Return of Organization Exempt From Income Tax

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

2015

Open to Public

OMB No. 1545-0047

Department of the Treasury

▶ Do not enter social security numbers on this form as it may be made public. Inspection Internal Revenue Service ▶ Information about Form 990 and its instructions is at www.irs.gov/form990. For the 2015 calendar year, or tax year beginning 2015, and ending 20 C Name of organization OHIO CITIZEN ACTION EDUCATION FUND D Employer identification number Check if applicable Doing business as Address change 34-1208940 Name change Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number 614 W SUPERIOR AVE Initial return 1200 216-861-1989 City or town, state or province, country, and ZIP or foreign postal code Final return/terminated CLEVELAND, OH 44113 Amended return G Gross receipts \$ F Name and address of principal officer. **MELISSA ENGLISH** Application pending H(a) Is this a group return for subordinates? Yes 2330 VICTORY PKWY, #401, CINCI, OH 45206 H(b) Are all subordinates included? Yes No. If "No," attach a list. (see instructions) 501(c)(3)] 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527 Tax-exempt status Website: ▶ H(c) Group exemption number ▶ Form of organization 🗸 Corporation 🗌 Trust Association ☐ Other ► L Year of formation. 1976 M State of legal domicile. OH Part I Summary Briefly describe the organization's mission or most significant activities: WE WORK TO PROTECT PUBLIC HEALTH AND THE ENVIRONMENT FROM THREATS OF POLLUTION INCLUDING. INDUSTRIAL MANUFACTURERS, COAL FIRED POWER PLANTS, OIL AND GAS DRILLING, COAL PRODUCTION, AND TOXIC CHEMICALS. 2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) . . . 3 Number of independent voting members of the governing body (Part VI, line 1b) 4 5 Total number of individuals employed in calendar year 2015 (Part V, line 2a) 5 5 Total number of volunteers (estimate if necessary) 6 6 10 Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 Net unrelated business taxable income from Form 990-T, line 34 7b 0 Current Year 8 310650 250716 9 Program service revenue (Part VIII, line 2g) 4500 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . 18 0 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 310668 255216 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . 5. 13 Benefits paid to or for members (Part IX, column (A),-line-4)------14 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 140335 91634 16a Professional fundraising fees (Part IX, column (A), line 116) 6. 2018 11460 7250 Total fundraising expenses (Part IX, column (D); line 25) ▶ は、強いい 17 Other expenses (Part IX, column (A), lines 11/a-11d, 11f-24e) 151111 169366 18 Total expenses. Add lines 13-17 (must equal Part IX, column-(A), line 25) 302906 268250 19 Revenue less expenses. Subtract line 18 from line 12 7762 -13034 Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 79717 47114 21 Total liabilities (Part X, line 26) . 104594 85025 22 Net assets or fund balances. Subtract line 21 from line 20 -24877 -37911 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than office) is based on all information of which preparer has any knowledge Sign Here MELISSA Type or print name and title Print/Type preparer's name Preparer's signature Date Paid Check 🔲 if self-employed Preparer Firm's name Firm's EIN ▶ Use Only Firm's address ▶ Phone no. May the IRS discuss this return with the preparer shown above? (see instructions) 🗌 Yes 🔲 No

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2015)

2 3 4 5	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	3 4	Yes √ √	No ✓
2 3 4 5	complete Schedule A	3 4	√	1
3 4 5	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		√
4 5	candidates for public office? If "Yes," complete Schedule C, Part I	4	1	✓
5	election in effect during the tax year? If "Yes," complete Schedule C, Part II		✓	
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	_		
	Part III	ے ا		
	Old the appreciation maintain any demandal and a feet of an any similar freedom as a conset. for which demand	ן ס		✓
	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
	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
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
	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
	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
	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.	1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		434
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	√	AF-12-2-2
	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		- √
	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
	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
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		1
	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
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	1	
	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
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		✓
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		✓
	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	14b		√
	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	15		√
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.	16		<u>√</u>
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)	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		√
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		<u>·</u>

Part	Checklist of Required Schedules (continued)			T
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	Yes	No V
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		-
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
	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 24c		
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			
28	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		
	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
С	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 30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		√
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		√
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
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		1
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	35b	 .	
37	related organization? If "Yes," complete Schedule R, Part V, line 2	36		✓_
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	✓	

Part				
	Check if Schedule O contains a response or note to any line in this Part V	• •	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 3		103	110
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		, h.	•
C	Did the organization comply with backup withholding rules for reportable payments to vendors and	14.	,	- 3
•	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	7		
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0		, , , 3	1
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		_ <u></u>
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	.75.1	2.	78
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		1
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		✓
b	If "Yes," enter the name of the foreign country: ▶	7 - 4	~,~@g	, "(₁₋₁)
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts	10000		4.5
	(FBAR).	*****	٠,٠ ء.	ē -
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	7	100	7.3
__ a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	£ 1		الستيشا
	and services provided to the payor?	7a		√
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	<u> </u>		,
	required to file Form 8282?	7c	2512 . 2	√
d	If "Yes," indicate the number of Forms 8282 filed during the year		Link	المستخالة تعادر
e	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		✓
f	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	-		_
g h	If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?	7g 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		162) វែកធ្លើ
•	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.		2. ±3€.	W-6300
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		لنحائد
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:	2572	77027	2
а	Initiation fees and capital contributions included on Part VIII, line 12	3	2 /	ار در الله
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b		-32	(1)
11	Section 501(c)(12) organizations. Enter:	1300		`
a	Gross income from members or shareholders		2	
b	Gross income from other sources (Do not net amounts due or paid to other sources	03.58	ر مرسور د مرسور مرسور	10-4
	against amounts due or received from them.)	2 34	وْ (بازار أنا	-21173
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	\$ 15 T		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1: .	- "	- 1-5-
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.	19/2	3	
þ	Enter the amount of reserves the organization is required to maintain by the states in which	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1	
	the organization is licensed to issue qualified health plans) ha		17.
¢	Enter the amount of reserves on hand	1	30 18:3	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		1
b	If "Yes." 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. See in	struct	
	Check if Schedule O contains a response or note to any line in this Part VI	<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 1a	. (350)	54,5	110
ıa	If there are material differences in voting rights among members of the governing body, or		1	77.
	if the governing body delegated broad authority to an executive committee or similar) ÷1
	committee, explain in Schedule O.		1	
ь	Enter the number of voting members included in line 1a, above, who are independent 1b	5	2.2	\$
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship of	vith		ومراسية
	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 di supervision of officers, directors, or trustees, or key employees to a management company or other person?	rect 3		1
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	1	Ė
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	. 5		1
6	Did the organization have members or stockholders?	. 6		1
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appone or more members of the governing body?			1
b	Are any governance decisions of the organization reserved to (or subject to approval by) memb stockholders, or persons other than the governing body?	ers, 7b		1
8	Did the organization contemporaneously document the meetings held or written actions undertaken dur		مندخ ا	18.4
	the year by the following:		1350	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
а	The governing body?	. 8a	1	1
b	Each committee with authority to act on behalf of the governing body?	. 8b	✓	<u> </u>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached	I		
~	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	· 9	√	<u></u>
Secti	on B. Policies (This Section B requests information about policies not required by the Internal R	evenue C	ode.)	
10a	Did the organization have local chapters, branches, or affiliates?	100	1	No 🗸
	If "Yes," did the organization have written policies and procedures governing the activities of such chapte	. <u>10a</u>	ļ	-
~	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes'			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form	1	+	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			ZIEC.
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	. 12a	1	
ь	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflict	ts? 12b	✓	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Ye describe in Schedule O how this was done	es," · 12c	1	
13	Did the organization have a written whistleblower policy?	. 13	1	
14	Did the organization have a written document retention and destruction policy?	. 14	1	
15	Did the process for determining compensation of the following persons include a review and approval independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			1
а	The organization's CEO, Executive Director, or top management official	. 15a		
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).	ent		, 45 Tar. 1
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem with a taxable entity during the year?	· 16a	, 30 YE	1
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard	the		11/2/
	organization's exempt status with respect to such arrangements?	· 16b		
Secti	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► OH, KY			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Se available for public inspection. Indicate how you made these available. Check all that apply.	ection 501	(c)(3)s	only)
	Own website Another's website Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of financial statements available to the public during the tax year.	of interest	policy	, and
20	State the name, address, and telephone number of the person who possesses the organization's books ar LYNN SCHEERHORN, OHIO CITIZEN ACTION, 614 W SUPERIOR AVE, #1200, CLEVE, OH 44113 216-861-5200	nd records	;: ▶	

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Form	aan	1201	5١

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	anız			ompe	nsa	ited any currer	t officer, directo	r, or trustee.
(A) Name and Title	(B) Average hours per week (list any	officer and a director/trustee)						(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) WILLA BRONSTON BOARD MEMBER	1	✓						o	0	0
(2) BROOKE SMITH BOARD MEMBER	1	√						0	0	0
(3) HEATHER ZOLLER BOARD MEMBER	1	1						0	0	0
(4) MATT CURRIE SECTRETARY / TREASURER	2	1		1				0	0	0
(5) DICK WITTBERG PRESIDENT	2	1		1				0	0	0
(6) MELISSA ENGLISH EXECUTIVE DIRECTOR	40			✓				37488	0	0
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)	 								•	

Part	Section A. Officers, Directors, Trust (A)	(B)			Pos	C) ition	than o		ompensated E	mployees (E)	(contin	nued) (F)	 ,
	Name and title	Average hours per week (list any hours for related organizations below dotted line)	box, office Individua	unles	s pe	rson	Highest compensated employee	an	Reportable compensation from the organization (W-2/1099-MISC)	Reportal compensation related organizati (W-2/1099-1	n from I ons	Estimate amount of other compensal from the organization organization organization.	of tion tion on ed
(15)							<u> </u>						
(16)						-			· · · · · · · · · · · · · · · · · · ·				
(17)													
(18)						<u>. </u>							
(19)					-	-							
(20)													
(04)												· · · · · · · · · · · · · · · · · · ·	
(22)													
(23)													
(24)		<u>.</u>				_			· -				
(25)													
1b c	Sub-total	VII, Sectio	n A				•	>	37488		0		0
d 	Total (add lines 1b and 1c) Total number of individuals (including but reportable compensation from the organi	not limited					above	e) wi	37488 no received ma	ore than \$1	00,000	0 of	0
3	Did the organization list any former of employee on line 1a? If "Yes," complete S							mpi	loyee, or high	est compe	nsated	d Yes	No V
4	For any individual listed on line 1a, is the organization and related organizations individual												1
5	Did any person listed on line 1a receive of for services rendered to the organization?								-	ation or inc		1	1 7
	on B. Independent Contractors												
1	Complete this table for your five highest compensation from the organization. Repyear.	compensate ort comper	ed inc nsatio	n fo	ende or th	ent (alend	acto ar y	ear ending with	d more than or within	the or	0,000 of ganization's	tax
	(A) Name and business add	ress							(B) Description of se	ervices		(C) Compensation	
N/A													
			•										
	Total number of independent contracto	rs (includio	na bu	t no	ot li	miti	ed to	the	ose listed abo	ove) who	مارس اور ۴ در کردس	الا مالاد د	
	received more than \$100,000 of compens								0	, ****	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	eres of Parks	غ. ^{آم} أ

Par	VIII	Statement of Reve					5 (100		_
·		Check if Schedule C	contains	a res	ponse or note t	(A) Total revenue	(B) Related or exempt	(C) Unrelated business	(D) Revenue excluded from tax
F,		· · · · · · · · · · · · · · · · · · ·		•			function revenue	revenue	under sections 512-514
Grants	1a	Federated campaigns	S	1a	7182	- 1	-		F7
ğ	ь	Membership dues .		1b			,	,	
Q E	c	Fundraising events .		1c				•	
ifts ar A	d	Related organizations		1d		E-41 2	-		العاد أي المساوري عليه المالية المالية المالية المالية المالي
Contributions, Gifts, Grants and Other Similar Amounts	e	Government grants (cor		1e				٠, .	1 2 2 2 2
Sign	f	All other contributions, g		<u> </u>					1 1 1 1 1 1 1 1 1 1 1 1
草	-	and similar amounts not inc		1f	242524		-		
를		Noncash contributions include			243534	1			
ig g	9						1		
	h h	Total. Add lines 1a-1	<u> </u>	• •	Business Code	250716	<u> </u>		
Program Service Revenue	0.0	CONTRACT CERVICES			Dusiness Code	<u> </u>	<u> </u>		, 5 L 1 Mgc
ě	2a	CONTRACT SERVICES	>			4500	4500		
ė.	b								ļ
Ξ̈́	C								
လို	d								
ľащ	e							·	
<u> </u>	l t	All other program ser			L			······································	
	g	Total. Add lines 2a-2	<u> </u>		<u> ▶</u>	4500		, a 3 ,	الماسانور والماسانور والماسانور والماسانور
	3 4 5	Investment income and other similar amount income from investmen Royalties	ounts) t of tax-exer	npt bo	ond proceeds ►				
	ŀ		(i) Real		(ii) Personal		7 : 4.		30000
	6a	Gross rents				age to		. , ,,	المراجعة الم
	b	Less: rental expenses							
	С	Rental income or (loss)						· · · · · · · · · · · · · · · · · · ·	
	d	Net rental income or ((loss) .						
	7a	Gross amount from sales of assets other than inventory	(i) Secunt	es	(ii) Other				
	b	Less: cost or other basis and sales expenses .				44	-14		
	С	Gain or (loss)			•				The state of the s
	d d	Net gain or (loss) .			>				
venue	8a	Gross income from fu events (not including \$	ındraising					3	
Other Rev		of contributions reported See Part IV, line 18				4		3,	
)th	b	Less: direct expenses		. ь		2 AF	·` ·	į	
		Net income or (loss) fi			events . ►				
		Gross income from ga See Part IV, line 19 .	ıming actıvıt	ies.					
	b	Less: direct expenses						-	, , , , , , , , ,
		Net income or (loss) fr			vities ▶				
		Gross sales of in				,	1		
		returns and allowance		a					", A.
	b	Less: cost of goods se		- 1				•	24
	C	Net income or (loss) fr			entory ▶				<u> </u>
	~	Miscellaneous Ri			Business Code	•	:		
	11a								
	b								
				· }		-			
	d d	All other revenue .							
		Total. Add lines 11a-			🕨	· · · · · · · · · · · · · · · · · · ·	·		in the second
	12	Total revenue. See in	structions.		▶	255216			

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).										
	Check if Schedule O contains a respon			· · · · · ·	🗸					
Do no 8b, 9b	ot include amounts reported on lines 6b, 7b, b, 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 domestic organizations and domestic governments. See Part IV, line 21	0								
2	Grants and other assistance to domestic individuals. See Part IV, line 22	0								
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0		***						
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	37488	28116	0	9372					
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	20110		3372					
7	Other salaries and wages	36496	28535	0	7961					
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0								
9	Other employee benefits	11603	11603	0	0					
10	Payroll taxes	6046	6046	0	0					
11 a	Fees for services (non-employees): Management	30806	0	30806	0					
þ	Legal	0								
C	Accounting	5005	0	5005	.0					
d	Lobbying	0								
e	Professional fundraising services. See Part IV, line 17				7250					
f g	Investment management fees	0								
40	• •	89500	89500		·					
12 13	Advertising and promotion	25 11742	25 11742	- ·						
14	Office expenses	557	557							
15	Royalties	0								
16	Occupancy	10080	10080							
17	Travel	3623	3623							
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0								
19	Conferences, conventions, and meetings .	892	892							
20	Interest	630	630							
21	Payments to affiliates	0								
22	Depreciation, depletion, and amortization .	0								
23	insurance	673	673							
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.)									
a	MEMBERSHIP DUES	750	750	<u> </u>						
b	BANK CHARGES CONSULTING (NON-EMPLOYEE)	2081	2081							
9		13003	13003							
d	All other expenses			· ··· - ··· - ··· - ··· - ··· - · · · ·	 					
e 25	All other expenses Total functional expenses, Add lines 1 through 24e	268250	207856	35811	24583					
25 26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)	200230	207030	33011	24383					

نا	art X				
		Check if Schedule O contains a response or note to any line in this Pa	urt X	<u> </u>	🗆
	_		(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing	1757	1	1279
	2	Savings and temporary cash investments	0	2	
	3	Pledges and grants receivable, net	77960	3	45085
	4	Accounts receivable, net	0	4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	
s	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 organizations (see instructions). Complete Part II of Schedule L	0	6	
Assets	7	Notes and loans receivable, net	0	7	
As	8	Inventories for sale or use	0	8	
	9	Prepaid expenses and deferred charges	0	9	754
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 29287			
	ь	Less: accumulated depreciation 10b 29287	0	10c	
	11	Investments—publicly traded securities	0	11	
	12	Investments—other securities. See Part IV, line 11	0		
	13	Investments - program-related. See Part IV, line 11	0		
	14	Intangible assets	0	-	
	15	Other assets. See Part IV, line 11	0		
	16	Total assets. Add lines 1 through 15 (must equal line 34)	79717		47114
	17	Accounts payable and accrued expenses	38794		33225
-	18	Grants payable	0		00220
	19	Deferred revenue	0	19	0
	20	Tax-exempt bond liabilities	0	20	O
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.	0	21	0
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and) (14) 2	
abi		disqualified persons. Complete Part II of Schedule L	0	22	C
Ξ	23	Secured mortgages and notes payable to unrelated third parties	0	23	C
	24	Unsecured notes and loans payable to unrelated third parties	65800	24	51800
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	0	25	
	26	Total liabilities. Add lines 17 through 25	104594	_26	85025
ses		Organizations that follow SFAS 117 (ASC 958), check here ► ✓ and complete lines 27 through 29, and lines 33 and 34.			
aŭ	27	Unrestricted net assets	-69794	27	-41561
3al	28	Temporarily restricted net assets	44917	28	3650
<u>p</u>	29	Permanently restricted net assets	0		0
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			
0 8	30	Capital stock or trust principal, or current funds	0	30	
Set	31	Paid-in or capital surplus, or land, building, or equipment fund	0		0
As	32	Retained earnings, endowment, accumulated income, or other funds.	0		0
et	33	Total net assets or fund balances	-24877		-37911
~	34	Total liabilities and net assets/fund balances	79717		47114
					7/1/9

_	4	•
Page	- 1	Z

-01111 9	90 (2013)			1 4	96 12
Par	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		25	55216
2	Total expenses (must equal Part IX, column (A), line 25)	2		26	8250
3	Revenue less expenses. Subtract line 2 from line 1	3		.1	13034
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		-2	24877
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		-3	37911
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u> </u>		<u></u>	
				Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other				أرسودنكم
	If the organization changed its method of accounting from a prior year or checked "Other," exp	olain in			
	Schedule O.			1,7	
2a	, , , , , , , , , , , , , , , , , , ,		2a	7000	<u>√</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were comp	iled or		**	
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis			5.2	2.7
þ			2b	V	267-1-1
	If "Yes," check a box below to indicate whether the financial statements for the year were audite separate basis, consolidated basis, or both:	d on a			2000
	•				myez-
_	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 ov-		3	1	
_ C	of the audit, review, or compilation of its financial statements and selection of an independent accour				
	If the organization changed either its oversight process or selection process during the tax year, exc		2c	V	25 3
	Schedule O.	лан н			Ž: .
32	As a result of a federal award, was the organization required to undergo an audit or audits as set f	orth in	12025	475C	T. Carrel
Ja	the Single Audit Act and OMB Circular A-133?		3a	İ	1
ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not under		34		<u> </u>
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au		3ь	-	
				990	(2015)
			. 0.111		(20.0)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

2015

Open to Public Inspection

Employer identification number

HI		N ACTION EDUCATION FUNI						08940
		Reason for Public Cha						ons.
	_	ation is not a private founda		-		-	•	
1	-	hurch, convention of churc chool described in section						
2		ospital or a cooperative ho		-				
4		nedical research organization	-					(iii). Enter the
•	_	spital's name, city, and stat	•	,				,
5		organization operated for ction 170(b)(1)(A)(iv). (Com		college or university	owned o	or operate	ed by a government	al unit described in
6 7	✓ An	ederal, state, or local governorganization that normally scribed in section 170(b)(1)	receives a subs	tantial part of its sup				n the general public
8	ΠA¢	ommunity trust described i	n section 170(b)	(1)(A)(vi). (Complete	Part II.)			
9	rec sup	organization that normally eipts from activities related oport from gross investme quired by the organization a	d to its exempt ent income and	functions—subject tunrelated business	o certain taxable i	exception	ns, and (2) no more ess section 511 ta	than 331/3% of its
10	☐ An	organization organized and	l operated exclus	sively to test for publi	c safety.	See sect i	ion 509(a)(4).	
11	one	organization organized and or more publicly supported box in lines 11a through 11	d organizations d	escribed in section 5	09(a)(1) o	r section	509(a)(2). See sect	i on 509(a)(3). Check
á	th	ype I. A supporting organiz ne supported organization(s rganization. You must corr) the power to re	egularly appoint or ele				
ł	C	ype II. A supporting organize ontrol or management of the organization(s). You must co	e supporting org	janization vested in tl				
•		ype III functionally integra s supported organization(s)						y integrated with,
C	th	ype III non-functionally inf nat is not functionally integra equirement (see instructions	ated. The organi	zation generally must	satisfy a	distributi	on requirement and	
6	• 🗆 C	heck this box if the organiz inctionally integrated, or Ty	ation received a	written determination	n from the	IRS that	it is a Type I, Type I	I, Type III
f	Enter	the number of supported o	organizations .					0
Ç	Provi	de the following information	about the supp	orted organization(s)	•			
	(i) Name	e of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above (see instructions))	listed in you	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No		
4)					1			
3)								
>)								
D)								
≣)					N. V. S. L.	4.00-2		
ota	al							

Part	Support Schedule for Organization	ations Descr	ibed in Sect	ions 170(b)(1)(A)(iv) and 1	70(b)(1)(A)(v	i)
	(Complete only if you checked to						
	Part III. If the organization fails to	o qualify unde	er the tests lis	sted below, p	lease comple	ete Part III.)	•
Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	650360	329180	215020	310668	250716	1,755,944
2	Tax revenues levied for the						
	organization's benefit and either paid	ĺ					
	to or expended on its behalf	0	0	0	0	o	0
3	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge	0	0	0	0	0	O
4	Total. Add lines 1 through 3	650360	329180	215020	310668	250716	1,755,944
5	The portion of total contributions by						
	each person (other than a					N. N.	
	governmental unit or publicly					3 7 7 63	
	supported organization) included on				- A.		
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)		·			1.47	504787
6	Public support. Subtract line 5 from line 4. on B. Total Support		Company of the			4	1251157
	dar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(=) 0012	(4) 0014	(-) 0045	(0 T-1 1
7	Amounts from line 4		(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
-	Gross income from interest, dividends,	650360	329180	215020	310668	250716	1,755,944
8	payments received on securities loans,						
	rents, royalties and income from similar				_		_
	sources	0	0	0	0		•
9	Net income from unrelated business		U			0	<u>U</u>
•	activities, whether or not the business	1					
	is regularly carried on	o	o	0	o	o	0
10	Other income. Do not include gain or						<u> </u>
	loss from the sale of capital assets						
	(Explain in Part VI.)	o	0	o	18	4500	4518
11	Total support. Add lines 7 through 10						1,760,462
12	Gross receipts from related activities, etc					12	0
13	First five years. If the Form 990 is for the		's first, secon	d, third, fourth	, or fifth tax ye	ear as a sectio	n 501(c)(3)
	organization, check this box and stop he						▶ 🗀
Secti	on C. Computation of Public Suppor			<u> </u>			
14	Public support percentage for 2015 (line 6		•	1, column (f))		14	71.07 %
15	Public support percentage from 2014 Sch					15	59.10 %
16a	331/3% support test—2015. If the organization					•	
	box and stop here. The organization qua	•		-			. ▶ ☑
Ь	331/3% support test—2014. If the organ					15 is 331/3%	
	check this box and stop here. The organi	· ·	•				. ▶ 🗆
17a	10%-facts-and-circumstances test—20						
	10% or more, and if the organization me						
	Part VI how the organization meets the "f			τ. The organiza	ation qualities	as a publicly su	
	organization	• • • •					. > [_
þ	10%-facts-and-circumstances test—20						
	15 is 10% or more, and if the organization						
	Explain in Part VI how the organization m						publicly
46	supported organization						. 🟲 📙
18	Private foundation. If the organization di	a not check a l	oox on line 13,	16a, 16b, 17a	ı, or 1/D, checi	k this box and :	see

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the					1	
	organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
•	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .						
b	Amounts included on lines 2 and 3						<u> </u>
	received from other than disqualified						İ
	persons that exceed the greater of \$5,000						1
	or 1% of the amount on line 13 for the year						L
	Add lines 7a and 7b	de une tient in milit by die obligation				han seatting a second second	
8	Public support. (Subtract line 7c from					Little 4	1
Cooti	on B. Total Support						
	dar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
Galeii 9	Amounts from line 6	(8) 2011	(0) 2012	(0) 2013	(u) 2014	(e) 2013	(i) Total
10a	Gross income from interest, dividends,					 	
IVa	payments received on securities loans, rents,						
	royalties and income from similar sources .						
ь	Unrelated business taxable income (less						
	section 511 taxes) from businesses						1
	acquired after June 30, 1975						1
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on						1
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for the	ne organization	n's first, secon	d, third, fourth	, or fifth tax y	ear as a sectio	n 501(c)(3)
	organization, check this box and stop he	re			<u></u>		▶ 🗆
Secti	on C. Computation of Public Suppor	t Percentag	е				
15	Public support percentage for 2015 (line 8	3, column (f) d	vided by line 1	3, column (f))		15	%
16	Public support percentage from 2014 Sch			<u> </u>	<u> </u>	16	%
	on D. Computation of Investment In						
17	Investment income percentage for 2015 (* *	-			%
18	Investment income percentage from 2014						%
19a	331/3% support tests—2015. If the organ						•
	17 is not more than 331/3%, check this box					-	
b	331/3% support tests—2014. If the organiz						
	line 18 is not more than 331/3%, check this l		_		-		
20	Private foundation. If the organization di	a not check a	pox on line 14	, 19a, or 19b, (check this box	and see instru	ctions 🕨 🔲

Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A.	All	Supporting	Organizations
------------	-----	------------	----------------------

ecti	on A. All Supporting Organizations			
1	Are all of the organization's supported organizations listed by name in the organization's governing		Yes	No
٠	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		ر مر. په
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2	ندِ . علمه تحمد -	
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a	·	
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		. FAS
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	Přís. 3c	ī	
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a	- 3	F 7 /
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b	ਰ : (ਨ)	
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c	7	
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		1.00 m
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b 5c	4	- 7
6	Substitutions only. Was the substitution the result of an event beyond the organization's control? Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6	24. W	4
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		- '
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8	áš:-	·
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a	\$35 1-27	1 - 1
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c	7 10	
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.	10a		2 4
h	Did the organization have any excess business holdings in the tay year? (I se Schedule C. Form 4720 to	- 12 m	34. 11 +	1 Ac. 1-

determine whether the organization had excess business holdings.)

10b

Scheut	ne A (Form 990 0) 990-E2/ 2013			Page 3
Part	IV Supporting Organizations (continued)			T
4.4		F-18-35	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	13, 1	1 3 m	alle
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	16200	أعقنعنا	
	below, the governing body of a supported organization?	11a		├
b	A family member of a person described in (a) above?	11b	-	
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	<u> </u>	į
0000	on b. Type reapporting enganizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	92.26	250	140
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	7	1 m	202
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	1	12	
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			2 tr 2 5
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	<u> </u>	
2	Did the organization operate for the benefit of any supported organization other than the supported	HWZ		F
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	٠-,	2, 2	
	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			· · · · · · · · · · · · · · · · · · ·
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		7 7 3	
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	1		35.44
	or management of the supporting organization was vested in the same persons that controlled or managed		6 5	
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
	Did the agranization manifests and after appeared agranizations to the last day of the fifth and the		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	Take 1	د در از در این در در سیم	Takes
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the		or Seletion	
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	F. F. 22.	2967-est	2323
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	#2005	A TEACH	23,23,25
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	建	1	27.00
	the organization maintained a close and continuous working relationship with the supported organization(s).	2	No. of Acres	3
3	By reason of the relationship described in (2), did the organization's supported organizations have a	98°, **	ام المالة	h_ in
	significant voice in the organization's investment policies and in directing the use of the organization's		٦	74.50 E
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	, x 7'	74	15 4
	supported organizations played in this regard.	3	كالتبضائذ	أتبن الكليمي
Secti	on E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	instru	ctions	s).
а	☐ The organization satisfied the Activities Test. Complete line 2 below.			-7.
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (s	see ins	taicti	ane)
	•	٠ ٥٥٠		
2	Activities Test. Answer (a) and (b) below.	القديق ا	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	2500	12 mg	
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	1.5	```;`;	
	those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined	40.7		
	that these activities constituted substantially all of its activities.		-12, 6	1
h	·	2a	200	
þ	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	を持ち	7月1日	أرابية
	reasons for the organization's position that its supported organization(s) would have engaged in these		् ४ दर्द्ध इ.स.च्या	les r
	activities but for the organization's involvement.	OF.	17.7.5	أكشت
•	Parent of Supported Organizations. Answer (a) and (b) below.	2b	5. F.m	·
3		克勒里	b Train	
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	京城 華	-312-	أدورعيقة
1.	· · · · · · · · · · · · · · · · · · ·	3a	1.323	ल
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3h	المشد	اعترا

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	an	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying other Type III non-functionally integrated supporting organizations must contain the containing of the contain			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1		
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):		The state of	
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	-	
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functionall instructions).	y-in	tegrated Type III supportin	g organization (see

Part		s) Supporting Organi	zations (continuea)	
Secti	on D - Distributions			Current Year
1_	Amounts paid to supported organizations to accomplish			
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	rted	
	organizations, in excess of income from activity			
3_	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.	<u> </u>		<u> </u>
	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	th the organization is res	ponsive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2015 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
S	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1	Distributable amount for 2015 from Section C, line 6		t .	
2	Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			,
3	Excess distributions carryover, if any, to 2015:	* · · · · · · · · · · · · · · · · · · ·	, , , , ,	
a			. 6	2.74
b	King to the second seco	· · · · · · · · · · · · · · · · · · ·		
C	一种一种一种一种一种一种一种一种一种一种一种一种一种一种一种一种一种一种一种		4.	COLD BELL STATE
d	From 2013	. 20		
	From 2014			
f	Total of lines 3a through e			للود من المراجعة المر
<u>:</u>	Applied to underdistributions of prior years			1
h	Applied to 2015 distributable amount	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	15 e- 1	· · · · · · · · · · · · · · · · · · ·
i	Carryover from 2010 not applied (see instructions)			
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2015 from Section	1		C The Land
	D, line 7: \$			() (#) ASA(#) () [] [] (#)
а	Applied to underdistributions of prior years	20 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
b	Applied to 2015 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2015, if			A Company
	any. Subtract lines 3g and 4a from line 2 (if amount			1
	greater than zero, see instructions).			
6	Remaining underdistributions for 2015. Subtract lines 3h	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	3	
	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2016. Add lines 3 _j and 4c.			
8	Breakdown of line 7:			
a	S TO THE STATE OF	4. 4.		, , ,
b	845	,	· 94.8	1 / 12/26/5 B
C	Excess from 2013		2 0	1
d	Excess from 2014			
e	Excess from 2015		· · · · · · · · · · · · · · · · · · ·	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -

	-
D	٠.
rane	c

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
Part II, Sec	tion B, Line 10:
Other Incor	me: 2014: \$18 is forgiveness of debt. 2015: \$4500 is contract services for another exempt purpose organization.
-	
•••••	
	

SCHÈDULE 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 2015

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.

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

	ee separate instructions), t	hen	rax) (see separat		-Lz, rait v, inte ooc (rioxy
• Se	ection 501(c)(4), (5), or (6) orga	anizations: Complete Part III.			
Name	of organization			Employer ide	ntification number
	CITIZEN ACTION EDUCATION				34-1208940
Part		e organization is exempt und			organization.
1		the organization's direct and indire			
2	Political expenditures .				<u></u>
3	Volunteer hours				
Part	-B Complete if the	e organization is exempt und	er section 501(c	c)(3).	
1		excise tax incurred by the organiza			B
2	•	excise tax incurred by organization			• • • • • • • • • • • • • • • • • • •
3		ed a section 4955 tax, did it file Fo			Yes No
4a	•		•		Yes No
b	If "Yes," describe in Part				
Part		e organization is exempt und	er section 501(c), except section 501	(c)(3).
1		ly expended by the filing organiz			
					;
2	Enter the amount of the	filing organization's funds contrib	outed to other org	anizations for section	
	527 exempt function acti	vities		🕨 💲	}
3	•	expenditures. Add lines 1 and 2		·	
4	Did the filing organization	n file Form 1120-POL for this year	?		Yes Do
5		ses and employer identification nur			
		ents. For each organization listed,			
		ontributions received that were pro			
	as a separate segregated	fund or a political action committe	e (PAC). II additio	nai space is needed, prov	ride information in Part IV.
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
				filing organization's funds, if none, enter -0-,	contributions received and promptly and directly
					delivered to a separate
				:	political organization. If none, enter -0
(1)					
(0)					
(2)					
(3)					
(0)					
(4)					
			······		
(5)					
(6)					
6)					

Sched	ule C (Form 990 or 990-EZ) 2015					Page 2
	II-A Complete if the organizati section 501(h)).	-				
	heck ► ☐ if the filing organization be name, address, EIN, exp	enses, and shai	re of excess lobb	oying expenditur	es).	oup member's
<u>в</u> С	heck ► ☐ if the filing organization of			roi" provisions a		
	(The term "expenditures"		paid or incurred.	· · · · · · · · · · · · · · · · · · ·	(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence	e public opinion	(grass roots lobby	ring)	0	0
b	Total lobbying expenditures to influence	ce a legislative bo	dy (direct lobbying	9)	0	0
С	Total lobbying expenditures (add lines	1a and 1b) .			0	0
d	Other exempt purpose expenditures .				268250	0
е	Total exempt purpose expenditures (a	dd lines 1c and 1	d)		268250	0
f	Lobbying nontaxable amount. Enter	the amount fr	om the following	table in both		
	columns.				53650	0
	If the amount on line 1e, column (a) or (b)	is: The lobbying	nontaxable amoun	t is:	34	
	Not over \$500,000	20% of the arr	nount on line 1e.			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus	15% of the excess	over \$500,000.		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus	10% of the excess	over \$1,000,000.		
	Over \$1,500,000 but not over \$17,000,000		5% of the excess or			
	Over \$17,000,000	\$1,000,000.				
g	Grassroots nontaxable amount (enter	25% of line 1f)			13412	
ĥ	Subtract line 1g from line 1a. If zero or	less, enter -0-			0	
i	Subtract line 1f from line 1c. If zero or	less, enter -0-			0	
į	If there is an amount other than zer	o on either line	1h or line 1i, did	the organization	file Form 4720	
-	reporting section 4911 tax for this year	r?				Yes No
-	(Some organizations that made a s	ection 501(h) ele	Period Under sec ection do not have uctions for lines	e to complete all	of the five colum	ns below.
	Lobbyir	ng Expenditures	During 4-Year Av	eraging Period		
	Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total
2a	Lobbying nontaxable amount	105255	48720	60581	53650	268206
b	Lobbying ceiling amount (150% of line 2a, column (e))					402309
С	Total lobbying expenditures	o	0	0	0	0

d Grassroots nontaxable amount

f Grassroots lobbying expenditures

e Grassroots ceiling amount (150% of line 2d, column (e))

Schedule C (Form 990 or 990-EZ) 2015

	(election under section 501(h)).	, ,	2)		(b)	
	ach "Yes," response on lines 1a through 1i below, provide in Part IV a detailed private in part IV a detailed in the lobbying activity.	Yes	No	A	mount	:
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:			3, 35 h. 3	3,	
а	Volunteers?	<u></u>				٠.
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					- 47
С	Media advertisements?				_	
d	Mailings to members, legislators, or the public?					
е	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			<u> </u>		
i	Other activities?	L				
j	Total. Add lines 1c through 1i	187.3	3	<u> </u>		
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	L	<u> </u>	3		· K10
b	If "Yes," enter the amount of any tax incurred under section 4912	- 643				
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .	شنا	Tirle Co		स्टब्स्ट	
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	<u> </u>	<u></u>		7	11.7
Part		;)(5),	or se	ction		
	501(c)(6).				Yes	No
	NAME OF THE STATE				res	NO
1	Were substantially all (90% or more) dues received nondeductible by members?			1	 	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			3		-
3 Part	Did the organization agree to carry over lobbying and political expenditures from the prior year? III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)				I	l
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," Canswered "Yes."				line :	3, is
1	Dues, assessments and similar amounts from members		1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amount political expenses for which the section 527(f) tax was paid).	s of	-			
а	Current year		2a			
b	Carryover from last year		2b			
C	Total		2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of excess does the organization agree to carryover to the reasonable estimate of nondeductible lobb		瀛			
	and political expenditure next year?		4			
5	Taxable amount of lobbying and political expenditures (see instructions)		5			
Part				l ,		
	e the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated gro	up lis	t); Pai	rt II-A, I	ines 1	and
2 (see	instructions); and Part II-B, line 1. Also, complete this part for any additional information.					
•						
			•••••			

Schedule C (Fo	orm 990 or 990-EZ) 2015	Page 4
Part IV	Supplemental Information (continued)	
•••••		

SCHEDULE D (Form 990)

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" on Form 990.

Open to Public Inspection

OMB No. 1545-0047

Internal Revenue Service Name of the organization

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990. Department of the Treasury ▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OHIO CITIZEN ACTION EDUCATION FUND 34-1208940 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No 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 easement on the last day of the tax year. Held at the End of the Tax Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c 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 3 Number of states where property subject to conservation easement is located ▶ 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) 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: (i) Revenue included on Form 990, Part VIII, line 1 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: Assets included in Form 990, Part X .

Part	III Organizations Maintaining	Collections of	Art, His	torical 1	reasures	, or Ot	her Similar A	ssets (continued	<u> </u>
3	Using the organization's acquisition, collection items (check all that apply):		her reco	rds, chec	k any of th	e follov	wing that are a	significant use of	ıts
а	☐ Public exhibition				or exchang				
ь	☐ Scholarly research		е	☐ Othe	r <u></u>	1			
C	☐ Preservation for future generations					!		_	
4	Provide a description of the organiza XIII.								art
5	During the year, did the organization								
	assets to be sold to raise funds rather		ined as p	part of the	e organizat	ion's co	ollection?	Yes 1	10
Part	IV Escrow and Custodial Arra								
	Complete if the organization 990, Part X, line 21.					i			
1a	Is the organization an agent, trustee included on Form 990, Part X?			-		•			No
b	If "Yes," explain the arrangement in P	art XIII and comple	ete the fo	llowing to	able:				
							/	Amount	
С	Beginning balance					10	;		
d	Additions during the year					10	1		
е	Distributions during the year					16			
f	Ending balance					<u> </u>		·	
	Did the organization include an amou								40
	If "Yes," explain the arrangement in P	art XIII. Check here	e if the e	xplanatio	<u>n has been</u>	provide	ed on Part XIII .		
Par									
	Complete if the organization						(4 = 1		. —
		(a) Current year	(b) Pn	or year	(c) Two year	s back	(d) Three years bad	ck (e) Four years bac	:k
1a	Beginning of year balance					<u> </u>	•	_	
b	Contributions	- :		-		•			
С	Net investment earnings, gains, and losses								
d	Grants or scholarships								
е	Other expenditures for facilities and						!		
	programs								
f	Administrative expenses								
g	End of year balance				<u> </u>	<u> </u>			
2	Provide the estimated percentage of t	he current year en	d balanc	e (line 1g	i, column (a)) held	as:		
а	Board designated or quasi-endowmen	nt ▶	%						
b	Permanent endowment ▶					İ			
C	Temporarily restricted endowment ▶								
	The percentages on lines 2a, 2b, and	zc snoula equal 10				İ			
За	Are there endowment funds not in the	e possession of th	ie organi	zation tha	at are held	and ad	ministered for t	he	
	organization by:							Yes N	0
	(i) unrelated organizations							3a(i)	
	(ii) related organizations							3a(ii)	
ь	If "Yes" on line 3a(ii), are the related o							3b	
4	Describe in Part XIII the intended uses		n's endo	wment fu	unds.			<u> </u>	
Part									
	Complete if the organization	answered "Yes"	on For					, Part X, line 10.	
	Description of property	(a) Cost or oth			or other basis ther)		Accumulated epreciation	(d) Book value	
1a	Land								_
b	Buildings								
С	Leasehold improvements					<u> </u>			
d	Equipment		0		29287	<u> </u>	29287		0
e_	Other	•							
Total.	Add lines 1a through 1e. (Column (d) n	nust equal Form 99	90, Part)	k, column	(B), line 10	c.) .	. ▶		0

Part VII	Investments—Other Securitie		000 Dort IV lin	o 11h Soo Form	OOO Dort V line 10
	Complete if the organization an (a) Description of security or category		(b) Book value		hod of valuation
	(including name of security)		(b) Book value		-of-year market value
(1) Financial					
	neld equity interests				
(3) Other					
(A)					
(B) (C)					··-··-
(D)					
(E)					
(F)					· · · · · · · · · · · · · · · · · · ·
(G)	•••••				
(H)					
	b) must equal Form 990, Part X, col. (B) line 12.) ▶	·			
Part VIII	Investments-Program Relate			(<u></u>	
	Complete if the organization an		rm 990, Part IV, lin	e 11c. See Form	990, Part X, line 13.
	(a) Description of investment		(b) Book value	(c) Met	thod of valuation -of-year market value
/4\				000.0.0	
(1)					
(2)				-	
(3)					·····
(5)					
(6)	the state of the s				
(7)					
(8)					
(9)					
Total. (Column (I	b) must equal Form 990, Part X, col. (B) line 13.) ▶	•			
Part IX	Other Assets.				
	Complete if the organization an		rm 990, Part IV, lin	e 11d. See Form	
		(a) Description			(b) Book value
(1)		, , ,			
(2)					
(3)					
(4)					
(5)				 	· · · · · · · · · · · · · · · · · · ·
(6)					
<u>(7)</u>				 	
(8)				· · ·	
(9) Total, (Colu	mn (b) must equal Form 990, Part X,	col. (B) line 15.)			
Part X	Other Liabilities.				
r di C X	Complete if the organization and	swered "Yes" on Fo	m 990. Part IV. lin	e 11e or 11f. See	e Form 990. Part X.
	line 25.				
1.	(a) Description of liability	(b) Book value			
(1) Federal in	come taxes				
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)				ولانا والمجران والمراجع	
(9)				300 400	the state of
	b) must equal Form 990, Part X, col. (B) line 25.) 🕨				
	uncertain tax positions. In Part XIII, pro				
organization's	s liability for uncertain tax positions unde	er FIN 48 (ASC 740). Che	eck here if the text of the	he footnote has bee	n provided in Part XIII

Pari		Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	4
1	Total revenue, gains, and other support per audited financial statements	1 255216
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
а	Net unrealized gains (losses) on investments	2.30
b	Donated services and use of facilities	
C	Recoveries of prior year grants	49 2
d	Other (Describe in Part XIII.)	عالم المالية
е	Add lines 2a through 2d	
3	Subtract line 2e from line 1	3 255216
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 4a	46 - 3
b	Other (Describe in Part XIII.)	<u>- 1887</u>
С	Add lines 4a and 4b	4c 0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5 255216
Part		r Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	
1	Total expenses and losses per audited financial statements	1 268250
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	2 3 5
а	Donated services and use of facilities	
b	Prior year adjustments	- Carrier - Carr
C	Other losses	744
d	Other (Describe in Part XIII.)	72 - 1
e	Add lines 2a through 2d	2e 0
3	Subtract line 2e from line 1	3 268250
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	147 N
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a	10 Marie 10
b	Other (Describe in Part XIII.)	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
C	Add lines 4a and 4b	4 c 0
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	<u>-</u> -
	XIII Supplemental Information.	5 268250
2; Par	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inf	ormation.

Schedule D (Fo	orm 990) 2015	Page 5
Part XIII	Supplemental Information (continued)	
-		

SCHEDULE 0 (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.

2015

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

▶ 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

OHIO CITIZEN ACTION EDUCATION FUND	34-1208940
Part I, line 5: Part V, line 2a:	
Ohio Citizen Action Education Fund (OCA EF) has a common paymaster agreement with Ohio Citizen	Action (OCA) whereby one paycheck is
issued from OCA. They share employees on a reimbursement basis. OCA files all payroll withholding,	
for the total amount paid to the employees from both organizations. OCA charges back to OCA EF the	
related expenses. OCA EF's financial statements and Form 990 reflect all of these expenses. OCA is a	
organization. OCA EF had 5 employees in 2015.	
Part VI, Section A, Line 9:	
Willa Bronston, 841 Creekside, Dayton, OH 45427	
Dick Wittberg, President, 209 Wyoming Rd, Marietta, OH 45750	
Matt Currie, 263 Ridgewood Ave, Dayton, OH 45409	
Heather Zoller, 112 Hawthorne Ave, Fort Thomas, KY 41075	
Brooke Smith, 26 E 15th St, Apt 7, Cinci, OH 45202	
Melissa English, 2330 Victory Pkwy, #401, Cinci, OH 45206	
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 Dire	ctor 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
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 minutes. The Audit Committee may meet in person or via telephone. Upon	approval of the Board Audit
Committee, the Financial Director shall distribute to the full Board a copy of the Form 990 for their rev	iew. The Form 990 shall not be
filed with the IRS until the full Board has had an opportunity to review it.	

	Employer identification number
Name of the organization OHIO CITIZEN ACTION EDUCATION FUND	34-1208940
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 i	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 confl	lict of interest that may arise in the future.
Part VI, Section B, Lines 15a, 15b:	
Process for determining compensation of key employees.	
When filling an open position of a key employee, such as the Executive Director, Financial Dir	rector, 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 sough	nt, whenever possible, to substantiate the
decision. The current policy regarding compensation increases is to provide an annual salary	y increase on April 1st of each year, in an
amount equal to the greater of \$1000 or 3%, provided the budget allows. Exceptions may be n	nade to this policy based on exceptional merit
but within the comparative norm. The Board approves the annual increase for the Executive D	Director. Comparative data is obtained from
interviews with other non-profit organizations, as well as publications that gather such inform	nation.
Part VI, Section C, Lines 18, 19:	
Process for making certain documents available to the public.	
The IRS Form 990 is made public upon request, on Ohio Cıtizen Action's website, and also thr	rough Guidestar, another website. Other
documents are available upon request, including audited financial statements, articles of inco	orporation, by-laws, and conflict of interest
policy. Copies of the Form 990 are on file in each office and are available for review, or copyin	ng upon request.
Part IX, Line 11g:	
Other fees for services: \$89,500 was for contract services to exempt organizations assisting i	in performance of non-lobbying work