DLN: 93493316036543

Return of Organization Exempt From Income Tax

Internal Revenue Service

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

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

OMB No 1545-0047

Open to Public Inspection

benefit trust or private foundation) Department of the Treasury

A For the 2012 calendar year, or tax year beginning 01-01-2012 , 2012, and ending 12-31-2012 D Employer identification number B Check if applicable OHIO CITIZEN ACTION EDUCATION FUND Address change 34-1208940 Doing Business As OHIO CITIZEN ACTION EDUCATION FUND Initial return Number and street (or P O box if mail is not delivered to street address) Room/suite E Telephone number 614 W SUPERIOR AVE 1200 Terminated (216)861-1989 City or town, state or country, and ZIP \pm 4 CLEVELAND, OH 44113 Amended return Application pending G Gross receipts \$ 329,180 Name and address of principal officer H(a) Is this a group return for MELISSA ENGLISH ┌ Yes 🗸 No 4209 BROOKSIDE AVE 2 CINCINNATI, OH 45223 **H(b)** Are all affiliates included? ✓ Yes ☐ No If "No," attach a list (see instructions) Tax-exempt status H(c) Group exemption number ▶ Website: ▶ K 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 WORK TO PROTECT PUBLIC HEALTH & THE ENVIRONMENT FROM THREATS OF POLLUTION INCLUDING INDUSTRIAL MANUFACTURERS COAL-FIRED POWER PLANTS OIL AND GAS DRILLING COAL PRODUCTION & TOXIC CHEMICALS ALSO CAMPAIGN FINANCE REFORM Activities & Governance 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) . . 4 Number of independent voting members of the governing body (Part VI, line 1b) . 4 4 Total number of individuals employed in calendar year 2012 (Part V, line 2a) 5 0 6 10 Total number of volunteers (estimate if necessary) . 7a 0 7a Total unrelated business revenue from Part VIII, column (C), line 12 . **b** Net unrelated business taxable income from Form 990-T, line 34 **7**b **Prior Year Current Year** 650,360 329,180 Contributions and grants (Part VIII, line 1h) . Program service revenue (Part VIII, line 2g) . 0 0 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0 11 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12 650,360 329,180 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) . . . 42,000 2,500 14 Benefits paid to or for members (Part IX, column (A), line 4) . . 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines 15 449,552 215,733 Expenses 5 - 10)Professional fundraising fees (Part IX, column (A), line 11e) . . 4,651 3,546 16a Total fundraising expenses (Part IX, column (D), line 25) \blacktriangleright 16,272 b 378,654 313,257 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 874,857 535,036 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses Subtract line 18 from line 12 -224,497 -205,856 Assets or d Balances **Beginning of Current End of Year** 20 239,097 93,317 Total assets (Part X, line 16) . 21 Total liabilities (Part X, line 26) 37,300 97,376 22 Net assets or fund balances Subtract line 21 from line 20 201,797 -4.059 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 officer) is based on all information of which preparer has any knowledge 2013-10-22 Signature of officer Sign Here MELISSA ENGLISH EXECUTIVE DIRECTOR Type or print name and title Print/Type preparer's name Preparer's signature Date Check self-employed **Paid** Firm's name Firm's EIN 🕨

May the IRS discuss this return with the preparer shown above? (see instructions) .

Firm's address 🕨

Preparer

Use Only

| Form | 990 (2012) | | | | | Page |
|------|--------------------|---|----------------|-------------------------|--|--------------------------|
| Par | | ent of Program Servi chedule O contains a resp | - | | | |
| 1 | Briefly describe | the organization's mission | | | | |
| INDU | | ACTURERS COAL-FIRED | | | OF POLLUTION FROM SOUR ING COAL PRODUCTION & T | |
| | | | | | | |
| 2 | | ion undertake any significa 00 or 990-EZ? | | | r which were not listed on | |
| | If "Yes," describe | e these new services on Sc | hedule O | | | |
| 3 | services? | cion cease conducting, or n | | | onducts, any program | |
| 4 | expenses Section | |) organization | s are required to repor | ree largest program services, at the amount of grants and allo | |
| | (Code |) (Expenses \$ | 251,706 | ıncludıng grants of \$ | 2,500) (Revenue \$ |) |
| | | UBLIC EDUCATION AND ORGANIZ AS DRILLING NUCLEAR SAFETY & | | | BLIC HEALTH ISSUES INCLUDING AIR A | AND WATER POLLUTION COAL |
| | (Code |) (Expenses \$ | 56,487 | including grants of \$ |) (Revenue \$ |) |
| | CAMPAIGN FINANC | E SUPPORT FOR CAMPAIGN FINA | NCE REFORM EF | FFORTS PUBLIC ACCESS TO | INFORMATION AND ISSUES RELATED | TO ELECTION PROCEDURES |
| | (Code |) (Expenses \$ | 171,888 | including grants of \$ |) (Revenue \$ |) |
| | CLIMATE ORGANIZI | NG A MULTI-STATE PROJECT INV | OLVING ENVIRO | | IG ON CLEAN ENERGY ISSUES | , |
| | Other pregram | services (Describe in Sche | dula O) | | | |

) (Revenue \$

including grants of \$

480,081

(Expenses \$

Total program service expenses ►

| Part TV | Checklis | t of Re | auired | Schedule | 2.5 |
|---------|-----------|---------|--------|----------|-----|
| | CIICCNIIS | | Juniou | SCIICAGI | _ |

| | | | 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^{2} | 1 | Yes | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? * | 2 | Yes | |
| 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 | | No |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II | 4 | Yes | |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | 5 | | No |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | No |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If</i> "Yes," complete Schedule D, Part II | 7 | | No |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i> complete Schedule D, Part III | 8 | | No |
| 9 | Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV | 9 | | No |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V | 10 | | No |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI | 11a | Yes | |
| b | Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16 ? If "Yes," complete Schedule D, Part VII | 11b | | No |
| C | 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 | | No |
| d | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | No |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | | Νo |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | | No |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII | 12a | Yes | |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | No |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | No |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | No |
| b | 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 | | No |
| 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, Parts II and IV | 15 | | No |
| 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? <i>If</i> "Yes," complete Schedule F, Parts III and IV | 16 | | No |
| 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 | | No |
| 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 | | No |
| 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 | | No |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | No |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |

| Par | t IV Checklist of Required Schedules (continued) | | | |
|-----|---|-----|-----|----|
| 21 | Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | Yes | |
| 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 2? If "Yes," complete Schedule I, Parts I and III | 22 | | Νo |
| 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 | | No |
| 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 | | No |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| c | 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 | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25a | 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 | 25a | | No |
| 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 | | No |
| 26 | Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II | 26 | | No |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | No |
| 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) | | | |
| а | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part | , | | |
| | | 28a | | Νo |
| b | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28b | | Νo |
| c | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV | 28c | | No |
| 29 | Did the organization receive more than $\$25,000$ in non-cash contributions? If "Yes," complete Schedule M | 29 | | Νo |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M | 30 | | No |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | Νo |
| 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 | | No |
| 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? <i>If "Yes," complete Schedule R, Part I</i> | 33 | | No |
| 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 | | No |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | Νo |
| b | If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line $2 \cdot . \cdot .$ | 35b | | |
| 36 | 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 | | No |
| 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 | | No |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? | 20 | Yes | |

| <u> </u> | Statements Regarding Other IRS Fillings and Tax Compliance | | | г |
|----------|---|----------|---------|----------------|
| | Check if Schedule O contains a response to any question in this Part V | • | Yes | No |
| 1 | Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 1 | | 1.03 | 140 |
| | Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0 | 1 | | |
| | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable | | | |
| | gaming (gambling) winnings to prize winners? | 1c | Yes | |
| | 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 | | | |
| | by this return | 1 | | |
| , | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | 2b | | |
| ı | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | N |
| | If "Yes," has it filed a Form 990-T for this year? <i>If "No," provide an explanation in Schedule O</i> | 3b | | |
| 1 | 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 | | No |
| ļ | If "Yes," enter the name of the foreign country | | | |
| | See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts | | | |
| | | | | |
| i | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | No |
| | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | N |
| | If "Yes," to line 5a or 5b, did the organization file Form 8886-T? | | | |
| | | 5c | | L |
| 1 | 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 | | N (|
| | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts | | | |
| | were not tax deductible? | 6b | | |
| | Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7a | | N |
| | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | |
| | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to | | | |
| | file Form 8282? | 7c | | N |
| | If "Yes," indicate the number of Forms 8282 filed during the year 7d | | | |
| | | 1 | | |
| | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 70 | | l _N |
| | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7e 7f | | N |
| | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as | F | | IN |
| | required? | 7g | | |
| | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a | 7h | | |
| | Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting 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 | | |
| | Sponsoring organizations maintaining donor advised funds. | | | |
| | Did the organization make any taxable distributions under section 4966? | 9a | | |
| | Did the organization make a distribution to a donor, donor advisor, or related person? | 9b | - | |
| | Section 501(c)(7) organizations. Enter | | | |
| | Initiation fees and capital contributions included on Part VIII, line 12 | | | |
| | | | | |
| | Section 501(c)(12) organizations. Enter Gross income from members or shareholders | | | |
| | | - | | |
| | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) | _ | | |
| | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | <u></u> | L |
| | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | | | |
| | Section 501(c)(29) qualified nonprofit health insurance issuers. | 1 | | |
| | Is the organization licensed to issue qualified health plans in more than one state? | | | |
| | Note. See the instructions for additional information the organization must report on Schedule O | 13a | | |
| | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans | | | |
| | Enter the amount of reserves on hand | ļ | | |
| | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | N |
| | If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O | 14h | | l — |

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

| Check if Schedule O contains a response to any question in this Part VI . | | | | | | | | | | | | | | | ে |
|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|---|
|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|---|

| Se | ection A. Governing Body and Management | | | |
|------------|--|-------|--------|-----|
| | | | Yes | No |
| 1 a | Enter the number of voting members of the governing body at the end of the tax year | | | |
| | If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O | | | |
| b | Enter the number of voting members included in line 1a, above, who are independent | | | |
| 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 | | Νo |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . | 3 | | No |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | No |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? . | 5 | | No |
| 6 | Did the organization have members or stockholders? | 6 | | No |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? | 7a | | No |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | 7b | | No |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following | | | |
| а | The governing body? | 8a | Yes | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | Yes | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O | 9 | Yes | |
| Se | ection B. Policies (This Section B requests information about policies not required by the Internal R | evenu | ie Cod | e.) |
| | | | Yes | No |
| 10a | Did the organization have local chapters, branches, or affiliates? | 10a | | Νo |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | Yes | |
| b | Describe in Schedule O the process, if any, used by the organization to review this Form 990 | | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | Yes | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | Yes | |
| c | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done | 12c | Yes | |
| 13 | Did the organization have a written whistleblower policy? | 13 | Yes | |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | Yes | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | |
| а | The organization's CEO, Executive Director, or top management official | 15a | Yes | |
| b | Other officers or key employees of the organization | 15b | Yes | |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | 16a | | No |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? | | | |
| | organization's exempt status with respect to such arrangements. | 16b | | |

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed ▶OH
- 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply
 - Own website Another's website Upon request Other (explain in Schedule O)
- Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization ►LYNN SCHEERHORN 614 W SUPERIOR AVE 1200 CLEVELAND, OH (216) 861-5200

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

- 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, or 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 nor any related organization compensated any current officer, director, or trustee

| | 1 | | | | | | | 1 | | |
|-----------------------|---|-----------------------------------|-----------------------|-------------------|-----------------------------|------------------------------|-----------|---|--|---|
| (A) Name and Title | (B) A verage hours per week (list any hours for related | more pers and | than on is | one bot ect | not box h ar or/tr | office rustee | ess er | (D) Reportable compensation from the organization (W- 2/1099- | (E) Reportable compensation from related organizations (W- 2/1099- | (F) Estimated amount of other compensation from the |
| | organizations below dotted line) | Individual trustee or director | Institutional Trustee | Officei | Key employee | Highest compensated employee | Former | MISC) | MISC) | organization and related organizations |
| (1) WILLA BRONSTON | 1 | x | | | | | | 0 | 0 | 0 |
| BOARD MEMBER | | | | | | | | | | |
| (2) MATT CURRIE | 1 | × | | | | | | 0 | 0 | 0 |
| BOARD MEMBER | | | | | | | | | | |
| (3) CHRISTA EBERT | 2 | x | | x | | | | 0 | 0 | 0 |
| SECRETARY TREASURER | | | | | | | | | | |
| (4) DICK WITTBERG | 2 | x | | x | | | | 0 | 0 | 0 |
| PRESIDENT | | | | | | | | | | |
| (5) MELISSA ENGLISH | 36 | | | x | | | | 18,432 | 0 | 0 |
| EXECUTIVE DIRECTOR | | | | | | | | , | | |
| | | | | | | | L | | | |
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| | | | | | | | | | | Form 990 (2012) |

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

| | (A) Name and Title | (B) Average hours per week (list any hours | more t | tion (han d on is | ne l both | box, an | heck unless officer | ; | (I Repoi compei from organiza | table nsation the tion (W- | (E) Reportable compensation from related organizations (V | /- | (F) Estima amount o compens from t | ited fother sation :he |
|----------|---|---|------------------------------------|--------------------------|--------------|--------------|------------------------------|----------|---|-------------------------------------|---|--------|--|---------------------------------|
| | | for related organizations below dotted line) | Individual trustiee or director | Institutional Trustee | Officei | Key employee | Highest compensated employee | Former | 2/1099 | -MISC) | 2/1099-MISC |) o | rganizati relati organiza | ed |
| | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | |
| 1b | Sub-Total | | | • | | | | F | | | | | | |
| c d | Total from continuation sheet Total (add lines 1b and 1c) . | • | | | ٠. | ٠. | • | | | 18,432 | | + | | |
| 2 | Total number of individuals (in \$100,000 of reportable compe | cluding but not | limited | to the | ose | | | e) w | ho receive | d more th | nan | | | |
| | | | | | | | | | | | | | Yes | No |
| 3 | Did the organization list any f oon line 1a? <i>If</i> "Yes," complete 5 | | | | | | | | | | | 3 | | No |
| 4 | For any individual listed on line organization and related organ individual | | | | | | | | | | | 4 | | No |
| 5 | Did any person listed on line 1 services rendered to the organ | | | | | | | | | | or individual for | 5 | | No |
| Se | ection B. Independent Co | ntractors | | | | | | | | | | | | |
| 1 | Complete this table for your five compensation from the organization | | | | | | | | | | | | tax year | |
| NA , | | (A) Name and business | address | | | | | | | Des | (B) cription of services | | (C Comper | |
| <u> </u> | | | | | | | | | | | | | | |
| | | | | | | | | | | | | # | | |
| | Total number of independent co | ntractors (inclu | dına but | not | lımıt | ed t | o thos | e list | ted above | who rece | ived more than | \neg | | |

\$100,000 of compensation from the organization $\blacktriangleright 0$

| Part V | | Statement of Revenue Check if Schedule O contains a response to any question | ın thıs Part VIII | | | |
|---|---------|--|-----------------------------|--|---|---|
| | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512,513,or 514 |
| 0 | 1a | Federated campaigns 1a 11,013 | | | | |
| nt all | b | Membership dues 1b | | | | |
| ا £ وَتَر | c | Fundraising events 1c | | | | |
| £, Ā | d | Related organizations 1d | | | | |
| <u>⊒</u> | | Government grants (contributions) 1e | | | | |
| Sin. | е | | | | | |
| er Hi | f | All other contributions, gifts, grants, and similar amounts not included above 318,167 | | | | |
| 를 돌 | g | Noncash contributions included in lines 1a-1f \$ | į | | | |
| Contributions, Giffs, Grants and Other Similar Amounts | h | Total. Add lines 1a-1f | 329,180 | | | |
| o o | | Business Code | | | | |
| une | 2a | Business Code | | | | |
| e ve | | | | | | |
| ë H | С | | | | | |
| ¥ . | d | | | | | |
| <u>ئة</u> | e | | | | | |
| Program Serwce Revenue | f | All other program service revenue | | | | |
| | g 3 | Total. Add lines 2a-2f | | | | |
| | , | and other similar amounts) | | | | |
| | 4 | Income from investment of tax-exempt bond proceeds | | | | |
| | 5 | Royalties | | | | |
| | 6a | (1) Real (11) Personal Gross rents | | | | |
| | b | Less rental | | | | |
| | c | expenses Rental income | | | | |
| | d | or (loss) Net rental income or (loss) | | | | |
| | u | (i) Securities (ii) Other | | | | |
| | 7a | Gross amount | | | | |
| | | from sales of assets other | | | | |
| | b | than inventory Less cost or | | | | |
| | | other basis and sales expenses | | | | |
| | С | Gain or (loss) | | 1 | | |
| | d o- | Net gain or (loss) | | | | |
| enne | 8a | Gross income from fundraising events (not including \$ | | | | |
| Other Revenue | | of contributions reported on line 1c) See Part IV, line 18 a | | | | |
| the | b | Less direct expenses b | | | | |
| ۰ | C | Net income or (loss) from fundraising events 🛌 | | | | |
| | 9a | Gross income from gaming activities See Part IV, line 19 | | | | |
| | b | Less direct expenses b | | | | |
| | c | Net income or (loss) from gaming activities | | | | |
| | 10a | Gross sales of inventory, less returns and allowances . | | | | |
| | ь | Less cost of goods sold b | | | | |
| | | Net income or (loss) from sales of inventory | | | | |
| | | Miscellaneous Revenue Business Code | | | | |
| | 11a | | | | | |
| | b | | | | | |
| | c | | | | | |
| | d | All other revenue | | | | |
| | e | Total. Add lines 11a-11d ▶ | | | | |
| | 12 | Total revenue. See Instructions | 329,180 | 0 | 0 | 0 |

| | 990 (2012) LIX Statement of Functional Expenses | | | | Page 10 |
|-------|---|-----------------------|--------------------------|---------------------------------|-------------------------|
| | on $501(c)(3)$ and $501(c)(4)$ organizations must complete all columns. All | other organizat | ions must comi | olete column (A) | |
| | Check if Schedule O contains a response to any question in this Pa | - | | | |
| Do no | ot include amounts reported on lines 6b, | | (B) | (c) | (D) |
| | o, 9b, and 10b of Part VIII. | (A) Total expenses | Program service expenses | Management and general expenses | Fundraising expenses |
| 1 | Grants and other assistance to governments and organizations in the United States See Part IV, line 21 | 3 500 | | general expenses | Схрепаса |
| 2 | Grants and other assistance to individuals in the United States See Part IV, line 22 | 2,500 | 2,500 | | |
| 3 | Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16 | | | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, trustees, and | | | | |
| | key employees | 18,432 | 13,824 | | 4,608 |
| 6 | Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$ | | | | |
| 7 | Other salaries and wages | 154,234 | 146,116 | | 8,118 |
| 8 | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | | | | |
| 9 | Other employee benefits | 27,371 | 27,371 | | |
| 10 | Payroll taxes | 15,696 | 15,696 | | |
| 11 | Fees for services (non-employees) | | | | |
| а | Management | 34,419 | | 34,419 | |
| b | Legal | , | | , | |
| c | Accounting | 4,264 | | 4,264 | |
| d | Lobbying | 7,207 | | 7,207 | |
| | | 2.546 | | | 2.546 |
| e | Professional fundraising services See Part IV, line 17 | 3,546 | | | 3,546 |
| f | Investment management fees | | | | |
| g | Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) | 222,640 | 222,640 | | |
| 12 | Advertising and promotion | | | | |
| 13 | Office expenses | 10,818 | 10,818 | | |
| 14 | Information technology | 7,046 | 7,046 | | |
| 15 | Royalties | | | | |
| 16 | Occupancy | 11,510 | 11,510 | | |
| 17 | Travel | 11,716 | 11,716 | | |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials | , | , | | |
| 19 | Conferences, conventions, and meetings | 3,903 | 3,903 | | |
| 20 | Interest | | | | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | 1,794 | 1,794 | | |
| 23 | Insurance | 2,309 | · · | | |
| 24 | Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) | | | | |
| а | BANK CHARGES | 1,453 | 1,453 | | |
| b | MEMBERSHIP DUES | 1,385 | 1,385 | | |
| c | | | | | |
| d | | | | | |
| | All other expenses | 1 | | | |
| 25 | Total functional expenses. Add lines 1 through 24e | 535,036 | 480,081 | 38,683 | 16,272 |
| 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 F [if following SOP 98-2 (ASC 958-720) | 333,030 | +30,001 | 30,003 | 10,272 |

Part X Balance Sheet

| | | | | | (A) Beginning of year | | (B) End of year |
|------------------------|-----|--|--------------|---------------|---------------------------------|-----|---------------------------|
| | 1 | Cash—non-interest-bearing | | | 119,358 | 1 | 6,551 |
| | 2 | Savings and temporary cash investments | | | | 2 | |
| | 3 | Pledges and grants receivable, net | | | 117,033 | 3 | 85,954 |
| | 4 | Accounts receivable, net | | | | 4 | |
| | 5 | Loans and other receivables from current and former officers, dire employees, and highest compensated employees. Complete Part Schedule L | | trustees, key | | 5 | |
| Assets | 6 | Loans and other receivables from other disqualified persons (as a 4958(f)(1)), persons described in section 4958(c)(3)(B), and co and sponsoring organizations of section 501(c)(9) voluntary emporganizations (see instructions) Complete Part II of Schedule L | ntrıbutıı | ng employers | | 6 | |
| Š | 7 | Notes and loans receivable, net | | | | 7 | |
| ⋖ | 8 | Inventories for sale or use | | | | 8 | |
| | 9 | Prepaid expenses and deferred charges | | | 589 | 9 | 490 |
| | 10a | Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D | 10a | 34,950 | | | |
| | ь | Less accumulated depreciation | 10b | 34,628 | 2,117 | 10c | 322 |
| | 11 | Investments—publicly traded securities | <u> </u> | | | 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 | | | | 15 | |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 34) | | | 239,097 | 16 | 93,317 |
| | 17 | Accounts payable and accrued expenses | | | 37,300 | 17 | 62,376 |
| | 18 | Grants payable | | | · | 18 | |
| | 19 | Deferred revenue | | | | 19 | |
| | 20 | Tax-exempt bond liabilities | | | | 20 | |
| | 21 | Escrow or custodial account liability Complete Part IV of Schedu | ule D. | | | 21 | |
| lities | 22 | Loans and other payables to current and former officers, directors key employees, highest compensated employees, and disqualifie | s, truste | | | | |
| Liabili | | persons Complete Part II of Schedule L | | | | 22 | |
| Ξ | 23 | Secured mortgages and notes payable to unrelated third parties | | | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelated third parties . | | | | 24 | |
| | 25 | Other liabilities (including federal income tax, payables to related and other liabilities not included on lines 17-24) Complete Part | d third p | arties, | | | |
| | | D | | | 0 | 25 | 35,000 |
| | 26 | Total liabilities. Add lines 17 through 25 | | | 37,300 | 26 | 97,376 |
| Çė? | | Organizations that follow SFAS 117 (ASC 958), check here ▶ Iines 27 through 29, and lines 33 and 34. | and cor | mplete | | | |
| <u> </u> | 27 | Unrestricted net assets | | | -205,256 | 27 | -116,559 |
| e D | 28 | Temporarily restricted net assets | | | 407,053 | 28 | 112,500 |
| 2 | 29 | Permanently restricted net assets | | • | | 29 | |
| Assets of Fund Balance | | Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34. | e ► ┌ | and | | | |
| 9 | 30 | Capital stock or trust principal, or current funds | | | | 30 | |
| Ř | 31 | Paid-in or capital surplus, or land, building or equipment fund . | | | | 31 | |
| | 32 | Retained earnings, endowment, accumulated income, or other fun | ds | | | 32 | |
| ž | 33 | Total net assets or fund balances | | | 201,797 | 33 | -4,059 |
| _ | 34 | Total liabilities and net assets/fund balances | | | 239,097 | 34 | 93,317 |

| Par | Reconcilliation of Net Assets Check if Schedule O contains a response to any question in this Part XI | | | | ୮ |
|-----|---|----------|-----------|-----|-----------|
| | | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | | 3 | 329,180 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | 5 | 35,036 |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | | - 2 | 205,856 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | | | 201,797 |
| 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 | | | -4,059 |
| Par | t XIII Financial Statements and Reporting | | | | |
| | Check if Schedule O contains a response to any question in this Part XII | | | | . $ abla$ |
| | | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990 Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O | | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a | | Νo |
| | If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or revie a separate basis, consolidated basis, or both | wed on | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | 2b | Yes | |
| | If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both | rate | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| С | If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigh audit, review, or compilation of its financial statements and selection of an independent accountant? | t of the | 2c | Yes | |
| | If the organization changed either its oversight process or selection process during the tax year, explain is Schedule O | n | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in th Single Audit Act and OMB Circular A-133? | e | 3a | | No |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits | equire | 3b | | |

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493316036543

Employer identification number

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Total

Name of the organization

Public Charity Status and Public Support

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

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

Inspection

| OHIO | CITIZE | N ACTION | EDUCATION FU | UND | | | | | | | |
|------|----------|----------|-----------------------------|--|---------------------|-----------------------|-----------------------|----------------------|------------------|---------------------|-----------------------|
| | | | | | - (-11 | | | | 34-12089 | | |
| | t I | | | blic Charity Sta | | | | | | nstructions | • |
| | rganı | | • | te foundation becaus | • | | | • | • | | |
| 1 | <u> </u> | | • | on of churches, or as | | | | ection 1/0(I | 5)(1)(A)(I). | | |
| 2 | <u> </u> | | | in section 170(b)(1 | | | • | 470(1)(4) | (-) () | | |
| 3 | <u> </u> | • | | perative hospital se | _ | | | | | 437437*** | |
| 4 | J | | | h organization operat ity, and state | ted in conjun | ction with a | nospital desc | cribed in sec | tion 1/0(b)(| 1)(A)(III). I | nter the |
| 5 | Г | | | erated for the benefi | t of a college | or universit | v owned or o | perated by a | a government | tal unit desc | ribed in |
| | • | | • | A)(iv). (Complete P | _ | | , | , | 3 | | |
| 6 | Г | | | local government or | • | al unit desc | rıbed ın secti | on 170(b)(1 | L)(A)(v). | | |
| 7 | <u></u> | | | at normally receives | | | | | | rom the gen | eral public |
| | _ | describ | oed in sectio | on 170(b)(1)(A)(vi). | (Complete P | art II) | | _ | | - | · |
| 8 | <u> </u> | | - | described in section | | | • | - | | | |
| 9 | ı | | | at normally receives | | | | | | | |
| | | • | | rities related to its ex | • | - | | | ` ' | | |
| | | | | oss investment inco | | | | | | tax) from bu | ısınesses |
| | _ | | | ganızatıon after June | | | | | | | |
| 10 | <u> </u> | _ | ^ | ganızed and operated | | | · | | | | |
| 11 | ļ | | | ganized and operated ly supported organiz | | | | | | | |
| | | | • | bes the type of supp | | | | • | | ee section t | oo(a)(b). Check |
| | | a [| Type I | b | Type II | I - Function | ally integrate | d d [| Type III - No | on-function | ally integrated |
| e | Γ | • | _ | ox, I certify that the | - | | | | , , | • | • |
| | | | | on managers and otl | her than one | or more pub | licly support | ed organizat | ions describ | ed in sectio | n 509(a)(1) or |
| f | | | n 509(a)(2) organization | received a written de | etermination | from the IR: | S that it is a | Type I. Type | e II. or Type | III support | ing organization. |
| - | | | this box | | | | | . , p = - , . , p | , p. | | у отуши <u>данон,</u> |
| g | | | | 2006, has the organi | zation accep | ted any gift | or contributi | on from any | of the | | |
| | | | ng persons? erson who d | rectly or indirectly o | controls auth | ar alona ort | ogether with | narenne das | cribed in (ii) | | Yes No |
| | | | | governing body of th | | | | persons de | scribed iii (ii) | 110 | |
| | | | | er of a person descri | | _ | | | | 11g | |
| | | | • | lled entity of a perso | | | ahove? | | | 11g | |
| h | | | | ng information about | | | | | | 9 | () |
| | | | | | о очрро | 5 a 5 1 g a 1 1 2 a c | (5) | | | | |
| (i |) Nan | ne of | (ii) EIN | (iii) Type of | (iv) Is t | he | (v) Did you | notify | (vi) Is | the | (vii) A mount of |
| | uppo | | | organization | organizati | | the organiz | | organizat | | monetary |
| or | ganiz | ation | | (described on lines 1- 9 above | col (i) list | | ın col (i) o | | col (i) org | | support |
| | | | | or IRC section | your gove docume | | suppor | | III the U | <i>3</i> ′ | |
| | | | | (see | | | | | | | |
| | | | | instructions)) | Yes | No | Yes | No | Yes | No | 1 |
| | | | | | | | | ···• | | , | |
| | | | | | | | | | <u> </u> | | |
| | | | 1 | | | 1 | 1 | ı | 1 | 1 | 1 |

instructions

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2008 **(b)** 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total in) 🟲 1 Gifts, grants, contributions, and membership fees received (Do not 707,318 238,246 1,008,496 650,360 329,180 2,933,600 include any "unusual grants ") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 707,318 238,246 1,008,496 650,360 329,180 2,933,600 Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on 1,296,425 line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from 1,637,175 line 4 Section B. Total Support Calendar year (or fiscal year beginning (a) 2008 **(b)** 2009 (c) 2010 (d) 2011 **(e)** 2012 (f) Total in) 🟲 650,360 707,318 238,246 1,008,496 329,180 2,933,600 Amounts from line 4 Gross income from interest, dividends, payments received on 1,821 1,821 securities loans, rents, rovalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income Do not include gain 17,819 17,819 or loss from the sale of capital assets (Explain in Part IV) 11 Total support (Add lines 7 2,953,240 through 10) Gross receipts from related activities, etc (see instructions) 12 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check 13 Section C. Computation of Public Support Percentage Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) 14 0 554 % Public support percentage for 2011 Schedule A, Part II, line 14 15 54 809 % 16a 33 1/3% support test—2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box **▶**▽ and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test—2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10%-facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Schedule A (Form 990 or 990-EZ) 2012 Page 3 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.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2008 **(b)** 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total in) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 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 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2008 **(b)** 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total in) 🟲 Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include 12 gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11. and 12) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f)) 15 0 % 16 Public support percentage from 2011 Schedule A, Part III, line 15 16 0 % Section D. Computation of Investment Income Percentage

Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))

19a 33 1/3% support tests—2012. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not

33 1/3% support tests—2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

Investment income percentage from 2011 Schedule A, Part III, line 17

17

18

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

0 %

0 %

₽ſ

17

18

Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

PART II LINE 10 OTHER INCOME OF THE COMBINED TOTAL OF 17819 17597

Explanation

IS FROM CONTRACT SERVICES TO PROVIDE PUBLIC EDUCATION INFORMATION AND ORGANIZING ON ENVIRONMENTAL ANDOR CAMPAIGN FINANCE ISSUES 222 IS FROM PUBLICATION SALES

Schedule A (Form 990 or 990-EZ) 2012

DLN: 93493316036543

OMB No 1545-0047

Inspection

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ. ► See separate instructions.

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

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

• Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A If the organization answered "Yes" to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then ◆ Section 501(c)(4), (5), or (6) organizations Complete Part III Name of the organization **Employer identification number** OHIO CITIZEN ACTION EDUCATION FUND 34-1208940 Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization's direct and indirect political campaign activities in Part IV 2 Political expenditures 3 Volunteer hours Part I-B Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 2 Enter the amount of any excise tax incurred by organization managers under section 4955 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes 3 Was a correction made? ☐ Yes □ No If "Yes," describe in Part IV Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b Did the filing organization file Form 1120-POL for this year? 4 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV **(c)** EIN (e) A mount of political (a) Name (b) Address (d) A mount paid from contributions received filing organization's and promptly and funds If none, enter -0directly delivered to a separate political organization If none, enter-0-

section 4911 tax for this year?

┌ Yes ┌ No

| | ······································ | _ |
|-----------|--|----|
| Part II-A | Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election | ı_ |
| | under section 501(h)). | |

- A Check ► If the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B Check ► If the filing organization checked box A and "limited control" provisions apply

| | Limits on Lobbying E (The term "expenditures" means a | | | (a) Filing organization's totals | (b) Affiliated group totals |
|---|--|---|----------|--|--|
| a | Total lobbying expenditures to influence public of | opinion (grass roots lobbying) | | | |
| b | Total lobbying expenditures to influence a legisl | ative body (direct lobbying) | | | |
| c | Total lobbying expenditures (add lines 1a and 1 | b) | | | |
| d | Other exempt purpose expenditures | | | 535,036 | |
| e | Total exempt purpose expenditures (add lines 1 | c and 1d) | | 535,036 | |
| f | Lobbying nontaxable amount Enter the amount columns | from the following table in both | | 105,255 | |
| | If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: | | | |
| | Not over \$500,000 | 20% of the amount 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 | \$225,000 plus 5% of the excess over \$1,500,000 | | | |
| | Over \$17,000,000 | \$1,000,000 | | | |
| | | · | | | |
| g | Grassroots nontaxable amount (enter 25% of lir | ne 1f) | | 26,314 | |
| h | Subtract line 1g from line 1a If zero or less, ent | er-0- | | | |
| i | Subtract line 1f from line 1c If zero or less, ente | er -0- | | | |
| j | If there is an amount other than zero on either li | ne 1h or line 1i, did the organization file Form | 1720 rep | orting | |

4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year (a) 2009 **(b)** 2010 (c) 2011 (d) 2012 (e) Total beginning in) 111,240 101,323 156,228 105,255 474,046 Lobbying nontaxable amount Lobbying ceiling amount 711,069 (150% of line 2a, column(e)) 2,500 Total lobbying expenditures 2,500 Grassroots nontaxable amount 27,810 25,331 39,057 26,314 118,512 Grassroots ceiling amount 177,768 (150% of line 2d, column (e)) Grassroots lobbying expenditures

| Pa | rt II-B Complete if the organization is exempt under section 501(c)(3) and has Notice filed Form 5768 (election under section 501(h)). | ОТ | | | 7 0 | ge S |
|-------|---|------|---------|------|-------|-------------|
| | Week Week was a second of the | (6 | a) | | (b) | |
| activ | each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying vity. | Yes | No | 1 | Amoun | t |
| 1 | During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of | | | | | |
| а | Volunteers? | | | | | |
| b | Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? | | | | | |
| C | 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? | | | | | |
| i | O ther activities? | | | | | |
| j | Total Add lines 1c through 1: | | | | | |
| 2a | Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | | | | | |
| b | If "Yes," enter the amount of any tax incurred under section 4912 | | | | | |
| C | If "Yes," enter the amount of any tax incurred by organization managers under section 4912 | | | | | |
| d | If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | | | | | |
| Par | t III-A Complete if the organization is exempt under section 501(c)(4), section 505(c)(6). | 01(c |)(5), (| or s | | |
| _ | | | _ | | Yes | No |
| 1 | Were substantially all (90% or more) dues received nondeductible by members? | | | 1 | | |
| 2 | Did the organization make only in-house lobbying expenditures of \$2,000 or less? | | | 3 | | |
| 3 | Did the organization agree to carry over lobbying and political expenditures from the prior year? | | | | | |
| Pa | t III-B Complete if the organization is exempt under section 501(c)(4), section 505(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "N line 3, is answered "Yes." | | | | | |
| 1 | Dues, assessments and similar amounts from members | 1 | | | | |
| 2 | Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). | | | | | |
| | 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 the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? | 4 | | | | |
| 5 | Taxable amount of lobbying and political expenditures (see instructions) | 5 | | | | |

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, line 2, and Part II-B, line 1 Also, complete this part for any additional information

Identifier Return Reference Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493316036543

OMB No 1545-0047

(Form 990)

SCHEDULE D

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Open to Public

| | me of the organization IO CITIZEN ACTION EDUCATION FUND | | | loyer ident if ica | ntion numbe | er | |
|--------|---|---|--------------------|-------------------------------------|---------------------|----------|-----|
| В- | W.T. Ousenisations Maintaining Dancy Adv | ised Funds on Other Similar Fr | | 1208940 | Complet | ٠ | |
| Ρē | organizations Maintaining Donor Advorganization answered "Yes" to Form 990 | | inas (| or Accounts | . Complet | еп | tne |
| | o. gamzadon anonoroa 100 to 101111 990 | (a) Donor advised funds | | (b) Funds and | other accou | ınts | |
| L | Total number at end of year | | | | | | |
| 2 | Aggregate contributions to (during year) | | | | | | |
| 3 | Aggregate grants from (during year) | | | | | | |
| 1 | Aggregate value at end of year | | | | | | |
| 5 | Did the organization inform all donors and donor advisor funds are the organization's property, subject to the or | 3 | or advı | sed | ☐ Yes | Г | No |
| 5 | Did the organization inform all grantees, donors, and doused only for charitable purposes and not for the beneficonferring impermissible private benefit? | | | | Г Yes | _ | No |
| Da | rt II Conservation Easements. Complete if | the organization answered "Yes" to | . Forn | n 990 Part IV | <u>'</u> | <u>'</u> | |
| L 2 | Purpose(s) of conservation easements held by the org Preservation of land for public use (e g , recreation Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a | anization (check all that apply) or education) Preservation of an Preservation of a c | histori ertifie | ically importan d historic struc | t land area ture | | |
| | easement on the last day of the tax year | ſ | | | - 1 6 11 | | |
| _ | Total number of conservation easements | - | 2- | Held at the | End of the | Yea | r |
| a | Total acreage restricted by conservation easements | + | 2a 2b | | | | |
| b | Number of conservation easements on a certified histo | oric structure included in (a) | | | | | - |
| C | Number of conservation easements included in (c) acq | ` ′ | 2c | | | | |
| d | historic structure listed in the National Register | quired after 8/17/00, and not on a | 2d | | | | |
| 3 | Number of conservation easements modified, transferr | ed, released, extinguished, or terminate | d by th | ne organization | during | | |
| | the tax year 🛌 | | | | | | |
| 1 | Number of states where property subject to conservati | ion easement is located be | | | | | |
| 5 | Does the organization have a written policy regarding t | | — Una of | violations and | 1 | | |
| , | enforcement of the conservation easements it holds? | | | | ☐ Yes | Γ | No |
| 5 | Staff and volunteer hours devoted to monitoring, inspe | cting, and enforcing conservation easen | nents d | luring the year | | | |
| | · • | | | | | | |
| 7 | Amount of expenses incurred in monitoring, inspecting \$\blue \\$ | j, and enforcing conservation easements | during | g the year | | | |
| 3 | Does each conservation easement reported on line 2(or and section 170(h)(4)(B)(II)? | d) above satisfy the requirements of sec | tion 17 | 70(h)(4)(B)(ı) | ┌ Yes | Γ | No |
| 9 | In Part XIII, describe how the organization reports cor balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easeme | e footnote to the organization's financial | | | | | |
| 'ai | t III Organizations Maintaining Collection Complete if the organization answered "Y | s of Art, Historical Treasures, ('es" to Form 990, Part IV, line 8. | or Otl | her Similar | Assets. | | |
| La | If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar asse service, provide, in Part XIII, the text of the footnote t | ts held for public exhibition, education, | or rese | arch in further | | | |
| b | If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar asse service, provide the following amounts relating to thes | ts held for public exhibition, education, | | | | IC | |
| | (i) Revenues included in Form 990, Part VIII, line 1 | | | ► \$ | | | |
| | (ii) Assets included in Form 990, Part X | | | F \$ | | | |
| 2 | If the organization received or held works of art, histor following amounts required to be reported under SFAS | | r finan | | | | |
| а | Revenues included in Form 990, Part VIII, line 1 | | | ▶ - ⊄ | | | |
| | Revenues included in Form 550, Fait VIII, life I | | | F P | | | |

b Assets included in Form 990, Part X

| Par | Organizations Maintaining Co | <u>llections of Ar</u> | t, HIS | itori | <u>cai ii</u> | <u>reasur</u> | <u>es, or O</u> | <u>tner</u> | <u>Similar As</u> | <u>sets (</u> | continued) |
|---------|--|--------------------------|----------|----------------|---------------|-----------------|-----------------|-------------|-------------------|----------------|------------|
| 3 | Using the organization's acquisition, accessi collection items (check all that apply) | on, and other reco | rds, cl | neck | any of | the follo | wing that a | re a | sıgnıfıcant use | of its | |
| а | Public exhibition | | d | Γ | Loan | or excha | ange progr | ams | | | |
| b | Scholarly research | | e | Γ | Othe | r | | | | | |
| c | Preservation for future generations | | | | | | | | | | |
| 4 | Provide a description of the organization's co Part XIII | ollections and expl | aın hov | w the | y furthe | er the or | ganızatıon | 's ex | empt purpose (| n | |
| 5 | During the year, did the organization solicit o | | | | | | | | | _ | _ |
| Do | assets to be sold to raise funds rather than to the sold to raise funds rather than to the sold to the | | | | | | | | | Yes | l No |
| Par | t IV Escrow and Custodial Arrange Part IV, line 9, or reported an am | | | | | | answere | u it | נס דטווון פ | ,90, | |
| 1a | Is the organization an agent, trustee, custod included on Form 990, Part X? | ıan or other ınterm | ediary | ford | ontribu | utions or | other ass | ets n | ot | ┌ Yes | ┌ No |
| b | If "Yes," explain the arrangement in Part XII | I and complete the | e follov | wing | able | | _ | | | | |
| | | | | | | | - | | An | nount | |
| C | Beginning balance | | | | | | | 1c | | | |
| d | Additions during the year | | | | | | | 1d | | | |
| e | Distributions during the year | | | | | | | 1e | | | |
| f | Ending balance | | | | | | | 1f | | | |
| 2a | Did the organization include an amount on Fo | orm 990, Part X, Iır | ne 21? | þ | | | | | | │ Yes | Г No |
| b | If "Yes," explain the arrangement in Part XII | I Check here if the | e expla | anatı | n has | been pro | vided in P | art X | III | | <u> </u> |
| Pa | rt V Endowment Funds. Complete | | | | | | | | | | |
| 1. | Reginning of year balance | (a)Current year | (b |) Prior | year | b (c) I wo | o years back | (a) i | hree years back | (e)Four | years back |
| 1a b | Beginning of year balance | | | | | | | | | | |
| C | Net investment earnings, gains, and losses | | | | | | | + | | | |
| | Net investment earnings, gams, and losses | | | | | | | | | | |
| d | Grants or scholarships | | | | | | | | | | |
| е | Other expenditures for facilities and programs | | | | | | | | | | |
| f | Administrative expenses | | | | | | | | | | |
| g | End of year balance | | | | | | | | | | |
| 2 | Provide the estimated percentage of the curr | ent vear end balan | ice (lir | ne 1 a | . colum | n (a)) he | eld as | | | | |
| – a | Board designated or quasi-endowment | one your one param | | 9 | , | (4// | | | | | |
| b | Permanent endowment > | | | | | | | | | | |
| | Temporarily restricted endowment | | | | | | | | | | |
| c | The percentages in lines 2a, 2b, and 2c show | | | | | | | | | | |
| 3a | Are there endowment funds not in the posses organization by | ssion of the organiz | zation | tnat | are hel | a and ad | ministere | tort | ne | Ye | s No |
| | (i) unrelated organizations | | | | | | | | 3a(| (i) | |
| | (ii) related organizations | | | | | | | | 3a(| ii) | |
| | If "Yes" to 3a(II), are the related organization | | | | | | | | 31 |) | |
| 4 | Describe in Part XIII the intended uses of th | | | | | 10 | | | | | |
| Par | t VI Land, Buildings, and Equipme Description of property | e nt. See Form 99 | 90, Pa | | | IU. or other | (b)Cost or | other | (c) Accumulate | ed (d) | Book value |
| | Description of property | | | | | estment) | basis (ot | | depreciation | | |
| 1a | Land | | | | | | | | | | |
| | Buildings | | • | | | | ļ | | | | |
| | Leasehold improvements | | • | | | | | | | | |
| | Equipment | | • | \vdash | | 34,950 | | | 34, | ,628 | 322 |
| | | | | | D) / | 10(=)) | <u> </u> | | | | |
| ıota | I. Add lines 1a through 1e (Column (d) must e | quai rorm 990, Part | x, colu | ımn (| ן, IIne | 10(C).) | | | <u> ► </u> | | 322 |

| Part VII Investments—Other Securities. See | Form 990, Part X, line 12 | 2. | |
|---|---------------------------------|-----------------------------|---------------------------------------|
| (a) Description of security or category | (b)Book value | (c) Metho | d of valuation |
| (including name of security) | | Cost or end-of | year market value |
| (1)Financial derivatives | | | |
| (2)Closely-held equity interests Other | | | |
| Other | | | |
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| | • | <u> </u> | |
| Part VIII Investments—Program Related. Se | | | d of valuation |
| (a) Description of investment type | (b) Book value | | d of valuation · year market value |
| | | | • |
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| ((-) | • | | |
| Part IX Other Assets. See Form 990, Part X, I | | | |
| (a) Descri | ption | | (b) Book value |
| | | | |
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| Total. (Column (b) must equal Form 990, Part X, col.(B) line 1: | 5.) | | |
| Part X Other Liabilities. See Form 990, Part | | • | |
| 1 (a) Description of liability | (b) Book value | | |
| Federal income taxes | | | |
| REFUNDABLE ADVANCE | 35,000 | | |
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| Total. (Column (b) must equal Form 990, Part X, col (B) line 25) | 35,000 | | |
| 2 Fin 48 (ΔSC 740) Footnote In Part XIII provide the te | yt of the footnote to the organ | nization's financial statem | ents that reports the |

ınformatıon

Identifier

| FOIL | Reconciliation of Revenue per Audited Financial Statements with Revenue | <u>per r</u> | teturn |
|------|---|--------------|---------|
| 1 | Total revenue, gains, and other support per audited financial statements | 1 | 346,380 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12 | | |
| а | Net unrealized gains on investments | | |
| ь | Donated services and use of facilities | ,] | |
| c | Recoveries of prior year grants | 1 | |
| d | Other (Describe in Part XIII) | 1 | |
| e | Add lines 2a through 2d | 2e | 17,200 |
| 3 | Subtract line 2e from line 1 | 3 | 329,180 |
| 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 | | |
| ь | Other (Describe in Part XIII) | 1 | |
| c | Add lines 4a and 4b | 4c | |
| 5 | Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) | 5 | 329,180 |
| Part | XII Reconciliation of Expenses per Audited Financial Statements With Expense | s per | Return |
| 1 | Total expenses and losses per audited financial statements | 1 | 552,236 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25 | | |
| а | Donated services and use of facilities |) | |
| b | Prior year adjustments | 1 | |
| c | Other losses | 1 | |
| d | Other (Describe in Part XIII) 2d | 1 | |
| e | Add lines 2a through 2d | 2e | 17,200 |
| 3 | Subtract line 2e from line 1 | 3 | 535,036 |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b 4a | | |
| b | Other (Describe in Part XIII) | 1 | |
| c | Add lines 4a and 4b | 4c | |
| | Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) | 5 | 535,036 |
| 5 | Total expenses Add lines 3 and 4c. (This indist equal Form 990, Part 1, line 10) | | |

Return Reference

Explanation

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Schedule I

(Form 990)

Department of the Treasury

Internal Revenue Service

DLN: 93493316036543 OMB No 1545-0047

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22. ► Attach to Form 990

Open to Public Inspection

| Name of the organization | | | | | | Employer identifi | cation number |
|--|---|---|------------------------------|---|---|--|---|
| OHIO CITIZEN ACTION EDUC | CATION FUND | | | | | 34-1208940 | |
| Part I General Inform | nation on Grants | s and Assistance | | | | • | |
| Does the organization main the selection criteria used Describe in Part IV the or Part II Grants and Oth | l to award the grants ganızatıon's procedu | or assistance? ures for monitoring the us | e of grant funds in the | United States | lity for the grants or assis | | Yes T |
| | | | | | plicated if additional sp | | |
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation r (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| (1) EARTH DAY COALITION 3606 BRIDGE AVE CLEVELAND,OH 44113 | | 501 (C) 3 | 2,500 | C | | | CLEAN AIR ISSUE |
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| | | | | | | | |
| 2 Enter total number of sect 3 Enter total number of othe | | overnment organizations d in the line 1 table | | | | | 10 |

| Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed. | | | | | |
|---|---------------------------------|-------------------------------------|---|--|---------------------------------------|
| (a)Type of grant or assistance | (b) Number of recipients | (c) A mount of cash grant | (d) A mount of non-cash assistance | (e)Method of valuation (book, FMV, appraisal, other) | (f)Description of non-cash assistance |
| | | | | | |
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Part IV Supplemental Information.

Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information

| Identifier | Return Reference | Explanation |
|------------|------------------|--|
| | | WE REQUIRE THAT GRANTEES PROVIDE ANNUAL REPORTS ON THEIR WORK AND WE ARE IN FREQUENT COMMUNICATION WITH THEM AS CAMAPIGNS PROGRESS |

Schedule I (Form 990) 2012

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As Filed Data -

DLN: 93493316036543

OMB No 1545-0047

2012

2012

Open to Public

Inspection

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

Name of the organization OHIO CITIZEN ACTION EDUCATION FUND **Employer identification number**

34-1208940

| Identifier | Return Reference | Explanation |
|------------|---------------------|---|
| | | 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 PAY CHECK IS ISSUED FROM OHIO CITIZEN ACTION THEY SHARE EMPLOY EES ON A REIMBURSEMENT BASIS OCA FILES ALL PAYROLL WITHHOLDING EMPLOYMENT TAXES AND WZ FORMS FOR THE TOTAL AMOUNT PAID TO THE EMPLOYEES ROM BOTH OR GANIZATIONS OCA CHARGES BACK TO OCA EF THE CORRESPONDING SALARY TAXES AND OTHER RELATED EXPRISES OCA EF'S FINANCIAL STATEMENTS AND FORM 990 REFLECT ALL OF THESE EXPENSES OCA IS A 501 (C) (4) SOCIAL WELFARE GORGANIZATION OCA EF HAD 8 EMPLOYEES IN 2012 PART VILLIAR 19 WILL ABROTSON 841 CREEKSIDE DAYTON OH 45427 DICK WITTBERG PRESIDENT 211 6TH ST PARKERSBURG WV 26101 MATT CURRIE 263 RIDGEWOOD AVE DAYTON OH 45409 CHRISTA EBERT SECRETARY TREAS 2710 LORANIA VE APT 3 CLEVELAND OH 444113 PART VILLIAR TIL B POLICY FOR BOARD DISTRIBUTION AND REVIEW OF IRS FORM 990 THE FINANCIAL DIRECTOR SHALL PREPARE THE ANNUAL IRS FORM 990 UPON ITS COMPLETIONTHE FINANCIAL DIRECTOR SHALL PREPARE THE ANNUAL IRS FORM 990 UPON ITS COMPLETIONTHE FINANCIAL DIRECTOR SHALL REVIEW THE FORM 990 WITH THE EXECUTIVE DIRECTOR ONCE REVIEWED AND APPROVED BY THE EXECUTIVE DIRECTOR ONCE REVIEWED AND APPROVED BY THE EXECUTIVE DIRECTOR ONCE REVIEWED AND APPROVED BY THE EXECUTIVE DIRECTOR THE FINANCIAL DIRECTOR SHALL THEN FORM 990 WITH THE EXECUTIVE DIRECTOR ONCE REVIEWED AND APPROVED BY THE EXECUTIVE DIRECTOR THE FORM 990 WITH 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 MINITERS THE AUDIT COMMITTEE WAY MEET IN PERSON OR VIA THE BOARD AUDIT COMMITTEE THE PANACIAL DIRECTOR SHALL DISTRIBUTE TO THE FULL BOARD A COPY OF THE BOARD AUDIT COMMITTEE THE FINANCIAL DIRECTOR SHALL DISTRIBUTE TO THE FULL BOARD A COPY 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 BEFORM 910 TO BACK MEMBERS OFFICERS AND |
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