B. Independent Contractors									<u></u>			
1	Complete this table for your five highest compensation from the organization. Repyear.												s tax
	(A) Name and business add	ress							(B) Description of se	ervices		(C) Compensatio	on
N/A													
2	Total number of independent contracto received more than \$100,000 of compensations.							th	ose listed abo	ove) who			

Form **990** (2015)

Part	VIII	Statement of Revenue				_
-	· · · · · · · · · · · · · · · · · · ·	Check if Schedule O contains a response or note t				
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts	1a	Federated campaigns 1a	<b>通源</b> (水流)。			La Company
ts, Grants Amounts	b	Membership dues 1b 733983		中部はいますから	12. <b>26</b> . 13.	
	С	Fundraising events 1c	4 - 4		4. 4. 3.4	
Gifts, ilar Ar	d	Related organizations 1d	流光 点心心			
n in	e	Government grants (contributions) 1e	Tarana and	1年上		1、1000年11
Sir	f	All other contributions, gifts, grants,	Control of the second	1.		
uti Per	'	and station assessment and restricted above.	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	Part Care Sign	, ,,,,	
Contributions, Giff and Other Similar		Noncash contributions included in lines 1a-1f. \$	<b>建筑的</b> 强度。	事業の トルポペパ	The state of the s	· 市场大学
e d	9 h	Total. Add lines 1a-1f	704240		3 7 7	
	!!	Business Code	781318			The state of the same of the s
ž	200					Fitter Cate
ě	2a	CONTRACT SERVICES	113000	113000		
9	b					
ξ	°.					
Se	ď					
ram	e		·	<u> </u>		
Program Service Revenue	1	All other program service revenue .		N-4 2 125'56' 5"	1	 
	<u>g</u>	Total. Add lines 2a–2f ▶	113000	100		
	3	Investment income (including dividends, interest, and other similar amounts)				Į.
		•	0			
	4	Income from investment of tax-exempt bond proceeds	0	<u> </u>		ļ <del> </del>
	5	Royalties	0	1	y (a	4-12-11-11
		(i) Real (ii) Personal		1	جهر عدد المراجع	and the same of th
	6a	Gross rents		* * * * * * * * * * * * * * * * * * * *		
	b	Less: rental expenses	<b>š</b>	] , ,-		
	C	Rental income or (loss)	2g	15. 1. 70. 1	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	
	_d	Net rental income or (loss) ▶				
	7a	Gross amount from sales of (i) Securities (ii) Other				1
		assets other than inventory	1			
	b	Less: cost or other basis	43			
		and sales expenses .		a de la secono	1500 150	
	С	Gain or (loss)	St. Land			1 A 19-03
	d	Net gain or (loss)				
0				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		St. St. W. W. Co.
ב	8a	Gross income from fundraising	British British		70	12.0
946		events (not including \$	The state of the s	Page 1	1. " " " " " " " " " " " " " " " " " " "	1、 新洲(A) 1、 产品(A)
Ě		of contributions reported on line 1c).		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
Other Reve		See Part IV, line 18 a		What is made to	in which is the in	1 m 1 m 2 m 2 m 2 m 2 m 2 m 2 m 2 m 2 m
ö	b	Less: direct expenses b	13. 14. 14 1° 1		25 GEO 27 17 1980	
	C	Net income or (loss) from fundraising events . ▶				
	9a	Gross income from gaming activities.		4 32	2	
		See Part IV, line 19 a	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Character St.	
	b	Less: direct expenses b	- 10	3		
	C	Net income or (loss) from gaming activities ▶				
	10a	Gross sales of inventory, less	The state of the s	The state of the		
		returns and allowances a		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	一类 五	The state of the s
	þ	Less: cost of goods sold b	3 - 1		4	Y Y
	С	Net income or (loss) from sales of inventory >		   # @# ## ## ## ## ## ## ## ## ## ## ## #	*** ** *******************************	
		Miscellaneous Revenue Business Code	10.00			1,3%
	11a	FORGIVENESS OF DEBT	948	948		
	b					ļ
	C.			ļ		
	d	All other revenue		10 A 6 10 1 70 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	িল হিন্দুল <i>য়া নি</i> ন্দুল সং	   द्वाराक्षण प्राप्त स्थापन
	42	Total Add lines 11a-11d	948	THE PARTY NAMED IN		Contract Str. 1
	12	TOTAL LEVERUE. SEE INSTRUCTIONS	1 005200	1 442040	i	1

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).

	Chack it Cahadula O contains a rooman	na ar nata ta anvilin	o in thic Dort IV		1 1
Do no	Check if Schedule O contains a respont include amounts reported on lines 6b, 7b,	(A)		(C)	<u> </u>
	o, and 10b of Part VIII.	Total expenses	(B) Program service expenses	(C) Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		expenses	general expenses	expenses
•	and domestic governments. See Part IV, line 21	o			
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	o			
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. 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	92034	23883	60190	7961
6	Compensation not included above, to disqualified	Í			
	persons (as defined under section 4958(f)(1)) and	ĺ			
_	persons described in section 4958(c)(3)(B)	0	<del></del>		
7	Other salaries and wages	513397	374995	30857	107545
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)	0			
9	Other employee benefits	52577	34637	7908	10032
10	Payroll taxes	51130	33684	7690	9756
11	Fees for services (non-employees):	_			
a	Management	0			
b b	Legal	70 4615	70	0 4615	
ď	Lobbying	4613		4015	
e	Professional fundraising services. See Part IV, line 17	14630			14630
f	Investment management fees	0			
g	Other. (If line 11g amount exceeds 10% of line 25, column				
-	(A) amount, list line 11g expenses on Schedule O.)	o			
12	Advertising and promotion	2665	1999	0	666
13	Office expenses	12271	8083	1847	2341
14	Information technology	9170	6041	1379	1750
15	Royalties	0			
16	Occupancy	45372	29891	6824	8657
17	Travel	39795	31321	126	8348
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	. 0			
19	Conferences, conventions, and meetings	6161	6161	0	
20	Interest	13234	8719	1990	2525
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization .	2051	1351	309	391
23	Insurance	1698	1119	255	324
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				***
а	MEMBERSHIP DUES	500	0	500	
b	BANK CHARGES	16276	10723	2448	3105
c	MEMBERSHIP COMMUNICATION	38631	30909	0	7722
ď	PLEDGE RESERVES	-8830	-7064	0	-1766
е	All other expenses	1100			
25	Total functional expenses. Add lines 1 through 24e	907447	596522	126938	183987
26	Joint costs. Complete this line only if the				
20	organization reported in column (B) joint costs	<b> </b>	ı		
20	from a combined educational compaign and	i	1	I	
20	from a combined educational campaign and fundraising solicitation. Check here   ☐ if following SOP 98-2 (ASC 958-720)				

P	art X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Pa	rt X		🔲
			(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing	10826	1	2552
	2	Savings and temporary cash investments	0	2	C
	3	Pledges and grants receivable, net	198091	3	209032
	4	Accounts receivable, net	32045	-	23525
	5	Loans and other receivables from current and former officers, directors,	No see a service a		
		trustees, key employees, and highest compensated employees.  Complete Part II of Schedule L			
		•	0	5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
sts		organizations (see instructions). Complete Part II of Schedule L	0	6	
Assets	7	Notes and loans receivable, net	0	7	<u> </u>
₹	8	Inventories for sale or use	0	8	0
	9	Prepaid expenses and deferred charges	889	9	3070
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 211640			
	b	Less: accumulated depreciation 10b 206388	3563	10c	5252
	11	Investments—publicly traded securities	0	11	C
	12	Investments—other securities. See Part IV, line 11	0	12	O
	13	Investments—program-related. See Part IV, line 11	0		0
	14	Intangible assets	0		0
	15	Other assets. See Part IV, line 11	2070		2070
	16	Total assets. Add lines 1 through 15 (must equal line 34)	247484		246151
	17	Accounts payable and accrued expenses	128479		121727
	18	Grants payable	0	18	0
	19	Deferred revenue	0	-	1600
	20	Tax-exempt bond liabilities	0		0
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.	0	21	0
Ś	22	Loans and other payables to current and former officers, directors,			
Liabilities		trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			
Lia	23		0	<del> </del>	<u></u>
_	24	Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties	249000		250000
	25	Other liabilities (including federal income tax, payables to related third	10000	24	25000
	25	parties, and other liabilities not included on lines 17-24). Complete Part X			
	]	of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	0		20000
	20	Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and	387479	20	398327
Net Assets or Fund Balances		complete lines 27 through 29, and lines 33 and 34.			
lan	27	Unrestricted net assets	-139995	27	-152176
Ba	28	Temporarily restricted net assets	0	28	O
٦	29	Permanently restricted net assets	0	29	0
Ē		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and			
٥		complete lines 30 through 34.			
ţ	30	Capital stock or trust principal, or current funds	0	30	0
SSe	31	Paid-in or capital surplus, or land, building, or equipment fund	0	31	0
Ä	32	Retained earnings, endowment, accumulated income, or other funds .	0	32	0
Ze	33	Total net assets or fund balances	-139995	33	-152176
_	34	Total liabilities and net assets/fund balances	247484	_	246151

Page	1	2
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COMIN 98	90 (2013)			1 62	90 12
Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u>.</u> .		
1	Total revenue (must equal Part VIII, column (A), line 12)	1		89	95266
2	Total expenses (must equal Part IX, column (A), line 25)	2		90	<u> </u>
3	Revenue less expenses. Subtract line 2 from line 1	3		-1	12181
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		-13	39995
5	Net unrealized gains (losses) on investments	5			0
6	Donated services and use of facilities	6			0
7	Investment expenses	7			0
8	Prior period adjustments	8			0
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10	<u> </u>	-15	52176
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII			<del> ;</del>	<u> </u>
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," ex Schedule O.	plaın	ın	Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compreviewed on a separate basis, consolidated basis, or both:			<b>/</b>	
b	✓ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis  Were the organization's financial statements audited by an independent accountant?				
С	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis  If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for orgonic of the audit, review, or compilation of its financial statements and selection of an independent account the organization changed either its oversight process or selection process during the tax year, ex	ntant	ht ? <b>2c</b>	/	
20	Schedule O.	•		***	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set the Single Audit Act and OMB Circular A-133?		. 3a		✓_
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a				
			For	ո 990	(2015)

### 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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, 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," on 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," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy

Tax) (s	see separate instructions), ti	hen		•	
• Se	ection 501(c)(4), (5), or (6) orga	anizations: Complete Part III.		Employer ider	ntification number
Name	of organization			Employer ide	
	CITIZEN ACTION			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	34-1208942
Part	-A Complete if the	e organization is exempt und	er section 501(	c) or is a section 527 (	organization.
1		the organization's direct and indire			
2	•			• \$	
3	Volunteer hours				
Part	I-B Complete if the	e organization is exempt und	er section 501(	c)(3).	
1		excise tax incurred by the organiza			
2	Enter the amount of any	excise tax incurred by organization	n managers under	section 4955 ▶ \$	
3		ed a section 4955 tax, did it file For			Yes No
4a					Yes No
b	If "Yes," describe in Part	IV.			
Part	I-C Complete if the	e organization is exempt und	er section 501(	c), except section 501	(c)(3).
1	Enter the amount direct	ly expended by the filing organiz	ation for section	527 exempt function	
	activities			▶ \$	
2	Enter the amount of the	filing organization's funds contrib	uted to other org	janizations for section	
		ıvitıes			
3	Total exempt function e	expenditures. Add lines 1 and 2.	. Enter here and	on Form 1120-POL,	
	line 17b			▶ \$	
4	Did the filing organization	n file Form 1120-POL for this year	?		Yes No
5	Enter the names, address	ses and employer identification nur	mber (EIN) of all s	ection 527 political organi	zations to which the filing
	organization made payme	ents. For each organization listed,	enter the amount	paid from the filing organ	ization's funds. Also enter
	the amount of political co	ontributions received that were pro	mptly and directly	delivered to a separate p	olitical organization, such
	as a separate segregated	I fund or a political action committe	ee (PAC). If addition	nal space is needed, prov	ide information in Part IV.
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
	(a) Name	(b) Address	(0) 2	filing organization's	contributions received and
				funds. If none, enter -0-	promptly and directly delivered to a separate
					political organization. If
					none, enter -0-
(1)					
				<u> </u>	
(2)					
(2)	<del> </del>				
(3)					
(4)					
(F)	<del></del>				
(5)			ļ		
(6)					

	Complete if the organization section 501(h)).					
A (	Check ► ☐ if the filing organization below name, address, EIN, expense	ngs to an af	filiated group (an re of excess lobb	d list in Part IV o lying expenditur	each affiliated grores).	oup member's
в	Check ► ☐ if the filing organization chec	ked box A a	and "limited cont	rol" provisions a	apply.	
=	Limits on Lobbyi	ng Expendit	ures	···	(a) Filing	(b) Affiliated
	(The term "expenditures" mea	ns amounts	paid or incurred.)	•	organization's totals	group totals
18	Total lobbying expenditures to influence p	ublic opinion	(grass roots lobby	ing)		
t	Total lobbying expenditures to influence a	legislative bo	dy (direct lobbying	3)		
(	Total lobbying expenditures (add lines 1a					<del></del>
c	d Other exempt purpose expenditures					
e	Total exempt purpose expenditures (add li	nes 1c and 1	d)			
f	Lobbying nontaxable amount. Enter th	e amount fr	om the following	table in both		
	columns.					
	If the amount on line 1e, column (a) or (b) is:	The lobbying	nontaxable amount	is:		
	Not over \$500,000	20% of the am	nount on line 1e.			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus	15% of the excess of	over \$500,000.	20.45	
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus	10% of the excess of	over \$1,000,000.		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus	5% of the excess ov	ver \$1,500,000.		
	Over \$17,000,000	\$1,000,000.				ROAD SHEET
ç	g Grassroots nontaxable amount (enter 25%	of line 1f)				
ŀ	h Subtract line 1g from line 1a. If zero or less	s, enter -0-				
i	Subtract line 1f from line 1c. If zero or less					
j	If there is an amount other than zero o reporting section 4911 tax for this year?		1h or line 1i, did			Yes No
	(Some organizations that made a sect	on 501(h) ele	Period Under sec ection do not have ructions for lines	e to complete all	of the five colum	ns below.
	Lobbying E	xpenditures	During 4-Year Av	eraging Period		
	Calendar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	( <b>d</b> ) 2015	(e) Total
2	a 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))					
1	f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT for each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		1	a)		(b)	
	description of the lobbying activity.					t
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:					
a b	Volunteers?					
c d	Media advertisements?					
e f	Publications, or published or broadcast statements?		<u> </u>			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i	Other activities?	S 8 5 7	1			
j	Total. Add lines 1c through 11		4	A. V. 15974-5	FALLS CT	12 Stor.
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	200 G	013.19			200
b	If "Yes," enter the amount of any tax incurred under section 4912					
c d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	925253		1	grasso.	a Charact
Part		c)(5),	or se	ction	<u>-34 &amp;</u>	3100 170000
	501(c)(6).					
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1	1	ļ
2 3	Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year?			3	<b>-</b> ✓	1
	Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," answered "Yes."				line	3, is
1 2	Dues, assessments and similar amounts from members	ts of				
а	Current year	• •	2a			
b	Carryover from last year	• •	2b			
С 3	Total		2c	<del> </del>		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion excess does the organization agree to carryover to the reasonable estimate of nondeductible lob	of the bying		5		
_	and political expenditure next year?		4	ļ		
5 Par	Taxable amount of lobbying and political expenditures (see instructions)	• •	5	L		
	le the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated g	roup lis	st): Pa	rt II-A.	lines	1 and
	instructions); and Part II-B, line 1. Also, complete this part for any additional information.		,,			
•••••						•••••
			<b></b>			_

Schödule C (Form 990 or 990-EZ) 2015 Pag					
Part IV	Supplemental Information (continued)				
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	· ·				
·					
· <b></b>					
		***************************************			
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### SCHEDULE D (Form 990)

**Supplemental Financial Statements** 

► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Employer identification number Name of the organization 34-1208942 **OHIO CITIZEN ACTION** Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (b) Funds and other accounts (a) Donor advised funds 1 Total number at end of year . . . . . . . . Aggregate value of contributions to (during year) 2 3 Aggregate value of grants from (during year) . Aggregate value at end of year . . . . . 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? . . . . . . . . ☐ Yes ☐ No 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 Conservation Easements. Part II Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). ☐ Preservation of land for public use (e.g., recreation or education) ☐ Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 Held at the End of the Tax Year easement on the last day of the tax year. 2a 2b Number of conservation easements on a certified historic structure included in (a) . . . . Number of conservation easements included in (c) acquired after 8/17/06, and not on a 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► Number of states where property subject to conservation easement is located ▶ 4 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: **b** Assets included in Form 990, Part X . . . . . . . . . . . . . .

Part	III Organizations Maintaining	Coll	ections of	Art, His	torical	reasures	, or O	her Similar A	lssets (con	tinued)
3	Using the organization's acquisition, collection items (check all that apply):		ssion, and of	ther reco	ds, chec	k any of th	ne follo	wing that are a	significant (	use of its
а	☐ Public exhibition			А	∏ Loan	or exchan	ae proa	rams		
b	Scholarly research			e	☐ Othe					
	Preservation for future generations			•						
4	Provide a description of the organiza	o tion's	collections	and expla	ain how t	hev further	the or	anization's ex	empt purpos	e in Part
•	XIII.		001100110110	and onpo				<b>,.</b>		
5	During the year, did the organization	solic	it or receive	donation	s of art,	historical t	reasure	s, or other sim	ıılar	
	assets to be sold to raise funds rather									. □ No
Part	IV Escrow and Custodial Arra	ange	ments.							
	Complete if the organization	ans	wered "Yes	on For	m 990, I	Part IV, lin	e 9, or	reported an a	amount on I	⁻orm
	990, Part X, line 21.									
1a	Is the organization an agent, trustee									
_	included on Form 990, Part X?								· L Yes	; ∐ No
b	If "Yes," explain the arrangement in P	art XI	ll and compl	ete the fo	llowing t	able:			Amount	
_	December hater a						4		Amount	
ب C	Beginning balance						10		·	
	Additions during the year						10	<del></del>	<del></del>	
e f	Distributions during the year						16			
2a	Ending balance								ty2 T Vos	- No
	If "Yes," explain the arrangement in P									
	V Endowment Funds.	αιιχι	II. OHOOK HEI	e ii die ez	Apianatio	ii iias bcoi	provid	co on rait xiii	· · · ·	
	Complete if the organization	ans	wered "Yes	on For	m 990. i	Part IV. lin	e 10.			
			Current year		or year	(c) Two year		(d) Three years ba	ick (e) Four y	ears back
1a	Beginning of year balance	· · · · ·		1					-	
b	Contributions									
C	Net investment earnings, gains, and									
	losses									
d	Grants or scholarships	Ĺ								
е	Other expenditures for facilities and									
	programs	ļ								
f	Administrative expenses	<u></u>		<u> </u>						
9	End of year balance	L		<u> </u>	- /l 1-		a)\ h a lal			
2 a	Provide the estimated percentage of a Board designated or quasi-endowme		•		e (ime 1g	, column (a	a)) neid	as:		
b	Permanent endowment	► %		%						
C	Temporarily restricted endowment		%							
•	The percentages on lines 2a, 2b, and			00%						
3a	Are there endowment funds not in th				zation the	at are held	and ac	lministered for	the	
	organization by:	•		Ŭ					_	es No
	(i) unrelated organizations								. 3a(i)	
	(ii) related organizations								. 3a(ii)	
b	If "Yes" on line 3a(II), are the related of						٠		. 3b	
4	Describe in Part XIII the intended uses			on's endo	wment f	unds.				
Part					000	D 1012		o =		45
	Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.									
	Description of property		(a) Cost or of			or other basis other)		Accumulated epreciation	(d) Book	/alue
1a	Land		(			- •	İ			
b	Buildings	•			<b></b>	<del></del>				
c	Leasehold improvements			15329			<del> </del>	15130		199
d	Equipment			143568	<del></del>	<del></del>		138515	<del></del>	5053
е	Other			52743				52743		0
Total.	Add lines 1a through 1e. (Column (d) r	nust e	equal Form 9		K, columr	n (B), line 1	0c.) .			5252

Part VII	Investments—Other Securities.	101 " "	000 D-41/ E-	- 11k O F (	200 Dart V line 10
	Complete if the organization ansv	vered "Yes" on For		T	
	(a) Description of security or category (including name of security)		(b) Book value		od of valuation. f-year market value
(1) Financial					
• •	neld equity interests				<del></del>
(3) Other					
(A)				ļ	J
(B)					
(C) (D)				<del> </del>	
(E)					
(F)					
(G)					
(H)			· · · · · · · · · · · · · · · · · · ·		
	b) must equal Form 990, Part X, col. (B) line 12.) ▶				
Part VIII	Investments – Program Related			(MA) CONTRACTOR	The second secon
	Complete if the organization answ		m 990, Part IV, lin	e 11c. See Form 9	990, Part X, line 13.
	(a) Description of investment		(b) Book value	(c) Metho	od of valuation f-year market value
<u>(1)</u>				0001 01 010 0	- your market value
(2)	<del></del>		<del></del>		<del></del>
(3)					
(4)					
(5)					
(6)					
(7)		· · · · · · · · · · · · · · · · · · ·			
(8)					
(9)	15 000 D 17 1 (D) (1 10 )				SECONDARY PROPERTY OF SELECTION
Part IX	o) must equal Form 990, Part X, col (B) line 13)  Other Assets.				
Partix	Complete if the organization answ	vered "Vec" on For	m 990 Part IV lin	e 11d See Form (	200 Part Y line 15
	<del></del>	Description	111 000,1 211 14, 1111	0 110.000101111	(b) Book value
(1)					
(2)		<del> </del>	<del></del>		<del></del>
(3)				_	
(4)					
(5)					
(6)					
(8)			<u></u> .		
(9)	mn (b) must equal Form 990, Part X, co	1 (0) 11 15)	· · · · · · · · · · · · · · · · · · ·		······································
Part X	Other Liabilities.	n. (b) iirie 15.)	· · · · · · ·	· · · · • •	
I alt A	Complete if the organization answ	vered "Vec" on For	m 000 Part IV lin	o 11o or 11f See	Form 000 Part Y
	line 25.	vered les offroi	111 990, Fait IV, III	e i le oi i ii. occ	i Oilli 990, Part A,
1.	(a) Description of liability	(b) Book value			
(1) Federal in					
(2)		<del> </del>			
(3)				100	
(4)					
(5)					
(6)					
(7)					
(8)					
(9) Tatal (0.1	0	· · · · · · · · · · · · · · · · · · ·			
	b) must equal Form 990, Part X, col. (B) line 25.) ▶				
z. Liability for	uncertain tax positions. In Part XIII, provid	de the text of the footh	ote to the organization	n's tinancial statemen	ts that reports the

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Dogo	4
Page	•

Part				Retu	rn.
	Complete if the organization answered "Yes" on Form 990, I			<del></del> -	
1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
C	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	İ		76 E	······································
a	Investment expenses not included on Form 990, Part VIII, line 7b	42			
b	Other (Describe in Part XIII.)				
-	Add lines 4a and 4b		<u> </u>	4c	
С 5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			5	
				_	turn
Part				ne.	turri.
	Complete if the organization answered "Yes" on Form 990, I			4	
1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	ا م	1		
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
C	Other losses	2c		3.7	
d	Other (Describe in Part XIII.)		<u> </u>	44,547	
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1	; •		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)			<b>20.</b>	
C	Add lines 4a and 4b			4c	
_ 5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin	ie 18.)	· · · · · · ·	5	
	XIII Supplemental Information.				
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and				
2; Par	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	to pro	ovide any additional in	forma	tion.
	***************************************				
					· • • • • • • • • • • • • • • • • • • •
			••••		· • • • • • • • • • • • • • • • • • • •
		•••••			

Chedule D (Form 990) 2015 Page <b>5</b>						
Supplemental Information (continued)						
•••••••••••••••••••••••••••••••••••••••						
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### SCHEDULE G (Form 990 or 990-EZ)

### Supplemental Information Regarding Fundralsing or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Name of the organization				Employer identifica	Employer identification number	
OHIO CITIZEN ACTION					34-1208942	
Part I Fundraising Activitie	s. Complete if the	ne organiza	ation ansv	vered "Yes" on Fo	orm 990, Part IV, I	ne 17.
Form 990-EZ filers are						
1 Indicate whether the organiza	ation raised funds	through any				
a  Mail solicitations		e [		ion of non-governm		
<b>b</b> 🗹 Internet and email solicita	tions	f [		ion of government (	grants	
c Phone solicitations		g L	] Special	fundraising events		
d In-person solicitations						
2a Did the organization have a v	written or oral agre	ement with	any indivi	dual (including offic	ers, directors, trusti	
or key employees listed in Fo						✓ Yes ☐ No
b If "Yes," list the ten highest p compensated at least \$5,000			uraisers) p	ursuant to agreeme	ints under which the	; fullulaiser is to be
compensated at least 40,000	by the organization	/I I.				
		1		1	(v) Amount paid to	A.S. Amount and to
(i) Name and address of individual	(ii) Activity	(iii) Did fun custody o	draiser have r control of	(iv) Gross receipts from activity	(or retained by) fundraiser listed in	<ul><li>(vi) Amount paid to (or retained by)</li></ul>
or entity (fundraiser)		contrib	outions?	I wom activity	col. (i)	organization
		Yes	No			
1			,	1		
HUDSON BAY CO OF MN	door to door,		<b>√</b>	733983	14630	719353
2	ŀ					
	mail, phone		ļ. <u></u>			
3						
4						
		-		1		
5						
6		<del></del>		<del>                                     </del>		
· ·			İ			
7			· · · · · · · · · · · · · · · · · · ·			
8						
9						
10						
		1	ļ			
Total					4.488	740050
Total	ranjantion is ragio	stored or lie	onsod to s	733983	or has been notifie	d it is exempt from
registration or licensing.	rganization is regis	stered or its	ensed to s	solicit contributions	or has been notine	G it is exempt from
OH KY MAY						
011, 111, 141					v=====================================	

Pa	art II	Fundraising Events. Con than \$15,000 of fundraising gross receipts greater tha	ng event contributions	on answered "Yes" on and gross income on	Form 990, Part IV, lin Form 990-EZ, lines 1	e 18, or reported more and 6b. List events with
		0	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
ine	<u> </u>		(272 7)27	(2.22.4,7.4)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Revenue	1	Gross receipts				
ш	2	Less: Contributions Gross income (line 1 minus line 2)				
	4	Cash prizes				
	5	Noncash prizes				
ses	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
Direct	8	Entertainment				
	9	Other direct expenses .				
	10	Direct expense summary. Ad	Id lines 4 through 9 in o	column (d)		
Pa	11 	Net income summary. Subtra Gaming. Complete if the	organization answe	red "Yes" on Form 99	00, Part IV, line 19, or	r reported more
		than \$15,000 on Form 9				·
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
- Rev	1	Gross revenue				
ses	2	Cash prizes		-		
ect Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
_	5	Other direct expenses .				
	6	Volunteer labor	☐ Yes % ☐ No	☐ Yes% ☐ No	☐ Yes% ☐ No	
	7	Direct expense summary. Ac	ld lines 2 through 5 in c	column (d)		
	8	Net gaming income summar	y. Subtract line 7 from l	line 1, column (d)		
9	a Is	nter the state(s) in which the or the organization licensed to co "No," explain:	onduct gaming activitie			🗌 Yes 🗌 No
10		ere any of the organization's g	-	d, suspended or termina	•	

Schedul	e G (Form 990 or 990-EZ) 2015 Page 3
11 12	Does the organization conduct gaming activities with nonmembers?
13	Indicate the percentage of gaming activity conducted in:
а	The organization's facility
b	An outside facility
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:
	Name ▶
	Address►
	Does the organization have a contract with a third party from whom the organization receives gaming revenue?
	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ If "Yes," enter name and address of the third party.
J	Name ►
	Address►
16	Gaming manager information:
	Name ►
	Gaming manager compensation ▶ \$
	Description of services provided ►
	□ Director/officer □ Employee □ Independent contractor
17 a	Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$
Part	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).
PART	I, LINE 2B, COLUMN I:
	ON BAY COMPANY
11032	VERA CRUZ AVE N
CHAM	IPLAIN, MN 55316

### SCHEDULE O (Form 990 or 990-EZ)

### Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047
2015
Open to Public

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

Employer identification number

Name of the organization	Employer identification number
OHIO CITIZEN ACTION	34-1208942
Part VI, Section A, line 6, 7a:	
Ohio Citizen Action is a membership organization. When people join the organization they are given v	ritten information
on how to obtain proxies for voting for board members.	
The Board of Directors has two catagories of members; those elected by the organization's members,	which must
constitute the majority of the board, and those elected by other board members.	
The Board has the decision making authority of the organization.	
Part VI, Section A, line 9:	
Barbara Wood, 1428 Wayland Dr, Columbus, OH 43207	
Nancy Sullivan, 534 Enright Ave, Enright Ridge Urban Ecovillage, Cinci, OH 45205	
Anne Wise, 1200 West 76th St, Apt 406, Cleveland, OH 44102	
Laura Rench, 8280 W Third St, Lebanon, OH 453345	
Ann Marie Knotek, 3305 Bader Ave, Cleveland, OH 44109	
Thomas Ferguson, 3006 Wicklow Rd, Columbus, OH 43204	
Part VI, Section B, line 11b:	
Policy for Board distribution and review of IRS form 990:	
The Financial Director shall prepare the annual IRS Form 990. Upon its completion, the Financial Director	ctor shall review the form 990
with the Executive Director. Once reviewed and approved by the Executive Director, the Financial Director.	ector shall then distribute
a copy of the IRS form 990 to each member of the Board Audit Committee for review. The Audit Comm	nittee shall meet and
document their approval or further questions by way of committee minutes. The Audit Committee ma	y meet in person or by phone.
Upon approval of the Board Audit Committee, the Financial Director shall distribute to the full Board a	copy of the IRS form 990
for their review. The Form 990 shall not be filed with the IRS until the full Board has had an opportunit	

Schedule O (Form 990 or 990-EZ) (2015)	Page 2
Name of the organization	Employer identification number
OHIO CITIZEN ACTION	34-1208942
Part VI, Section B, line 12c:	
Process for monitoring and complying with conflict of interest policy.	
Annually, board members, officers, and key employees are required to review the conflict of interest polic	y, and to sign a document
affirming that they have read and understand the policy. They must indicate if any conflict of interest exis	ts, and fully describe
such conflict. They are also required to promptly bring to the Board's attention any conflict of interest tha	t may arise in the future.
Part VI, Section B, Line 15a, 15b:	
Process for determining compensation of key employees.	
When filling an open position of a key employee, such as the Executive Director, Finance Director, Organi	zing Director, or other
management level position, a review will be done using comparative data of equal positions within compa	rable organizations.
Experience and seniority will be a factor of consideration. Independent opinions will be sought, whenever	possible, to
substantiate the decision. The current policy regarding compensation increases is to provide a salary inc	rease on April 1 of each
year, in the amount of 3% or a minimum of \$1000, provided the budget allows. Exceptions may be made to	this policy based on
exceptional merit, but within the comparative norm. The Board President approves the annual increase fo	r the Executive Director.
Comparative data is obtained from interviews with other non-profit organizations, as well as publications t	that gather such information.
Part Vi, Section B, line 19.	
Process for making certain OCA documents available to the public.	
As noted previously, the IRS Form 990 is made public upon request, on our web site, and through Guidest	ar, another website.
Other documents are available upon request, including annual financial statements, articles of incorporati	on, by-laws, and
conflict of interest policy.	
	•••••••••••••