# Form **990**

# Return of Organization Exempt From Income Tax

20**09** 

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

Open to Public

		of the Treasury enue Service The organization may have to use a copy of this return t	to satisfy sta	ite reporting requ	urements	Inspection
A	For th	he 2009 calendar year, or tax year beginning $$	009, and en	ding $D \in C$	31	, 200 9
В :	Cneck if		action	J		er identification number
		ss change label or Doing Business As	<u> </u>		34	1208942
	Name c			n/suite 1 2 0 0		one number
	Initial re	eturn Soe Q14 W. Superior Ave.		1200	(216)	861-5200
	Termina	ated instruc- City or town, state or country, and ZiP + 4				1 542 140
	Amende	led return	0000-01	ا میا	G Gross re	
الما	Application	ion pending   A	periorf	11101 10000		for affiliates? Yes No
_	Tay ay	Alexandra Buchanan, Creveland xempt status \$\overline{\mathcal{H}}\$\sqrt{501(c)}(4) \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	2 ,OH 77			ncluded? LYes LNo
<del>-</del>	Websi				o, attach a exemption nur	list (see instructions)
			L Year of form			legal domicile Ohio
****						<u> </u>
PARIDA	1	Briefly describe the organization's mission or most significant acti	ivities: Ok	nio Citize	en Ad	ion is the state
	10	argest environmental organization, wi	ith 80.	000 men	nbers	The organizat
nce	1 6	enotages in door -to-door democracy, w	orkino	I WITH N	eighk	pors of
rna	l e	aluting facilities to win campaigns	That i	protea r	lealth	and the enviro
Governance	2 (	Check this box ► ☐ if the organization discontinued its operations or disposed of	of more than 2	25% of its net asse	ts	o
	3 1	Number of voting members of the governing body (Part VI, line 1a	a)		3	0
Activities &	ſ	Number of independent voting members of the governing body (F	Part VI, line	1b)	. 4	1/5
žį.	,	Total number of employees (Part V, line 2a)			. 5	665
¥	1	Total number of volunteers (estimate if necessary)			7a	16
		Total gross unrelated business revenue from Part VIII, column (C), Net unrelated business taxable income from Four 990 T. Inc. 34.		•	. 7b	
		RECEIVED	)	Prior Ye		Current Year
	8 (	Contributions and grants (Part VIII, line 1h)	၂ပ္က	1.361,	185	1,395,905
nue	9	Program service revenue (Part VIII, line 2010	OS	64,1	04	121,350
Revenue	10	Investment income (Part VIII, column (Al, lines 3, 4, and 7d)	. 60		32	19
Œ	11 1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and	11100 .	. 36,6		24,872
	<del> </del>	Total revenue—add lines 8 through 11 (must equal rank) Fedural T		1,474,	017	1,542,146
	1	Grants and similar amounts paid (Part IX, column (A), lines 1-3).		· <del></del>	-	
Š		Benefits paid to or for members (Part IX, column (A), line 4) .		1 115	275	1.218,014
Expenses	1	Salaries, other compensation, employee benefits (Part IX, column (A), I	lines 5–10)	45	349	48,362
X pe	1	Professional fundraising fees (Part IX, column (A), line 11e)			129 35 0	TEMPERATE CONTENT
ш	1	Total fundraising expenses (Part IX, column (D), line 25) ►	• • • • • • • • • • • • • • • • • • • •	307 4	586	274 233
		Total expenses. Add lines 13–17 (must equal Part IX, column (A),	line 25).	1.468,	810	1.540,609
	19_	Revenue less expenses Subtract line 18 from line 12		5	<i>207</i>	15 37
ets or Jances				Beginning of Ci	rrent Year	End of Year
Assets I Balan	20	Total assets (Part X, line 16)		231,4	56	262,951
	21	Total liabilities (Part X, line 26)		3581	337	387, 995
	_	Net assets or fund balances Subtract line 21 from line 20.		K 126,	الأ اه د	4142104A)
F	irt III	Signature Block Under penalties of penury, I declare that I have examined this return, including acci-	ompanyno so	hedules and staten	nents and to	the best of my knowledge
		and belief, it is true, correct, and complete Declaration of preparer (other than off	ficer) is based	on all information	of which pre	eparer has any knowledge
Siç	מד	Alux C Break		J	9/21/	//>
He	-	Signature of officer		Date	•	
		· Alexandra Buchanan, Exe	cutiv	e Dire	e cto	~
		Type or print name and title				
_		Preparers	Date	Check if self-	Preparer's id	dentifying number
Pai	d	signature		employed ▶ □	face wighting!	эонэ)
	parer's	s				
	Only	if self-employed),		EIN	<u> </u>	
		address, and ZIP + 4	ruotiono)	Phone n	<b>→</b> (	)
IVI	iv ine	: IRS discuss this return with the preparer shown above? (see instr	1 40110113)			∐ Yes No

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

No 11282Y Form 990 (2009)

Рa	Statement of Program Service Accomplishments
1	Briefly describe the organization's mission: Ohio Citizen Action is the state's largest environmental organization
	with 80,000 members. The pragnization engages in door-to-door
	with 80,000 members. The organization engages in door-to-door democracy, working with neighbors of polluting facilities to win campaigns that protect public health and the environment.
	campaigns that protect public health and the environment.
2	Did the organization undertake any significant program services during the year which were not listed on
_	the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
	If "Yes," describe these changes on Schedule O.
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and
	allocations to others, the total expenses, and revenue, if any, for each program service reported.
	10-0 5117
4a	(Code ) (Expenses \$ 1,003,547 including grants of \$ ) (Revenue \$ \omega1,350)  ENVIRON MENTAL: Public education, organizing,
	ENVIRONMENTAL: FUBIL COUCATION, OVAANIZING,
	and lobbying on environmental, energy and public health issues including toxic chemical exposure, air pollution, coal mining and
	Public health 1550es Individing FORTE Chemical
	exposore, all pollotion, coal rhining and
	nuclear safety.
	······································
4h	(Code: ) (Expenses \$ 12,568 including grants of \$ ) (Revenue \$ )
	CAMPAIGN FINANCE: Support for Campaign Finance reform efforts, Public access to information and issues related to election
	finance reform efforts, Public access to
	information and issues rolated to election
	procedures.
	•••••••••••••••••••••••••••••••••••••••
4c	(Code:) (Expenses \$including grants of \$) (Revenue \$)
	Other program consides (Describe in Schedule O.)
40	Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$)
4e	Total program service expenses ► 1, 0   6, 115

Pa	Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		
2	Is the organization required to complete Schedule B, Schedule of Contributors?.	2	1	ļ
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		V
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	$\mathcal{N}$	IA
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		~
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		L
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		V
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		<u></u>
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		V
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		L
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable	11	<b>V</b>	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10° If "Yes," complete Schedule D, Part VI.			
•	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	ائر ا الا	- ' ' ' ' '	1
•	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII			
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX			
•	Did the organization report an amount for other liabilities in Part X, line 25° If "Yes," complete Schedule D, Part X  Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48° If "Yes," complete Schedule D, Part X			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	12	~	* 1
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?  If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13 14a	The title englishment that the title english e	13 14a	$\Rightarrow$	V V
b	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		<u>~</u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II.	15	_	<u></u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16	_	$\nu$
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	17	-	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	_	レ
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?  If "Yes," complete Schedule G, Part III.	19	$\dashv$	V
20	Did the organization operate one or more hospitals? If "Yes." complete Schedule H	20		<u>~</u>

Pá	t IV. Checklist of Required Schedules (continued)			
_			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		/
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 27 if "Yes," complete Schedule I, Parts I and III	22		~
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		V
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		V
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .	24b		V
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		رز
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		<u>را</u> ا
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		·/
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II.	26		<i>i</i> /
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		V
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).		10 (12) 10 (12) 10 (12)	
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		<u> </u>
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		L
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	30		_i_
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.	31		i/
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		i/
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		<i>i</i> /
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		V
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		~
<b>3</b> 6	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	N	IA
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		V
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note</b> . All Form 990 filers are required to complete Schedule O	38	~	

œ	Statements Regarding Other IRS Filings and Tax Compliance			_
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of US Information Returns Enter -0- if not applicable	. *	<b>}</b>	2 (7)
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable .	l. :	.	
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	-/·	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		4.	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	/	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	,		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	- <u>1</u>	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	$\mathcal{N}$	IA
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		V
b	If "Yes," enter the name of the foreign country ▶	(1 1 A.E.	Pay .	प्रकार्यः इ.स.च्या
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			·
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		<u></u>
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		~
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c	N	1A
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a	<u></u>	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	レ	
7	Organizations that may receive deductible contributions under section 170(c).		<sup>및</sup> 기	`⊕`- C.a
а	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	$\mathcal{N}$	IA
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	$\sim$	A
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	$\mathcal{N}_{\ell}$	M
	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	Ž/	A
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f 7g	N/A	A
g h	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	/g	/ <u>/</u>	<u></u>
	required?	7h	<b>/</b> V	IA
8	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	N	M
9	Sponsoring organizations maintaining donor advised funds.	) ', d		
	Did the organization make any taxable distributions under section 4966?	9a	<u> </u>	H
þ	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	N	4
0	Section 501(c)(7) organizations. Enter	-		
	Initiation fees and capital contributions included on Part VIII, line 12.  Gross receipts, included on Form 900, Part VIII, line 12 for public use of club facilities.	- 1	1	٠
	Closs receipts, included on Form 990, Fart vin, line 12, for public use of club facilities	- 1	١. ١	
i1 a	Section 501(c)(12) organizations. Enter.  Gross income from members or shareholders			. 5 '
	Gross income from other sources (Do not net amounts due or paid to other sources against	• ]	`	
	amounts due or received from them)	12a	1	14
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  If "Yes" enter the amount of tax-exempt interest received or accrued during the year.	_128	10	//!

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions

Sec	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body			
b	Enter the number of voting members that are independent		<u>}</u> ,	-
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		1
3	Did the organization delegate control over management duties customarily performed by or under the direct		ĺ	
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		1
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		V
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5	<u></u>	~
6	Does the organization have members or stockholders?	6	V	
<b>7</b> a	Does the organization have members, stockholders, or other persons who may elect one or more members	1	V	}
	of the governing body?	7a		L
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	, [.]	;	125
	the year by the following:	_		
а	The governing body?	8a	-	
_	Each committee with authority to act on behalf of the governing body?	8b		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached		اررا	
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.	9a		
	tion B. Policies (This Section B requests information about policies not required by the Intenue Code.)	emai		
160	enac dode.)		Yes	No.
		10a	res	No
	Does the organization have local chapters, branches, or affiliates?	100		
D	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,	10b	NI	'A
	affiliates, and branches to ensure their operations are consistent with those of the organization?	105		<del>'-</del> -
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	V	
110	Describe in Schedule O the process, if any, used by the organization to review this Form 990	水源	Care of	
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	1	1172-3
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
_	rise to conflicts?	12b		
_	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"		./	
C	describe in Schedule O how this is done	12c		
13	Does the organization have a written whistleblower policy?	13	V	
14	Does the organization have a written document retention and destruction policy?	14	レ	
15	Did the process for determining compensation of the following persons include a review and approval by	2 1		
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	الْمُ الْمُرْدُدُ اللَّهِ الللَّالِي اللللَّالِي الللَّالِي اللللَّالِي اللَّهِ اللَّهِ اللَّهِ اللَّهِ ال	1	A II
а	The organization's CEO, Executive Director, or top management official	15a	V	
b	Other officers or key employees of the organization	15b	~	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)	}	? :-}	#1 pa - United A
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			اد ا استنسا
	with a taxable entity during the year?	16a		
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate	1	1	
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard		7 2	~ <i>;</i>
<del></del>	the organization's exempt status with respect to such arrangements?	16b	<u>///</u>	
	tion C. Disclosure	V V		
17	List the states with which a copy of this Form 990 is required to be filed • OHIO, KENTUC			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(o	;)(3)s c	only)	
	available for public inspection. Indicate how you make these available Check all that apply			
40	Own website Another's website Upon request	nf		
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict	oi inte	erest	
20	policy, and financial statements available to the public.	rde et	+h -	
20	State the name, physical address, and telephone number of the person who possesses the books and recoorganization. > Lynn Scheerhorn Finance Director, Ohio Citizer		the	00
				-ر

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

### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees. See instructions for definition of "key employee"

Charly this have 4 the agreement and did not component any ourrest officer director or trustee

- 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 the organization did not co	mpensate	any	curr	<u>ent</u>	off	cer, c	lirec	tor, or trustee		
(A)	(B)	1		(6	C)			(D)	(E)	(F)
Name and Title	Average	Posit	Position (check all that apply)				Reportable	Reportable	Estimated	
	hours per week	오등	ins	S.	Ke	EM F	Former	compensation from	compensation from related	amount of other
	WEEK	dre	nstitutional	Officer	Key employee	phe	me	the	organizations	compensation
		cto	ğ		ᆵ	st c	-	organization	(W-2/1099-MISC)	from the
		7 =	al t		oye	e e		(W-2/1099-MISC)		organization and related
		Individual trustee or director	trustee		٥	pen		į	}	organizations
		[ "	99			Highest compensated employee				
Jennifer Cooper										
•	/	/						-6-	-0-	-0-
Mary Johnson	1				-			-6-	-0-	-0-
<b>~</b> .		V				ļ				
Marie Kocoshis	- 1	. ,						-0-	-0-	-0-
		V	<u> </u>		_	<del> </del>	<u> </u>			
Laurie Perin	/	V/						-0-	-0-	- 0 -
	<del>'</del> -	-	-		-	├		ļ		
Laura Rench	/	V					'	-0-	-0-	
72 - 1	<u> </u>	ļ <u>-</u>		<u> </u>		<del> </del> -			<del></del>	
Barbara Wood	/	V					Ì	-0-	-0-	-0-
Caroline, Beidler		-								
Sparp to rul Transucer	2	~	]	V	l			-0-	-0-	-0 -
Secretary/Treasurer Ellis Jacobs							-		<u> </u>	
President	2	V	1	سة	ľ			-0-	-0-	-0 -
Alexandra Bychanan										- 0 -
Executive Director	20	ļ		V				25.419	-0-	- 0 -
Junn Scheecharn		$\vdash$			ļ —			-		
Lynn Scheerhorn Finance Director	40			<b>'</b>				54393	-0-	-0-
FINANCE DITECTOR			<del> </del>			t —		- 1,0 10	<del></del>	
						ļ				
							_			
		<u> </u>	<u> </u>	ļ	ļ	<del> </del>				
		<u> </u>			_	ļ.—	-			
					l					
						1		<u> </u>	l	

Pa	rt VII Section A. Officers, Directors, Tru	ustees, Ke	y Emp	oloy	ees	, an	d Hig	hes			s (continued)
	(A)	(B)	l			C)			(D)	(E)	(F)
	Name and title	Average hours per week	Individual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensatic from related organization (W-2/1099-MI	on amount of d other compensation
			<u> </u>	_	-	-		-			<del>-  </del>
							•				
					$\vdash$						
_						_				<del></del>	
						· ;				!	
											<del> </del>
					_						
						_					
									-		
									!		
	Total							•	79 812	-0-	-0-
2	Total	not limited	to the	ose	liste	ed a					
	reportable compensation from the organiza		0						·		
3	Did the organization list any former office employee on line 1a? If "Yes," complete S	r, director	or tru	ıste	e, k ındı	ey vidu	emplo	oyee	e, or highest c	ompensated	Yes No
4	For any individual listed on line 1a, is the sthe organization and related organizations individual	um of repo greater tha	ortabl n \$15	e co 50,0	00ა owb	ens If "	ation Yes,"	and	d other compe nplete Schedu	nsation from le J for such	4
5	Did any person listed on line 1a receive services rendered to the organization? If "	or accrue	comp	ens	satio	on f	rom a	any	unrelated org	anızatıon for	
Se	ction B. Independent Contractors	res, comp	nete c	) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (		16 0	101 3	0011	person		5 -
1	Complete this table for your five highest co	mpensate	d inde	epe	nde	nt c	ontra	cto	rs that receive	d more than	\$100,000 of
	compensation from the organization									<del></del>	
	(A) Name and business add	ress							(B) Description of s	ervices	(C) Compensation
	N/4										
								-			
_											
_								L			
2	Total number of independent contractors (in more than \$100,000 in compensation from	ncluding but the organ	ut not izatio	lım n ►	ited	tot	those	liste	ed above) who	received   ^	•

Pa	rt V	III Statement of R	evenue			-			
184	24		,	_		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513 or 514
Contributions, gifts, grants	f f	a Federated campaigns b Membership dues c Fundraising events d Related organizations d Government grants (cont All other contributions, gifts, and similar amounts not incl Noncash contributions includ Total. Add lines 1a~1f	grants, uded above	1a 1b 1c 1d 1e 1f	20,606	1,395,905			
Program Service Revenue	1	contract s		25	Business Code	121,350	121,350		
Program	f g	All other program servi Total. Add lines 2a-2f		. [	<b>&gt;</b>	121,350	- ' ' -		
	3 4 5	Investment income (including dividend other similar amounts) Income from investment of tax-exempt bor Royalties			. ▶	/9			19
	b	Gross Rents Less rental expenses Rental income or (loss) Net rental income or (lo	(i) Real		(ii) Personal				
		Gross amount from sales of assets other than inventory	(i) Securities	,	(ii) Other				
	c	Less. cost or other basis and sales expenses Gain or (loss) Net gain or (loss)			<b>&gt;</b>				
. Revenue	8a	Gross income from events (not including \$ of contributions reported See Part IV, line 18	fundraising d on line 1c		13,622				
Other R		Less. direct expenses Net income or (loss) fro	m fundraísi	ьĹ	5593	8029	, e	19 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	8029
	ь	Gross income from gam See Part IV, line 19 Less direct expenses Net income or (loss) fro		a b	iles ►				
	ь	Gross sales of inverteums and allowances Less cost of goods sol Net income or (loss) from Miscellaneous Reve	d n sales of inv	a b		<del>〈778〉</del>			<u> </u>
	11a b c	Forgiveness of Lawsuit sett	f Debi	F.	Business Code 90009 9 9000 99	4621 13,000	13,000		
	1	All other revenue . Total. Add lines 11a-11 Total revenue. See ins				17.621	138,971		7270

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must complete co	lumn (A) but are n			
	o not include amounts reported on lines 6b, , 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	- 0 -	,		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	-0-			, , , , , , , , , , , , , , , , , , ,
3	Grants and other assistance to governments, organizations, and individuals outside the U.S See Part IV, lines 15 and 16	-6-		,	
4	Benefits paid to or for members	-0-		,	27.1 Ph.
5	Compensation of current officers, directors, trustees, and key employees	79,812	19,064	54,393	6355
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	-0-		== 0	
7	Other salaries and wages	946,005	673,692	72,924	199,389
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	-0-	(5.000		
9	Other employee benefits	94,608	63,889	11,741	18,478
10	Payroll taxes	97,589	45,902	12,111	19,576
11	Fees for services (non-employees)	-0-			
а	Management			FOU	
b	Legal	584		15110	
С	Accounting	6543		4373	
d	Lobbying .	1/9 3/ 3	z ; , z		119 313
e	Professional fundraising services. See Part IV, line 17	78,342	- 1	, , , , , ,	48,362
f	Investment management fees	- 0 -	<u></u>		
g	Other ,		F1 53	<del></del>	10011
12	Advertising and promotion	7536	5652 34,260	4296	1884
13	Office expenses	46,156	16,870	4016	5600
14	Information technology .	21,511	16,010	<del></del>	1701
15	Royalties	41.331	27,911	5129	8291
16	Occupancy	63,553	49.018	140	14 395
17	Travel	65,555	1.1,010	7.70	17,51
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	-0-	7.196	200	1
19	Conferences, conventions, and meetings .	8/20	6/85	1219	1135
20	Interest	9820	6631	1217	1710
21	Payments to affiliates	12 1. 27	9202	1691	2774
22	Depreciation, depletion, and amortization.	13,621	<i>\$236</i>	4203	745
23	Insurance .	//0/	3034	7955	1,1,2
24	Other expenses Itemize expenses not				
	covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)	-		-	- ,
	Bank Charges	21.378	14,436	2653	4289
a	Membership Communication	15, 180	15,180	3455	1201
a a	Membership Dues	450	15,700	450	
c d	renalties	2428		2428	
e	Printing	8766	5987	1100	1679
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	1,540,609	1.016,115	183,805	340,689
26	Joint costs. Check here ► ☐ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.	1,115,628			278,907

	14 X				rage II
			(A) Beginning of year		(B) End of year
	<del></del>		30.864	1	6267
	1	Cash—non-interest-bearing	20,001	2	wa w I
	2	Savings and temporary cash investments	147 599	3	130,895
	3	Pledges and grants receivable, net	7314	4	87.476
	4	Accounts receivable, net	<del></del>	-	01,710
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L.		5	a -
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		6	
ţ	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
Ä	9	Prepaid expenses and deferred charges	7517	9	4421
	10a	Land, buildings, and equipment cost or 10a 214,599		,	
	b	Less accumulated depreciation 10b 185, 408	30,376	10c	29,191
	11	Investments—publicly traded securities		11	
	12	Investments—other securities See Part IV, line 11		12	
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	7992	15	4701
	16	Total assets. Add lines 1 through 15 (must equal line 34)	231,656	16	242,951
	17	Accounts payable and accrued expenses	106,369	17	127,495
ļ	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
es.	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, directors, trustees key employees, highest compensated employees, and disqualified		ر آرائ آرائیس عاکمیت	
Li		persons Complete Part II of Schedule L		22	
-	23	Secured mortgages and notes payable to unrelated third parties .		23	
	24	Unsecured notes and loans payable to unrelated third parties	251,868	24	260,500
	25	Other liabilities. Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	358,237	26	387,995
ces		Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.			5
an	27	Unrestricted net assets	<126.581>	27	<125,044>
Ba	28	Temporarily restricted net assets	, ,	28	/
Ā	29	Permanently restricted net assets		_29	
Net Assets or Fund Balanc		Organizations that do not follow SFAS 117, check here ► □ and complete lines 30 through 34.		- + }	
ts (	30	Capital stock or trust principal, or current funds		30	
Se	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
As	32	Retained earnings endowment, accumulated income, or other funds		32	
let	33	Total net assets or fund balances	<126,581>	33	(125,044)
~	34	Total liabilities and net assets/fund balances	231,656	34	262,957
					Form 990 (2009)

Pä	Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990	· ·	276	7
	If the organization changed its method of accounting from a prior year or checked "Other," explain in	\ \frac{1}{2}	( <del>.</del>	` ,~ ,
	Schedule O			<u> </u>
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	L	~
	Were the organization's financial statements audited by an independent accountant?	26	1	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of	İ		
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	V	
	If the organization changed either its oversight process or selection process during the tax year, explain in	1		,'-
	Schedule O			1 2 2 1 L
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were	1.00	- 1	n ç
	issued on a consolidated basis, separate basis, or both	- 159 - 149		
	☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	المساء"	الله المساعد الما	
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			1/
	the Single Audit Act and OMB Circular A-133?	<u>3a</u>		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		11	1 1
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	101	7

Form 990 (2009)

#### SCHEDULE D (Form 990)

**Supplemental Financial Statements** 

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

► Attach to Form 990 ► See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name	OHIO CI	TIZEN	ACTI	2N_			942-
Par	Organizations Maintaining Do the organization answered "Yes	onor Advised Fu s" to Form 990. F	nds or Other Part IV, line 6	Similar Fu	ınds or A	Accounts	. Complete if
		(a) Dono	r advised funds		<b>(b)</b> Fu	nds and other	er accounts
1	Total number at end of year						
2	Aggregate contributions to (during year)						
3	Aggregate grants from (during year)						····
4	Aggregate value at end of year .						
5	Did the organization inform all donors and funds are the organization's property, sub	d donor advisors in eject to the organiz	writing that the ation's exclusive	assets held e legal cont	d in donor rol?	advised	Yes No
6	Did the organization inform all grantees, oused only for charitable purposes and no purpose conferring impermissible private	donors, and donor t for the benefit of	advisors in writi	ng that grar	nt funds ca	an be y other	Yes No
Pai	The second secon	plete if the organi	zation answere	ed "Yes" to	Form 99	0, Part IV	, line 7.
1	Purpose(s) of conservation easements he Preservation of land for public use (enterport of the protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organia	g , recreation or ple	easure) 🗌 P	reservation ( reservation	of a certif	ied histor	ortant land area ic structure onservation
	easement on the last day of the tax year				,	1,, ,, ,,,,	F.4.70 7 V
					-	Held at the	End of the Tax Year
а	Total number of conservation easements				2a	<u> </u>	
b	Total acreage restricted by conservation of				2b		<del>-</del>
С	Number of conservation easements on a			in (a)	2c		
d	Number of conservation easements include				2d	ــــــــــــــــــــــــــــــــــــــ	
3	Number of conservation easements mode the tax year ►						anization during
4	Number of states where property subject						
5	Does the organization have a written policy violations, and enforcement of the conservations.			ng, inspections	on, handlır 	ng of	Yes No
6	Staff and volunteer hours devoted to mor	nitoring, inspecting,	and enforcing	conservatio	n easeme	nts during	the year
7	Amount of expenses incurred in monitorin  ▶ \$	ng, inspecting, and	enforcing cons	ervation eas	sements d	uring the	year
8	Does each conservation easement report 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	ed on line 2(d) abo 	ve satisfy the re	quirements	of section	1 	Yes No
9	In Part XIV, describe how the organization balance sheet, and include, if applicable, the organization's accounting for conservations.	the text of the foo	tion easements tnote to the org	in its reveni anization's	ue and exp financial s	pense sta tatements	tement, and that describes
Pa	Organizations Maintaining Col Complete if the organization and				Other Sim	ilar Asse	ets.
1a	If the organization elected, as permitted u art, historical treasures, or other similar as provide, in Part XIV, the text of the footnote	sets held for public	exhibition, educ	ation, or res	earch in fu	ırtherance	ce sheet works on the service of public service
b	If the organization elected, as permitted thistorical treasures, or other similar asset provide the following amounts relating to	s held for public ex these items	report in its re- chibition, educa	venue stater tion, or rese	ment and earch in fu	rtherance	of public service
	(i) Revenues included in Form 990, Part	VIII, line 1	•				
	(ii) Assets included in Form 990, Part X	•					
2	If the organization received or held work following amounts required to be reported	s of art, historical d under SFAS 116	treasures, or of relating to thes	her sımılar e items.	assets for		
a b	Revenues included in Form 990, Part VIII Assets included in Form 990, Part X .						·····

	dule D (Form 990) 2009  Till Organizations Maintaining	Collections	of Art. F	listori	cal Treasure	es. or (	Other Similar	Assets (continued)
3	Using the organization's acquisition, ac collection items (check all that apply)							
a b	Public exhibition Scholarly research		d e		Loan or exc		programs	
С	Preservation for future generation							
4	Provide a description of the organization Part XIV	on's collection	s and exp	plaın he	ow they furth	er the o	organization's e	exempt purpose in
5	During the year, did the organization solid assets to be sold to raise funds rather the	an to be maint	ained as p	part of	he organization	on's col	lection?	Yes No
Pa	Escrow and Custodial Arra IV, line 9, or reported an amo					answe	ered "Yes" to F	orm 990, Part
	Is the organization an agent, trustee, concluded on Form 990, Part X?					itions c	r other assets	not Yes No
D	If "Yes," explain the arrangement in Pa	rt XIV and cor	npiete ini	e tonov	ving table			Amount
С	Beginning balance					10		77.5
	Additions during the year	•	•	•		10	± .	
	Distributions during the year	•	•			10	e	
f	Ending balance		•			11	f	
2a	Did the organization include an amoun If "Yes," explain the arrangement in Pa		), Part X,	line 21	?			Yes No
	t.V Endowment Funds. Comp		ganizatıc	n ans	wered "Yes	" to Fo	orm 990, Part	IV, line 10.
		a) Current year	(b) Pri	or year	(c) Two yea	rs back	(d) Three years ba	ack (e) Four years back
1a	Beginning of year balance				, · · · · · · · · · · · · · · · · · · ·	•	- 3 *** **	10000
b	Contributions				<u> </u>		~*	1 2
С	Net investment earnings, gains and losses						-	
d	Grants or scholarships							
е	Other expenditures for facilities and programs .							
f	Administrative expenses				e, 1 m/s	٠٠,	A 12 -	1 mil
g	End of year balance		<u> </u>		75% 1 8 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	· ,	9 m 4m	Yer
2	Provide the estimated percentage of th	e year end ba	lance hel	d as.				
а	Board designated or quasi-endowment	<b>&gt;</b>	%					
b	Permanent endowment ►	%						
С	Term endowment ▶ %							
3а	Are there endowment funds not in the programization by	ossession of th	ne organiz	zation t	hat are held a	ınd adr	ninistered for th	e Yes No
	(i) unrelated organizations .						•	. 3a(ı)
	(ii) related organizations .							. 3a(ti)
_	If "Yes" to 3a(ii), are the related organiz							_3b
4	Describe in Part XIV the intended uses							<del></del>
Pa	t VI Investments—Land, Build	ngs, and Ec	uipmen			-art X,	line 10.	
	Description of investment	(a) Cost or of (investment)			Cost or other asis (other)		Accumulated epreciation	(d) Book value

Part V	Investments—Land, Buil	dings, and Equipmen	t. See Form 990, I	Part X, line 10.	
	Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Lar	nd				
b Bui	ildings .				
c Lea	asehold improvements .		13,669	13,669	-0-
	unment		152,582	141,960	10,622
e Oth			48,348	29.779	18,569
Total. Ac	dd lines 1a through 1e (Column (d) m	ust equal Form 990, Part X	, column (B), line 10(	c))	29,191

art VII Investments—Other Secur	ities. See Form 990, Part X, Irr	ne 12.
<ul><li>(a) Description of security or category (including name of security)</li></ul>	(b) Book value	(c) Method of valuation Cost or end-of-year market value
ancial derivatives		
sely-neld equity interests		
IGI		
. (Column (b) must equal Form 990, Part X, col (B) line 12)	<b>&gt;</b>	
	ated. See Form 990, Part X, Iir	ne 13.
(a) Description of investment type	(b) Book value	(c) Method of valuation
(a) Description of theestinem type	(b) Book value	Cost or end-of-year market value
<u> </u>		
<del> </del>	<del></del>	
al. (Column (b) must equal Form 990 Part X col (B) line 13)		
al. (Column (b) must equal Form 990 Part X col (B) line 13) art JX: Other Assets. See Form 990,	Part X, line 15.	
Other Assets. See Form 990,	Part X, line 15. (a) Description	(b) Book value
Other Assets. See Form 990,	Part X, line 15.	(b) Book value
ort IX: Other Assets. See Form 990,	Part X, line 15. (a) Description	(b) Book value 470
ort IX Other Assets. See Form 990,	Part X, line 15. (a) Description	(b) Book value 4.70
ort IX: Other Assets. See Form 990,	Part X, line 15. (a) Description	(b) Book value
ort IX Other Assets. See Form 990,	Part X, line 15. (a) Description	(b) Book value
ort IX Other Assets. See Form 990,	Part X, line 15. (a) Description	(b) Book value
ort IX: Other Assets. See Form 990,	Part X, line 15. (a) Description	(b) Book value 470
ort IX Other Assets. See Form 990,	Part X, line 15. (a) Description	(b) Book value
ort IX: Other Assets. See Form 990,	Part X, line 15. (a) Description	(b) Book value 470
Security De	Part X, line 15.  (a) Description  POSITS	(b) Book value
Security De Security De	Part X, line 15.  (a) Description  POSITS  col (B) line 15)	(b) Book value 470
Security De	Part X, line 15.  (a) Description  POSITS  col (B) line 15)	470
Security De  Security De  al. (Column (b) must equal Form 990, Part X. c.	Part X, line 15.  (a) Description  POSITS  col (B) line 15)	470
al. (Column (b) must equal Form 990, Part X. other Liabilities. See Form 9  (a) Description of liability	Part X, line 15.  (a) Description  POSITS  col (B) line 15)  90, Part X, line 25.	470
al. (Column (b) must equal Form 990, Part X. other Liabilities. See Form 9  (a) Description of liability	Part X, line 15.  (a) Description  POSITS  col (B) line 15)  90, Part X, line 25.	470
al. (Column (b) must equal Form 990, Part X. other Liabilities. See Form 9  (a) Description of liability	Part X, line 15.  (a) Description  POSITS  col (B) line 15)  90, Part X, line 25.	470
al. (Column (b) must equal Form 990, Part X. other Liabilities. See Form 9  (a) Description of liability	Part X, line 15.  (a) Description  POSITS  col (B) line 15)  90, Part X, line 25.	470
al. (Column (b) must equal Form 990, Part X. other Liabilities. See Form 9  (a) Description of liability	Part X, line 15.  (a) Description  POSITS  col (B) line 15)  90, Part X, line 25.	470
al. (Column (b) must equal Form 990, Part X. other Liabilities. See Form 9  (a) Description of liability	Part X, line 15.  (a) Description  POSITS  col (B) line 15)  90, Part X, line 25.	470
al. (Column (b) must equal Form 990, Part X. other Liabilities. See Form 9  (a) Description of liability	Part X, line 15.  (a) Description  POSITS  col (B) line 15)  90, Part X, line 25.	470
al. (Column (b) must equal Form 990, Part X. other Liabilities. See Form 9  (a) Description of liability	Part X, line 15.  (a) Description  POSITS  col (B) line 15)  90, Part X, line 25.	470
al. (Column (b) must equal Form 990, Part X. Other Liabilities. See Form 9	Part X, line 15.  (a) Description  POSITS  col (B) line 15)  90, Part X, line 25.	→ 47 <i>o</i>
al. (Column (b) must equal Form 990, Part X. other Liabilities. See Form 9  (a) Description of liability	Part X, line 15.  (a) Description  POSITS  col (B) line 15)  90, Part X, line 25.	→ 47 <i>o</i>
al. (Column (b) must equal Form 990, Part X. other Liabilities. See Form 9  (a) Description of liability	Part X, line 15.  (a) Description  POSITS  col (B) line 15)  90, Part X, line 25.	<ul><li>470</li><li>► 470</li></ul>
al. (Column (b) must equal Form 990, Part X. other Liabilities. See Form 9  (a) Description of liability	Part X, line 15.  (a) Description  POSITS  col (B) line 15)  90, Part X, line 25.  (b) Amount	→ 47 <i>o</i>

Page <b>4</b> 542,146 540,609 1537	
1537 Irn 547,739	
547,739	
⟨5593⟩     ⟨542,146⟩     turn     ⟨546,20⟩	
5593 540,609	

Pai	Reconciliation of Change in Net Assets from Form 990 to Audited Financial S	tatem	ents
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	1,542,146
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,540,609
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	<u> </u>
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses ,	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net) Add lines 4 through 8	9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	1531
Pa	T XII Reconciliation of Revenue per Audited Financial Statements With Revenue		Heturn
1	Total revenue, gains, and other support per audited financial statements	1	1,591,137
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments	4	
b	Donated services and use of facilities	-	
С	Recoveries of prior year grants	-	
d	Other (Describe in Part XIV )	- , ·	
е	Add lines 2a through 2d	2e	1 6117 730
3	Subtract line 2e from line 1	3	1,547,739
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b  Other (Describe in Part XIV.)	-	
b	Other (Describe in Part XIV.) Add lines 4a and 4b	4c	15593
_C	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	1 642 111
5 100	t XIII Reconciliation of Expenses per Audited Financial Statements With Expenses		Poturo
انكسا		- 5 pc	
1	Total expenses and losses per audited financial statements		1,546,202
2	Amounts included on line 1 but not on Form 990, Part IX line 25		
<b>a</b>	Donated Services and use of ladinales .	-	
b	Prior year adjustments .	-	
C	Other losses	$\dashv$	•
d	Other (Describe III art XIV.)	2e	5593
e	Add lines 2a through 2d	3	1540 609
3	Subtract line 2e from line 1	1	1, 270, 40
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Threather expenses not included on Form 550, Fire Vin, inte 75	7	
0	Other (Describe in Part XIV)	4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	1,540,609
Ď	XIV Supplemental Information		17210100
and this PA	iplete this part to provide the descriptions required for Part II, lines 3. 5, and 9, Part III, lines 1a ar 2b, Part V, line 4, Part X. line 2. Part XI. line 8, Part XII, lines 2d and 4b; and Part XIII. lines 2d ar part to provide any additional information.  IRT XII , PART XIII :  Lundraising Expenses for EVENT = 5593. PA  ecords the net revenue (8029). Audited  ecord the gross revenue + gross expenses	AT	Also complete  VIII only etements

Schedule D (Form 990) 2009

Scheaule D (For	im 990) 2009	Page 3
Part XIV	Supplemental Information (continued)	
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		• • • • • • • • • • • • • • • • • • • •
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## SCHEDULE G (Form 990 or 990-EZ)

**Supplemental Information Regarding Fundraising or Gaming Activities** 

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

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

Employer identification number Name of the organization TIZEN ACTION 908 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply a Mail solicitations e M Solicitation of non-government grants b Internet and email solicitations Solicitation of government grants c Phone solicitations g Special fundraising events d Un-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? 🗹 Yes 🗌 No b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (iii) Did fundraiser have custody or control of contributions? (iv) Gross receipts (v) Amount paid to (or retained by) (vi) Amount paid to (or retained by) (i) Name of individual (II) Activity or entity (fundraiser) from activity fundraiser listed in organization col (i) door to HUDSON BAY Yes No 1,326,937 phone, OF MINNESOTA 1,375,299 48,362 1,326,937 3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Pa	art I	Fundraising Events. Co more than \$15,000 on F				
			(a) Event #1  CONCERT  (event type)	(b) Event #2 ONLINE AUCTION (event type)	(c) Other events	(d) Total events (add col (a) through col (c))
Revenue	1	Gross receipts	2581	11,041		13,622
Rev	2	Less Chantable	300,			
	3	contributions Gross income (line 1 minus line 2)	2581	11,041		13,622
	4	Cash prizes				
	5	Noncash prizes		4490		4490
ses	6	Rent/facility costs				
Direct Expenses	7	Food and beverages .				
rect E	8	Entertainment				
Õ	9	Other direct expenses	109	994		1103
	10	Direct expense summary Add	d lines 4 through 9 in co	olumn (d)	▶	( 5593)
	11 (1	Net income summary. Combi	ne line 3, column (d), a	nd line 10	▶	<i>80</i> 29
		than \$15,000 on Form	990-EZ, line 6a			7
Revenue		NIA	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
ď	1	Gross revenue .				
uses	2	Cash prizes				
Expe	3	Noncash prizes	· · · · · · · · · · · · · · · · · · ·			
Direct Expenses	4	Rent/facility costs .				
	5	Other direct expenses .				
	6	Volunteer labor	☐ Yes% ☐ No	☐ Yes% ☐ No	☐ Yes% ☐ No	
	7	Direct expense summary. Ad	d lines 2 through 5 in c	olumn (d)		( )
	8	Net gaming income summary	Combine line 1, colur	nn d, and line 7 .	<u> </u>	
9	En	ter the state(s) in which the oi	rganization operates ga	aming activities.		Yes No
a b		the organization licensed to o				9a N / F
		ere any of the organization's g			·····	
b	lf " 	Yes," explain.				
11 12		es the organization operate g			a partnership or other	entity 11 N/A
		med to administer charitable				12 N/A

	Page 3				
	Yes	No			
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Sche	dule G (Form 990 or 990-EZ) 2009			Page 3
			Yes	No
13 a b	Indicate the percentage of gaming activity operated in The organization's 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?	15a	-	
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$			
С	If "Yes," enter name and address of the third party		,	,
	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?	17a	\$ 5.00 to	が通
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 > \$	÷ ,		, ore k.c.

Schedule G (Form 990 or 990-EZ) 2009

#### SCHEDULE O (Form 990)

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on

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

Attach to Form 990.



Department of the Treasury Internal Revenue Service Name of the organization

# OHIO CITIZEN ACTION

Employer identification number 34: 1208942

## PART VI, LINE 6, 7a:

Ohio Citizen Action is a membership organization. When people join the organization they are given written information on how to obtain proxies for voting for board members.

The board of trustees 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 decision-making authority for the organization.

PART VI, line 9:

#### **OHIO CITIZEN ACTION BOARD**

Caroline Beidler, Secretary/Treas 122 Ingleside Ave Marietta, OH 45750

Jennifer Cooper 178 Lownsdale Ave Akron, OH 44313

Ellis Jacobs, President 131 East Davis St Yellow Springs, OH 45387

Mary Johnson 4925 Tenshaw Dr. Dayton, OH 45418 Laura Rench 8280 W Third St New Lebanon, OH 45345

Barbara Wood 1428 Wayland Dr Columbus, OH 43207

Marie Kocoshis 7813 Hopper Rd Cincinnati, OH 45255

Laurie Perin 3600 Reed Rd, Unit 14 Columbus, OH 43220

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Page	
Page	

Name of the organization
OHIO CITIZEN ACTION

PART VI line IIA:

PART VI line IIA:

# Policy for Board Distribution and Review of IRS Form 990

### **Ohio Citizen Action**

The Financial Director shall prepare the annual IRS Form 990. Upon its completion, the Financial Director shall review the Form 990 with the Executive Director.

Once reviewed and approved by the Executive Director, the Financial Director shall then distribute a copy of the IRS Form 990 to each member of the Board Audit Committee for review. The Audit Committee shall meet and document their approval or further questions by way of Committee minutes. The Audit Committee may meet in person, via telephone, or by email.

Upon approval of the Board Audit Committee, the Financial Director shall distribute to the full Board a copy of the Form 990 for their review.

The Form 990 shall not be filed with the IRS until the full Board has had an opportunity to review it

PARTI	line	2c	6 .e.
	,		

# 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 policy, and to sign a document affirming that they have read and understand the policy. They must indicate if any conflict of interest exists, and fully describe such conflict of interest. They are also required to promptly bring to the Board's attention any conflict of interest that may arise in the future.

Name of the organization

DHIO CITIZEN ACTION

Employer identification number 34: 1208942

PART VI line 15B:

## **Process for Determining Compensation of Key Employees**

### Ohio Citizen Action

When filling an open position of a key employee, such as the Executive Director, Financial Director, Organizing Director, or other management level positions, a review will be done using comparative data of equal positions within comparable 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 an annual salary increase on April 1 of each year, in an amount equal to the annual cost of living percentage increase as determined by the Department of Social Security.

Exceptions may be made to this policy based on exceptional merit, but within the comparative norm.

The Board President approves the annual increase for the Executive Director.

Comparative data is obtained from interviews with other non-profits we work along with, as well as publications that gather such information.

PART II, 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 website, and also through Guidestar, another website.

Other documents are available upon request, including audited financial statements, articles of incorporation, by-laws, and conflict of interest policy.

These additional documents are under consideration to be added to the public portion of our website.

Form 8868 (Rev. 4-2009)	Page 2
If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check to Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed	his box . ► <b>7</b> 2
If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).	
Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copie	s needed).
print OHIO CITIZEN ACTION 34:1	dentification number
File by the extended due date for Superior Ave #1200  Number, street, and room or suite no if a PO box, see instructions  For IRS use	only
Tilling the return See instructions of the vertical contractions of the vertical contraction of the verti	
Check type of return to be filed (File a separate application for each return):	
	Form 6069
= 10	Form 8870
Form 990-EZ Form 990-T (trust other than above) Form 5227	-1 FI -1 F - 0000
STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previous	sly filed Form 8868.
The books are in the care of $\blacktriangleright$ Ohio Crizen Action 614 w. Superior Ave #12 Telephone No. $\blacktriangleright$ (216) 861-5200 FAX No. $\blacktriangleright$ (216) 8994	44113
If the organization does not have an office or place of business in the United States, check this box	▶ 🗆
If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)	If this is
for the whole group, check this box $\ldots$ . $\blacktriangleright$ $\square$ . If it is for part of the group, check this box $\blacktriangleright$ $\square$	and attach a
ist with the names and EINs of all members the extension is for.	<del></del>
4 I request an additional 3-month extension of time until 10 V 15 ,20/C	
5 For calendar year $\sqrt{200}$ , or other tax year beginning , 20 , and ending , and ending	, 20
6 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period	
7 State in detail why you need the extension Financial Information not yet complete.	
7	
8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any property debte credits. See instructions.	•
lead unit floritorial date direction des monactions	<del></del>
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any	
amount paid previously with Form 8868.	\$
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit	
with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions  8c	\$
Signature and Verification	
Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of many tries true, correct, and complete, and that I am authorized to prepare this form	ny knowledge and belief,
Signature > CLC DIRECTORDATE >	7/24/10
	rm <b>8868</b> (Rev 4-2009)