



See a Social Security Number? Say Something!  
Report Privacy Problems to <https://public.resource.org/privacy>  
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990-EZ**

# Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

**2008****Open to Public  
Inspection**Department of the Treasury  
Internal Revenue Service

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

► Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.

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

**A For the 2008 calendar year, or tax year beginning** 04/01, 2008, and ending 03/31/2009

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input checked="" type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>Please use IRS label or print or type. See Specific Instructions.</b>	<b>C Name of organization</b> <b>WYSS ACTION FUND INC.</b>		<b>D Employer identification number</b> <b>20-8948868</b>
		Number and street (or P O box, if mail is not delivered to street address) Room/suite <b>1601 CONNECTICUT AVENUE, NW</b>		<b>E Telephone number</b> <b>(202) 232-4418</b>
		City or town, state or country, and ZIP + 4 <b>WASHINGTON, DC 20009</b>		<b>F Group Exemption Number</b> . . . . .

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

**G Accounting method:** ☒ Cash ☐ Accrual  
Other (specify) ►

**I Website:** ► N/A

**J Organization type** (check only one) - ☒ 501(c) ( 4 ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

**K Check** ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

**L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 instead of Form 990-EZ . . . ► \$**

## Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

Revenue	<b>1</b> Contributions, gifts, grants, and similar amounts received . . . . .	<b>1</b>	
	<b>2</b> Program service revenue including government fees and contracts . . . . .	<b>2</b>	
	<b>3</b> Membership dues and assessments . . . . .	<b>3</b>	
	<b>4</b> Investment income . . . . .	<b>4</b>	
	<b>5 a</b> Gross amount from sale of assets other than inventory . . . . .	<b>5a</b>	
	<b>b</b> Less: cost or other basis and sales expenses . . . . .	<b>5b</b>	
	<b>c</b> Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule) . . . . .	<b>5c</b>	
	<b>6</b> Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here . . . . .		
	<b>a</b> Gross revenue (not including \$ of contributions reported on line 1) . . . . .	<b>6a</b>	
	<b>b</b> Less: direct expenses other than fundraising expenses . . . . .	<b>6b</b>	
<b>c</b> Net income or (loss) from special events and activities (Subtract line 6b from line 6a) . . . . .	<b>6c</b>		
<b>7 a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>7a</b>		
<b>b</b> Less: cost of goods sold . . . . .	<b>7b</b>		
<b>c</b> Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .	<b>7c</b>		
<b>8</b> Other revenue (describe ► . . . . . )	<b>8</b>		
<b>9 Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 . . . . .	<b>9</b>		
Expenses	<b>10</b> Grants and similar amounts paid (attach schedule) . . . . .	<b>10</b>	
	<b>11</b> Benefits paid to or for members . . . . .	<b>11</b>	
	<b>12</b> Salaries, other compensation, and employee benefits . . . . .	<b>12</b>	13,971.
	<b>13</b> Professional fees and other payments to independent contractors . . . . .	<b>13</b>	1,261.
	<b>14</b> Occupancy, rent, utilities, and maintenance . . . . .	<b>14</b>	
	<b>15</b> Printing, publications, postage, and shipping . . . . .	<b>15</b>	
	<b>16</b> Other expenses (describe ► . . . . . )	<b>16</b>	2,733.
	<b>17 Total expenses.</b> Add lines 10 through 16 . . . . .	<b>17</b>	17,965.
Net Assets	<b>18</b> Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	<b>18</b>	-17,965.
	<b>19</b> Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) . . . . .	<b>19</b>	75,695.
	<b>20</b> Other changes in net assets or fund balances (attach explanation) . . . . .	<b>20</b>	
	<b>21</b> Net assets or fund balances at end of year Combine lines 18 through 20 . . . . .	<b>21</b>	57,730.

## Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II)		(A) Beginning of year	(B) End of year
<b>22</b> Cash, savings, and investments . . . . .	<b>STMT 2</b>	75,695.	<b>22</b> 57,730.
<b>23</b> Land and buildings . . . . .			<b>23</b>
<b>24</b> Other assets (describe ► . . . . . )			<b>24</b>
<b>25 Total assets</b> . . . . .		75,695.	<b>25</b> 57,730.
<b>26 Total liabilities</b> (describe ► . . . . . )			<b>26</b>
<b>27 Net assets or fund balances</b> (line 27 of column (B) must agree with line 21) . . . . .		75,695.	<b>27</b> 57,730.

958

**Expenses**  
(Required for 501(c)(3)  
and (4) organizations  
and 4947(a)(1) trusts;  
optional for others.)

28

28a

29a

**30a**

**31a**

32

[illegible]

**Part V Other Information** (Note the statement requirements in the instructions for Part VI.)

	Yes	No
<b>33</b> Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity . . . . .		<input checked="" type="checkbox"/>
<b>34</b> Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes . . . . .		<input checked="" type="checkbox"/>
<b>35</b> If the organization had income from business activities, such as those reported on lines 2, 6a and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
<b>a</b> Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements? . . . . .		<input checked="" type="checkbox"/>
<b>b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .		<input checked="" type="checkbox"/>
<b>36</b> Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N . . . . .		<input checked="" type="checkbox"/>
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ <b>37a</b>		
<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year? . . . . .		<input checked="" type="checkbox"/>
<b>38a</b> Did the organization borrow from or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return? . . . . .		<input checked="" type="checkbox"/>
<b>b</b> If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . . <b>38b</b>		
<b>39</b> Section 501(c)(7) organizations. Enter:		
<b>a</b> Initiation fees and capital contributions included on line 9 . . . . . <b>39a</b>		
<b>b</b> Gross receipts, included on line 9, for public use of club facilities . . . . . <b>39b</b>		
<b>40a</b> Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶		
<b>b</b> Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I . . . . .		<input checked="" type="checkbox"/>
<b>c</b> Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . . . ▶		
<b>d</b> Enter amount of tax on line 40c reimbursed by the organization . . . . . ▶		
<b>e</b> All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T . . . . .		<input checked="" type="checkbox"/>
<b>41</b> List the states with which a copy of this return is filed. ▶		
<b>42a</b> The books are in care of ▶ <b>JOSEPH M. FISHER, CPA</b> Telephone no. ▶		
Located at ▶ <b>1302 WRIGHTS LANE EAST WEST CHESTER, PA</b> ZIP + 4 ▶ <b>19380</b>		
<b>b</b> At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .		<input checked="" type="checkbox"/>
If "Yes," enter the name of the foreign country: ▶		
See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b> .		
<b>c</b> At any time during the calendar year, did the organization maintain an office outside of the U.S.? . . . . .		<input checked="" type="checkbox"/>
If "Yes," enter the name of the foreign country: ▶		
<b>43</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> - Check here . . . . . ▶ <input type="checkbox"/>		
and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ▶ <b>43</b>		
<b>44</b> Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .		<input checked="" type="checkbox"/>
<b>45</b> Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .		<input checked="" type="checkbox"/>

<b>46</b>	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 . . . . .	<b>46</b>	Yes	No
<b>47</b>	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II . . . . .	<b>47</b>		
<b>48</b>	Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . .	<b>48</b>		
<b>49a</b>	Did the organization make any transfers to an exempt non-charitable related organization? . . . . .	<b>49a</b>		
<b>b</b>	If "Yes," was the related organization(s) a section 527 organization? . . . . .	<b>49b</b>		
<b>50</b>	Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."			

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Total number of other employees paid over \$100,000 ►				


**51** Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
Total number of other independent contractors receiving over \$100,000 . . . . . ▶		

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.

**Sign  
Here**

and believe it is true, correct, and complete. D



Signature of officer

Signature of officer

Date \_\_\_\_\_

Joseph Fisher Secretary

Type or print name and title

**Paid  
Preparer's  
Use Only**Preparer's signature 

Date \_\_\_\_\_

Check if self-employed ☐

Preparer's Identifying Number (See instructions)

Firm's name (or yours if self-employed), address, and ZIP + 4

EIN

Phone no ▶

May the IRS discuss this return with the preparer shown above? See instructions. ☐ Yes ☒ No

Form **990-EZ** (2008)

Amended

**FORM 990EZ, PART I - OTHER EXPENSES**

**OTHER EXPENSES**

**2,733.**

**TOTAL**

**2,733.**

Amended

FORM 990EZ, PART II - CASH, SAVINGS AND INVESTMENTS

DESCRIPTION -----	BEGINNING OF YEAR -----	END OF YEAR -----
CASH	75,695.	57,730.
TOTALS	75,695.	57,730.

Amended

**FORM 990EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE**  
=====

THE CORPORATION IS ORGANIZED AND OPERATED EXCLUSIVELY FOR SOCIAL WELFARE PURPOSES WITHIN THE MEANING OF SECTION 501(C)(4) OF THE INTERNAL REVENUE CODE. PRIMARILY PRO-CONSERVATION POLICIES AT THE FEDERAL LEVEL THROUGH MEETINGS WITH POLICY MAKERS AND OTHER CONSERVATION MINDED GROUPS.



FORM 990EZ, PART IV - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT. AND OTHER ALLOWANCES
MOLLY MCUSIC 1601 CONNECTICUT AVENUE, NW SUITE 802 WASHINGTON, DC 20009	PRESIDENT	NONE	NONE	NONE
JOSEPH FISHER 1302 WRIGHTS LANE EAST WEST CHESTER, PA 19380	SECRETARY	NONE	NONE	NONE
PATRICIA DAVIS 1302 WRIGHTS LANE EAST WEST CHESTER, PA 19380	TREASURER	NONE	NONE	NONE
GRAND TOTALS		NONE	NONE	NONE

Amended