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Department of the Treasury

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2008

Open to Public Inspection

| internal Revenue Service Ine organization may have to use a copy of this return to satisfy state | | ients | inspection |
|--|--|------------------------------|---------------------------------------|
| A For the 2008 calendar year, or tax year beginning $7/01/08$, and ending $6/30/0$ | 9 | | |
| B Check if applicable Please C Name of organization | | D Employ | yer identification number |
| Address change label or ACTION RESOURCES, INC. | | | |
| Name change print or Doing Business As | T - | 36- | <u>4479638</u> |
| Initial return See Number and street (or P O box if mail is not delivered to street address) | Room/suite | | one number |
| Secretary 150 WEST BEAU STREET | l | 724 | -225-9550 |
| Instruc- City or town, state or country, and ZIP + 4 | | G Gross receip | ots \$ 242,161 |
| Amended return tions. WASHINGTON PA 15301 | | | |
| Application pending F Name and address of principal officer | | H(a) Is this a | group return for |
| GARY WEINSTEIN | | affiliates H(b) Are all a | |
| 150 WEST BEAU STREET | | included | |
| WASHINGTON PA 15301 | | If "No," | attach a list (see instructions) |
| I Tax-exempt status X 501(c) (3) ◀ (insert no) 4947(a)(1) or 527 | | | |
| J Website: ► N/A | | 0.01 | exemption number |
| | Year of formation 2 | 001 | M State of legal domicile PA |
| Part I Summary | | | |
| Briefly describe the organization's mission or most significant activities. | | | |
| TO PROVIDE SERVICES THAT AIDE LOW INCOME PEOPLE ENDEAVO | ORING | | |
| TO ESCAPE POVERTY, SUCH AS HOUSING, COUNSELING AND JOB | | | |
| FLACEMENT. | | | |
| 2 Check this box if the organization discontinued its operations or disposed of more than 2 | 25% of its assets | 1 1 | |
| TO ESCAPE POVERTY, SUCH AS HOUSING, COUNSELING AND JOB PLACEMENT. 2 Check this box If the organization discontinued its operations or disposed of more than 2 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) 5 Total number of employees (Part V, line 2a) 6 Total number of volunteers (estimate if necessary) | \neg | 3 | 4 |
| 4 Number of independent voting members of the governing body (Part VI The 1b) | اد | 4 | 4 |
| 5 Total number of employees (Part V, line 2a) | 31 | 5 | 0 |
| 6 Total number of volunteers (estimate if necessary) | <i>હ</i> | 6 | |
| | <u>왕</u> | 7a | 41,933 |
| b Net unrelated business taxable income from Form 990-T, line 34, | STATE OF THE PROPERTY OF THE P | 7b | 9,802 |
| Contributions and greats (Part VIII June 1h) | Prior Yea | ır | Current Year |
| 8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2g) | 1.00 | 3,918 | 199,789 |
| 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 100 | 879 | 439 |
| 11 Other revenue (Part VIII, column (A), lines 5, 4, and 70, | 3, | 7,236 | 41,933 |
| 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | | 7,033 | 242,161 |
| 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) | | ,,033 | |
| 14 Benefits paid to or for members (Part IX, column (A), line 4) | | | |
| 45. Colonia other comments and such that IV colonia (A) trace 5. 40) | | | |
| 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 16a Professional fundraising fees (Part IX, column (A), line 11e) | | | |
| | | | · · · · · · · · · · · · · · · · · · · |
| 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) | 18 | 3,745 | 184,579 |
| 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) | | 3,745 | 184,579 |
| 19 Revenue less expenses Subtract line 18 from line 12 | | 3,288 | 57,582 |
| 5 9 | Beginning of | | End of Year |
| b Total fundraising expenses (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 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 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances Subtract line 21 from line 20 | 1,052 | 2,847 | 1,068,428 |
| 21 Total liabilities (Part X, line 26) | 828 | 3,916 | 786,915 |
| 기 본들 22 Net assets or fund balances Subtract line 21 from line 20 | | 3,931 | 281,513 |
| Part II Signature Block | | | |
| Under penalties of penury, I declare that I have examined this return, including accompanying schedules a | and statements, and | to the best of | my knowledge |
| and belief, it is true, correct; and composte Declaration of preparer (other than officer) is based on all infor | mation of which prep | arer has any | knowledge |
| Sign V V A A V | | | 02/12/2010 |
| Here Signature of officer | <u> </u> | Date | |
| Ly BARLENS DIGLER MANAGER | | | |
| Type or print name and title | | | |
| Preparer's Date | Check i | f | Preparer's identifying number |
| Paid signature & Carlos Below CPA | Self- employe | . \square | (see instructions) |
| Preparer's GWTHRIE, BEWOZYK & ASSOCIATES I | P.C. | EIN | <u> </u> |
| Use Only Firm's name (or yours if self-employed), 2755A PARK AVENUE | · · · · · | Phone | |
| address, and ZIP + 4 WASHINGTON, PA 15301 | | | 724-223-9000 |
| May the IRS discuss this return with the preparer shown above? (see instructions) | | no 🕨 | X Yes No |
| DAA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. | | | Form 990 (2008) |
| | | | · Onn • • (2000) |

| 4d | Other program services (Describe in S | chedule C |).) | | |
|----|---------------------------------------|-----------|-------------------|---|---------------------|
| | (Expenses \$ | includ | ding grants of \$ |) (Revenue \$ |) |
| 1e | Total program service expenses | \$ | 179,514 | (Must equal Part IX, Line 25, column (B)) | |
| | | | | | Form 990 (20 |
| | | | | | |

| Part IV Checklist of Required Schedu | les |
|--------------------------------------|-----|
|--------------------------------------|-----|

| | | | Yes | <u>No</u> |
|-----|--|-----|-------------|---------------|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A | 1 | X | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? | 2 | | X |
| 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 | | X |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete | | | |
| | Schedule C, Part II | 4 | | X |
| 5 | Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) | | | |
| | notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III | 5 | | |
| 6 | Did the organization maintain any donor advised funds or any accounts where donors have the right to | | | |
| | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete | | | |
| | Schedule D, Part I | 6 | | <u>X</u> |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | | | |
| | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | _X_ |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," | | | |
| | complete Schedule D, Part III | 8 | | <u>X</u> |
| 9 | Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part | | | |
| | X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," | | | |
| | complete Schedule D, Part IV | 9 | | <u>X</u> |
| 10 | Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V | 10 | | _X_ |
| 11 | Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, | | ٠, | |
| | Parts VI, VIII, VIII, IX, or X as applicable | 11 | Х | |
| 12 | Did the organization receive an audited financial statement for the year for which it is completing this return | | | v |
| | that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII | 12 | | $\frac{X}{X}$ |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | - | X |
| l4a | Did the organization maintain an office, employees, or agents outside of the U.S.? | 14a | | |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I | 146 | | Х |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any | 14b | | |
| | organization or entity located outside the United States? If "Yes," complete Schedule F, Part II | 15 | | Х |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance | | | |
| | to individuals located outside the United States? If "Yes," complete Schedule F, Part III | 16 | | X |
| 17 | Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I | 17 | $\neg \neg$ | X |
| 18 | Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | $\neg \neg$ | X |
| 19 | Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III | 19 | | X |
| 20 | Did the organization operate one or more hospitals? If "Yes," complete Schedule H | 20 | | <u>X</u> |
| 21 | Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | | X |
| 22 | Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | X |
| 23 | Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete | | | |
| | Schedule J | 23 | | <u>X</u> |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than | | ĺ | |
| | \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions | | | |
| | 24b–24d and complete Schedule K If "No," go to question 25 | 24a | | <u>X</u> |
| þ | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| С | 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 | | - 1 | 37 |
| | with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | <u>X</u> |
| b | Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified | | | v |
| | person from a prior year? If "Yes," complete Schedule L, Part I | 25b | | <u>X</u> |
| 26 | Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or | | | v |
| 17 | disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II | 26 | | <u>X</u> |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or | 27 | j | Х |
| | substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III | | 990 | (2008) |

Part IV Checklist of Required Schedules (continued)

| | | | Yes | No |
|----|---|-----|-----|----|
| 28 | During the tax year, did any person who is a current or former officer, director, trustee, or key employee | | | |
| а | Have a direct business relationship with the organization (other than as an officer, director, trustee, or | | | |
| | employee), or an indirect business relationship through ownership of more than 35% in another entity | | | |
| | (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, | | | |
| | Part IV | 28a | | X |
| b | Have a family member who had a direct or indirect business relationship with the organization? If "Yes," | | | |
| | complete Schedule L, Part IV | 28b | | X |
| С | Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a | | • | |
| | professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV | 28c | Х | |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | X |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified | | | |
| | conservation contributions? If "Yes," complete Schedule M | 30 | | Х |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, | | | |
| | Part I | 31 | | Х |
| 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 | | Х |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | | | |
| | sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I | 33 | | Х |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts ii, | ĺ | ĺ | |
| | III, IV, and V, line 1 | 34 | X | |
| 35 | Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete | | | ŀ |
| | Schedule R, Part V, line 2 | 35 | Х | |
| 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 | | Х |
| 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 | | Х |

Form **990** (2008)

| Pa | rt V Statements Regarding Other IRS Filings and Tax Compliance | | | | • | ugu u |
|-----|---|-------|----------|----------|--------|----------|
| | | | | | Yes | No |
| 1a | Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of | 1 1 | | | | |
| | U.S. Information Returns. Enter -0- if not applicable | 1a | 3 | } | ! ! | |
| b | Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable | 1b | 0 |] | | |
| С | Did the organization comply with backup withholding rules for reportable payments to vendors and report | able | | 1 | | ĺ |
| | gaming (gambling) winnings to prize winners? | | | _1c | X | |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax | | | | | |
| | Statements, filed for the calendar year ending with or within the year covered by this return | 2a | 0 | ╛ | | l |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | , | | 2b | | |
| | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see | | | | | |
| | instructions) | | | İ | ; | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year covered by | y | | İ | | 1 |
| | this return? | | | 3a | X | |
| b | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O | | | 3b | X | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authorized the calendar year, did the organization have an interest in, or a signature or other authorized the calendar year, did the organization have an interest in, or a signature or other authorized the calendar year. | ority | | | | |
| | over, a financial account in a foreign country (such as a bank account, securities account, or other financial | al | | | | 1 |
| | account)? | | | 4a | | X |
| b | If "Yes," enter the name of the foreign country: | | | | | |
| | See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bar | ık | | | | 1 |
| | and Financial Accounts. | | | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | | 5a | | X |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction | 1? | | 5b | | X |
| С | If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity | | | | | 1 |
| | Regarding Prohibited Tax Shelter Transaction? | | | 5c | | |
| 6a | Did the organization solicit any contributions that were not tax deductible? | | | 6a | | X |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions | or | | | | 1 |
| _ | gifts were not tax deductible? | | | 6b | - | <u> </u> |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | | | 1 |
| а | Did the organization provide goods or services in exchange for any quid pro quo contribution of more tha | n | | _ | | 37 |
| | \$75? | | | 7a | | X |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | | | 7b | | |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | | | | | v |
| а | If "Yes," indicate the number of Forms 8282 filed during the year | 7d | | 7c | | X |
| u | Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal forms of the year. | | | - | : | |
| e | benefit contract? | onai | | 7e | | Х |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | , | | 7f | | X |
| g | For all contributions of qualified intellectual property, did the organization file Form 8899 as required? | | | 7g | | X |
| h | For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as | | | 19 | | |
| •• | required? | | | 7h | | Х |
| 8 | Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and secti | on | | <u> </u> | | |
| - | 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponso | | | | | |
| | organization, have excess business holdings at any time during the year? | 9 | | 8 | | Х |
| 9 | Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds. | | | | | |
| а | Did the organization make any taxable distributions under section 4966? | | | 9a | | Х |
| b | Did the organization make a distribution to a donor, donor advisor, or related person? | | | 9b | | Х |
| 10 | Section 501(c)(7) organizations. Enter | | | | | |
| а | Initiation fees and capital contributions included on Part VIII, line 12 | 10a | | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | |] | | |
| 11 | Section 501(c)(12) organizations. Enter | | |] | | ŀ |
| а | Gross income from members or shareholders | 11a | | | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against | | | | | |
| | amounts due or received from them.) | 11b | |] | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 10 | 41? | | 12a | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12b | <u> </u> | | | |
| | | | | | | |

Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)
Section A. Governing Body and Management

| Sec | tion A. Governing body and management | | | | | | |
|----------|---|----------|---------------|------|----------|-----------|-------------|
| | Face 1 (6) / 1 In Lance O. 7h halous and for a 4hla" assumes to be a Oh halous december the | _ | | | | Yes | No |
| | For each "Yes" response to lines 2–7b below, and for a "No" response to lines 8 or 9b below, describe the | 9 , | | | | | |
| 4- | circumstances, processes, or changes in Schedule O. See instructions | 4. | 1 | | ļ | | |
| 1a | Enter the number of voting members of the governing body | 1a 1b | $\frac{4}{4}$ | | - | | |
| ь 2 | Enter the number of voting members that are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship will | | | | - | | |
| 2 | • | l) I | | | _ | | Х |
| 3 | any other officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direction. | n et | | | 2 | | |
| 3 | supervision of officers, directors or trustees, or key employees to a management company or other person | | | | 3 | х | |
| 4 | Did the organization make any significant changes to its organizational documents since the prior Form 9 | | s filod | 2 | 4 | Λ | X |
| 5 | • | 90 was | silled | f | 5 | | X |
| 6 | Did the organization become aware during the year of a material diversion of the organization's assets? | | | | 6 | | X |
| о 7а | Does the organization have members or stockholders? | | | | - | | |
| 1 a | Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? | 115 | | | - | | v |
| . | of the governing body? | 2 | | | 7a 7b | | X |
| 8 8 | Are any decisions of the governing body subject to approval by members, stockholders, or other persons | | | | /B | | |
| 0 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following | y | | | | | |
| _ | the year by the following The governing body? | | | | 0- | х | |
| a | Each committee with authority to act on behalf of the governing body? | | | | 8a_ | X | |
| b | , | | | | 8b | _^_ | X |
| 9a _ | Does the organization have local chapters, branches, or affiliates? | | | | 9a | | |
| b | If "Yes," does the organization have written policies and procedures governing the activities of such chapt | iers, | | | امد | | |
| 10 | affiliates, and branches to ensure their operations are consistent with those of the organization? | otiono | | | 9b | | |
| 10 | Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations are represented to the process of each the process of | auons | | | 140 | Х | |
| 11 | must describe in Schedule O the process, if any, the organization uses to review the Form 990 | ad at | | | 10 | | |
| " | Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reach the organization's mailing address? If "Yes," provide the names and addresses in Schedule O | eu ai | | | 11 | | Х |
| Sec | tion B. Policies | | | | 1 31 | | Λ |
| <u> </u> | TOTI D. F OTTOTO | | | | | Yes | No |
| 12a | Does the organization have a written conflict of interest policy? If "No," go to line 13 | | | | 12a | X | _110 |
| b | Are officers, directors or trustees, and key employees required to disclose annually interests that could gi | ve | | | 120 | - 21 | |
| _ | rise to conflicts? | •• | | | 12b | х | |
| С | Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," | , | | | 125 | -11 | |
| • | describe in Schedule O how this is done | | | | 12c | х | |
| 13 | Does the organization have a written whistleblower policy? | | | | 13 | | X |
| 14 | Does the organization have a written document retention and destruction policy? | | | | 14 | | X |
| 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 de | cision | | | | | |
| а | The organization's CEO, Executive Director, or top management official? | 0.0.0. | | | 15a | | <u>X</u> |
| b - | Other officers or key employees of the organization? | | | | 15b | | X |
| ~ | Describe the process in Schedule O (see instructions) | | | | 150 | | |
| 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 | | Χ |
| b | If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate | | | | 100 | | |
| _ | its participation in joint venture arrangements under applicable federal tax law, and taken steps to safegua | ard | | | | | |
| | the organization's exempt status with respect to such arrangements? | | | | 16b | | |
| Sec | tion C. Disclosure | | | | 1 100 | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed NONE | | | | _ | | |
| 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 make these available. Check all that apply | , -,, -, | y | | | | |
| | Own website X Another's website X Upon request | | | | | | |
| 19 | Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict | ct of in | teres | | | | |
| | policy, and financial statements available to the public | o. o | .0.03 | | | | |
| 20 | State the name, physical address, and telephone number of the person who possesses the books and rec | cords o | of the | | | | |
| | organization: ▶ JOSEPH PEROTTI 150 W. BEAU | | | | | | |
| W | | A 1! | 530 | 1 73 | 4-22 | 5-9 | 550 |
| | | | | | • | aan | |

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. Use Schedule J-2 if additional space is needed.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order: individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

| (A) Name and Title | (B) Average hours per | | | check | | hat ap | | (D) Reportable compensation | (E) Reportable compensation | (F) Estimated |
|------------------------------|-------------------------------------|--------------|-----------------------|--|--------------|------------------------------|--------|--|--|--|
| | week | or director_ | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | from the organization (W-2/1099-MISC) | from related organizations (W-2/1099-MISC) | amount of other compensation from the organization and related organizations |
| BRIAN SMITH VICE PRESIDE | 1 | Х | | | | | | 0 | 0 | (|
| GARY WEINSTE PRESIDENT/DI | | X | | | | | | 0 | 0 | (|
| BETTIE STAMM | | X | | | <u> </u> | | | | | |
| SEC/TREAS/DI JEANINE HENR | Y | | | | | - | | 0 | 0 | |
| DIRECTOR | 1 | X | | | | | | 0 | 0 | (|
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| Part VI | | A. Officers, Directors, Trus | tees | , Ke | | | yees | , an | T | Т | | | |
|------------------|---|--|--------------------------------|-----------------------|--------|--------------|------------------------------|-------------|--|--|--|--|--------|
| Nam | (A) ne and title | 7.00.0g0 | | | check | | nat ap | | (D) Reportable | (E) Reportable | Esti | (F) imated | |
| | | hours per week | Individual trustee or director | Institutional trustee | Office | Key employee | Highest compensated employee | Former | compensation from the organization (W-2/1099-MISC) | compensation from related organizations (W-2/1099-MISC) | composition compos | ount of ther ensation m the nization related nizations | |
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| 1b Tota | | | | I. | | | | > | | | | | |
| | number of indivinization 0 | viduals (including those in 1 | a) wh | no re | ceive | ed m | ore t | han | \$100,000 in reportable com | pensation from the | | | |
| 3 Did t | he organization | list any former officer, direc | tor c | or tru | stee, | , key | emp | loye | e, or highest compensated | | | Yes | |
| 4 For a | iny individual lis | ? If "Yes," complete Schedu ted on line 1a, is the sum of related organizations greate | repo | ortab | le co | mpe | ensat | ion a | and other compensation from complete Schedule J for su | m uch | 3 | | X |
| indiv 5 Did a | idual iny person listed | d on line 1a receive or accru | ie co | mpe | nsati | on fr | om a | any t | unrelated organization for | | 4 | | X |
| | ces rendered to 3. Independent | the organization? If "Yes," of Contractors | comp | olete | Sch | eaul | e J to | or su | cn person | | 5 | | X |
| 1 Com | plete this table for the pensation from t | or your five highest compen he organization. | sate | d inc | depe | nden | t cor | ntrac | | | | | |
| | | (A) Name and business address | | | | | | - | Descript | (B) tion of services | | (C) Compensa | ition |
| | | | | | | | | | | | | | _ |
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| | | pendent contractors (include | ıng tl | hose | ın 1 |) who | о гес | eive: | d more than \$100,000 in | | | | |
| DAA comp | erisation from t | he organization > | | | | | | | · · · · · · · · · · · · · · · · · · · | | | o rm 990 | (2008) |

| | uic V | m Otatement of No. | rende | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512, 513, or 514 |
|--|---------|--|----------------------|------------|----------------------|--|---|---|
| रा रा | 1a | Federated campaigns | 1a | | | TOVETTE | | 312, 313, 01 314 |
| Program Service Revenue Contributions, gifts, grants | b | Membership dues | 1b | | | | | |
| s, g | С | Fundraising events | 1c | | | | | |
| gifts | d | Related organizations | 1d | | | | | |
| imi | е | Government grants (contributions) | 1e | | | | | |
| tior | f | All other contributions, gifts, grants, | | | İ | | | |
| ğ | | and similar amounts not included above | 1f | | | | | |
| de | g | Noncash contributions included in lines | la-1f \$ | | | | | |
| ပြွန် | h | Total. Add lines 1a-1f | | ▶ . | Ì | | | |
| e | | | | Busn. Code | | | | |
| ven | 2a | RENTAL INCOME | | | 168,221 | 168,221 | | |
| Re | b | RENTAL INCOME NOND | EBT FINANCE | | 31,568 | 31,568 | | |
| /ice | С | | | | | | | |
| Ser | d | | | | | | | |
| an | е | | | | | | | |
| .go | f | All other program service rev | renue | | | | | |
| <u>-</u> | g | Total. Add lines 2a-2f | | • | 199,789 | | | |
| | 3 | Investment income (including | dividends, intere | st, and | | | | |
| | | other similar amounts) | | ▶ _ | 439 | | | 439 |
| | 4 | Income from investment of ta | ıx-exempt bond pr | oceeds 🕨 📙 | | | | |
| | 5 | Royalties | | • | | | | |
| | | (ı) Rea | 1 (11) | Personal | | | | |
| | 6a | Gross Rents | | | | | | |
| | b | Less rental exps | | | | | | |
| | С | Rental inc or (loss) | | | | | | |
| | d 7a | Net rental income or (loss) Gross amount from (1) Secure | | • | - | | | |
| | | sales of assets (i) Securi | ties (i | i) Other | | | | |
| | _ | other than inventory | | | | | | |
| | þ | Less cost or other | | | | | | |
| | | basis & sales exps | - | | | | | |
| | | Gain or (loss) | | | | | | |
| | d | Net gain or (loss) | | <u> </u> | | - | | |
| a | 8a | Gross income from fundraising ev | vents | | | | | |
| ņ | | (not including \$ of contributions reported on line 1 | | | | | | |
| eve | | See Part IV, line 18 | | | | ļ | 1 | |
| r. | h | Less. direct expenses | а b | | | | | |
| Other Revenue | | Net income or (loss) from fur | | • | | | | |
| ٥ | | Gross income from gaming activity | | | | - | | |
| | | See Part IV, line 19 | a | | | | | |
| | b | Less. direct expenses | b | | | | | |
| | | Net income or (loss) from gain | ming activities | • | | | | |
| | | Gross sales of inventory, less | | | | | | |
| | | returns and allowances | а | | | | | |
| | b | Less cost of goods sold | ь | | | | | |
| | | Net income or (loss) from sal | es of inventory | ▶ | 1 | | | |
| | | Miscellaneous Reven | _ | Busn. Code | | | | · · · · · · · · · · · · · · · · · · · |
| | 11a | MANAGEMENT FEES | | 561000 | 27,457 | | 27,457 | |
| | b | | | 531120 | 14,476 | - | 14,476 | |
| | С | | | | | | | |
| | d | All other revenue | | | | | | · · · · · · · · · · · · · · · · · · · |
| | е | Total. Add lines 11a-11d | | • | 41,933 | | | |
| | 12 | Total Revenue. Add lines 1h | , 2g, 3, 4, 5, 6d, 7 | d, 8c, | | | | |
| | | 9c, 10c, and 11e | | ▶ | 242,161 | 199.789 | 41.933 | 439 |

Part IX Statement of Functional Expenses

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

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

| 78, 88, 98, and 106 of Part VIII. Contras and other assistance to speraments and organizations in the U.S. See Part IV, line 21 Grants and other assistance to subvividuals in the U.S. See Part IV, line 22 Grants and other assistance to individuals outside the U.S. See Part IV, line 22 Grants and other assistance to individuals outside the U.S. See Part IV, line 37 Benefits paid to or for members Compensation of current officers, directors, fritusiose, and key employees Compensation of current officers, directors, fritusiose, and key employees Compensation of current officers, directors, fritusiose, and key employees Compensation of current officers, directors, fritusiose, and key employees Compensation of current officers, directors, fritusiose, and key employees Compensation of current officers, directors, fritusiose, and key employees In press of the section 4859(1)(8) and persons described nestion 4859(1)(8) and section 403(8) employee contributions) Officer employees benefits Payoritic taxes Payoritic taxes Alternative of the employees benefits Legal Fees to services (non-employees): Alternative of the employees benefits Colores and the form of the employees benefits Colores and the form of the employees benefits Colores and the employees benefits Payoritic taxes Alternative of the employees benefits Colores and the employees benefits Colores and the employees benefits Colores and the employees benefits Colores and the employees benefits Colores and the employees benefits Alternative of the employees benefits Colores and the employees benefits Colores and the employees benefits Colores and the employees benefits Colores and the employees benefits Colores and the employees benefits Colores and the employees benefits Colores and the employees benefits Colores and the employees benefits Colores and the employees benefits Colores and the employees and the employees benefits and the employees benefits Colores and the employees and the employees benefits and the employees | | not include amounts reported on lines 6b, | (A) Total expenses | (B) Program service | (C) Management and | (D) Fundraising |
|--|-----|--|--------------------|------------------------|-----------------------|---|
| Grants and order assistance to dividuals in the U.S. See Part IV, line 22 Grants and other assistance to dividuals in the U.S. See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 U.S. See Part IV, lines 15 and 16 Benefits paid to rife members Compensation of current officers, directors, trustees, and to rife organization persons (and direct section strustees), and section of current officers, directors, trustees, and several paid and persons described under second 458(R(IV)) and persons described under second 458(R(IV)) and persons described in section 459(R(IV)) and section 450(R(IV)) and se | 7b, | 8b, 9b, and 10b of Part VIII. | <u> </u> | Expenses | general expenses | expenses |
| 2 Grants and other assistance to individuals in the U.S. See Part IV, Inex 2 S 3 Grants and other assistance to governments organizations, and individuals outside the U.S. See Part IV, Inex 15 and 16 4 Benefits paid to or for members C 5 Compensation of current officers, directors, trustees, and key employees Compensation of current officers, directors, trustees, and key employees Compensation of current officers, directors, trustees, and key employees Compensation of current officers, directors, trustees, and key employees Compensation of current officers, directors, trustees, and key employees Compensation of current officers, directors, trustees, and key employees Person plan contributions (include scient 401(t) and section 403(t)) and section 403(t) and sectio | 1 | · · | | | | |
| the U.S. See Part IV, Inte 22 3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, Intes 15 and 16 4 Senefits paid to or for maintees 5 Compensation of current officers, directors, trustees, and key employees 6 Compensation of unded above, to dequalified pecsors (as defined under section 458(k(2))(ii) and pecsors described under section 458(k(2))(iii) and pecsors described under section 458(k(2))(iii) and pecsors described under section 458(k(2))(iii) and pecsors described under section 458(k(2))(iiii) and section 459(k(2)) employer contributions (include section 401(k) and section 459(k) employer contributions (include section 401(k) and section 459(k) employer contributions (include section 401(k) and section 459(k) employer contributions (include section 401(k) and section 459(k) employer contributions (include section 401(k) and section 459(k) employer contributions (include section 401(k) and section 459(k) employer contributions (include section 401(k) and section 459(k) employer contributions (include section 401(k) and section 401(k | _ | • | | | | |
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| organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 4. Benefits paid to or for members 5. Compensation of current officers, directors, trustees, and key employees 6. Compessation not included above, to disqualified persors (se defined under section 4958(x)(1) and persons described in section 4958(x)(1) and persons described in section 4958(x)(3)(8) 7. Other salaries and wages 8. Person plan contributions (include section 491(x) and section 491(x) employer contributions) 9. Other amployee benefits 10. Payroll taxes 11. Fees for services (non-employees): 12. Advantagement 13. Legal 14. Lobbyria 15. Advantagement 16. Coccounting 16. Advantagement 17. Investment management fees 18. Other 19. Advantagement 19. Advantag | 3 | | | | | |
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| ### Separation of commembers | | - ' | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees 6 Compensation of included above, to dequalified persons (as defined under section 458(f)(f)) and persons described in section 458(f)(f)) and persons described in section 458(f)(f)) and persons described in section 403(f) employer contributions (included section 401(f)) and section 403(f) employer contributions) 9 Other employees benefits 19 Favroll taxes 1 Fees for services (non-employees): A Management b Legal c Accounting d Lobbyring Professional fundrating services See Part IV, line 17 Investment management fees 9 Other 10 Office expenses 10 Office expenses 11 Hormation technology 13 Office expenses 14 Ay 481 48, 481 48, 481 15 Payments of travel or entertainment expenses for any federal, state, or local public officials 16 Payments of difficults 17 Travel 18 Payments of affiliates 19 Conferences, conventions, and meetings 10 Interest 10 Conferences, conventions, and meetings 10 Interest of filiates 10 Experiencial officials 11 Payments to affiliates 12 Depreciation, depletion, and amortization 13 Insurance 14 Other expenses letting expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.) 18 AMARGEMENT FEES 18, 936 18, 936 18, 936 18, 936 18, 936 18, 936 18, 936 18, 936 18, 936 18, 936 18, 936 18, 936 18, 936 18, 936 18, 936 18, 937 19 19 19 19 19 19 19 19 19 19 19 19 19 1 | 4 | • | | | | |
| trustees, and key employees Compensation of included above, to dequalified persons (ac defined under section 4586(f)(1)) and persons described in section 4586(f)(1)) and persons described in section 4586(f)(1)) and persons described in section 4586(f)(1)) and persons described in section 4586(f)(1)) and persons described in section 4586(f)(1)) and section 401(b) and section 401(b) and section 401(b) employee banefits Payroll taxes Payroll taxes In Payroll taxe | 5 | • | | | | |
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| parans described miscelan 495(c)(3)(8) 7 Other sataries and wages 8 Penson plan contributions (include section 401(x) and section 403(b) employer contributions) 9 Other employee benefits 10 Payroll taxes 11 Fees for services (non-employees): 12 Management 13 Legal 14 Loo 14 Lobbying 15 Postician and a section 495(x) and a section 401(x) and a section 403(b) employee contributions 16 Lobbying 17 Investment management fees 18 Other 19 Professional fundrasing services See Part IV, line 17 18 Investment management fees 19 Other 20 20 Other 20 21 Advertising and promotion 20 22 Advertising and promotion 30 23 Office expenses 4 24 Information technology 4 25 Agyaltes 5 26 Occupancy 4 27 Travel 19 28 Payments of travel or entertainment expenses for any federal, state, or local public officials for any federal, state, or local public officials for any federal, state, or local public officials interest 19 26 Octoperoces, conventions, and meetings 1 27 Payments to affiliates 2 28 Depreciation, depletion, and amortization 1 29 Instress 1 20 Other expenses see tilemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below) 3 28 REPATIS 18, 936 18, 936 29 CLERNITING / MAINTENANCE 17, 676 20 TAX EXPENSE 965 965 965 965 20 SUPPLIES 891 891 21 All other expenses State in any of the corporation to the original part of the orig | 6 | Compensation not included above, to disqualified | | • | | |
| 7 Other salaries and wages Person plan contributions (include section 401(k) and section 401(k) employer contributions) Payroll taxes Person services (non-employees): a Management b Legal C Accounting Professional fundracing services See Part IV, line 17 Investment management Res Other Other Professional fundracing services See Part IV, line 17 Investment management res Other Professional fundracing services See Part IV, line 17 Investment management res Other Professional fundracing services See Part IV, line 17 Investment management res Other Professional fundracing services See Part IV, line 17 Investment management res Other Professional fundracing services See Part IV, line 17 Investment management res Other Professional fundracing services See Part IV, line 17 Investment management res Other selection of the Professional fundracing services See Part IV, line 17 Investment management res Occupancy A 8 4 8 4 8 1 Interest Payments of travel or entertainment expenses for any federal, state, or local public officials Interest Interest Occupancy A 5 6 13 Insurance 24 Other expenses Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous any not exceed S% of total expenses shown on line 25 below.) a Management A 18 9 36 Interest Inter | | persons (as defined under section 4958(f)(1)) and | | | | |
| Pension plan contributions (include section 401(i)) and section 403(i)) employer contributions) Possible | | persons described in section 4958(c)(3)(B) | | | | |
| and section 403(b) employer contributions) Other employee benefits Payrol taxes 1 Fees for services (non-employees): a Management Legal Accounting Othorying Professional fundrasing services See Part IV, line 17 investment management fees Other Active times and promotion Office expenses Information technology 1 Royalties Payments of travel or entertainment expenses for any federal, state, or local public officials Concipency, and the defending of the fees | 7 | Other salaries and wages | | | | |
| 9 Other employee benefits 10 Payroll taxes 11 Fees for services (non-employees): | 8 | Pension plan contributions (include section 401(k) | | | | |
| 10 Payroll taxes 11 Fees for services (non-employees): a Management b Legal c Accounting d Lobbying e Professional fundrasing services See Part IV, line 17 f Investment management fees g Other 2 Advertising and promotion 30 Office expenses 11 Information technology 15 Royalties 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 1 Insurance 24 Other expenses shown on line 25 below.) a Management b Legal 4 4, 100 4, 100 4 , 100 4 , 100 4 , 100 4 , 100 4 , 100 4 , 100 4 , 100 4 , 100 4 , 100 6 , 100 6 , 100 6 , 100 6 , 100 7 | | and section 403(b) employer contributions) | | | | |
| 11 Fees for services (non-employees): a Management b Legal c Accounting | | | | | | |
| a Management b Legal c Accounting d Lobbying Professional fundrasing services See Part IV, line 17 finvestment management fees g Other Advertising and promotion Office expenses Information technology Royalites Occupancy 48,481 48,481 48,481 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings Interest Payments to affiliates Payments to affiliates Payments of travel or entertainment expenses for any federal, state, or local public officials Occupancy 16,693 16,693 16,693 16,693 16,693 16,693 17,676 18,936 18,93 | | - | | | | |
| b Legal c Accounting d Lobbyring e Professional fundraising services See Part IV, line 17 f Investment management fees g Other 2 Advertising and promotion 13 Office expenses 1 Information technology 15 Royalties 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 18 Conferences, conventions, and meetings 19 Interest 20 Interest 21 Payments to affiliates 20 Depreciation, depletion, and amortization 1 Insurance 24 Other expenses itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.) a MANAGEMENT FEES 5 S 13, 131 5 REPATRS C CLEANING / MAINTENANCE 1 T7, 676 1 TAX EXPENSE 965 965 965 965 1 All other expenses. Add lines 1 through 24f 18 All other expenses. Add lines 1 through 24f 18 All other expenses. Add lines 1 through 24f 18 All other expenses. Add lines 1 through 24f 18 All other expenses. Add lines 1 through 24f 18 or or or or or or or or or or or or or | | , , , , | | | | |
| C Accounting 4 , 100 4 , 100 | | ŭ | | | | . |
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| Professional fundraising services. See Part IV, line 17 Investment management fees g. Other 2 | | | 4,100 | · - | 4,100 | ··· |
| Investment management fees Gother | | • • | | | | |
| g Other 12 Advertising and promotion 13 Office expenses 14 Information technology 15 Royalhes 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 10 Interest 11 Payments to affiliates 10 Depreciation, depletion, and amortization 11 Insurance 12 Other expenses Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.) 18 REPAIRS 18, 936 18, 936 18, 936 18, 936 17, 676 17 | _ | | | | | |
| 12 Advertising and promotion | | · · | | | | |
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| 16 Occupancy | 14 | Information technology | | | | |
| 17 Travel | 15 | Royalties | | | | |
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| for any federal, state, or local public officials Conferences, conventions, and meetings Interest Payments to affiliates 22 Depreciation, depletion, and amortization Insurance 24 Other expenses Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.) a MANAGEMENT FEES b REPAIRS C CLEANING / MAINTENANCE d TAX EXPENSE SUPPLIES SUPPLIES All other expenses 25 Total functional expenses. Add lines 1 through 24f 26 Joint Costs. Check here ▶ ☐ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and | 17 | Travel | | | | - |
| 19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.) a MANAGEMENT FEES 5 NEPAIRS C CLEANING / MAINTENANCE 17,676 17,676 17,676 17,676 4 TAX EXPENSE 965 965 95 SUPPLIES 891 891 93 93 93 93 93 95 1 All other expenses. Add lines 1 through 24f 26 Joint Costs. Check here | 18 | · | | | | |
| 20 Interest | | • | | | | |
| 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.) a MANAGEMENT FEES b REPAIRS c CLEANING / MAINTENANCE d TAX EXPENSE e SUPPLIES f All other expenses 7 Otal functional expenses. Add lines 1 through 24f 26 Joint Costs. Check here | | _ | 45 613 | 45 613 | | |
| Depreciation, depletion, and amortization 16,693 16,693 | | | 45,613 | 45,613 | | |
| 24 Other expenses Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.) a MANAGEMENT FEES 31,131 31,131 b REPAIRS 18,936 18,936 c CLEANING / MAINTENANCE 17,676 17,676 d TAX EXPENSE 965 965 e SUPPLIES 965 965 f All other expenses 93 93 93 25 Total functional expenses. Add lines 1 through 24f 184,579 179,514 5,065 26 Joint Costs. Check here ▶ ☐ if following SOP 98-2. Complete this line only if the organization reported in column (8) joint costs from a combined educational campaign and | | • | 16 693 | 16 693 | | |
| 24 Other expenses Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.) a MANAGEMENT FEES 31,131 b REPAIRS C CLEANING / MAINTENANCE d TAX EXPENSE SUPPLIES f All other expenses 25 Total functional expenses. Add lines 1 through 24f 26 Joint Costs. Check here If following SOP 98-2. Complete this line only if the organization reported in column (8) joint costs from a combined educational campangn and | | · · | 10,000 | 10,000 | | |
| covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.) a MANAGEMENT FEES b REPAIRS c CLEANING / MAINTENANCE d TAX EXPENSE e SUPPLIES f All other expenses Total functional expenses. Add lines 1 through 24f SOP 98-2. Complete this line only if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and | | | | | - | |
| and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.) a MANAGEMENT FEES 31,131 b REPAIRS 18,936 18,936 18,936 c CLEANING / MAINTENANCE 17,676 d TAX EXPENSE 965 e SUPPLIES 7 All other expenses 7 Total functional expenses. Add lines 1 through 24f 25 Joint Costs. Check here | 24 | Other expenses Itemize expenses not | | | | |
| 5% of total expenses shown on line 25 below.) a MANAGEMENT FEES b REPAIRS c CLEANING / MAINTENANCE d TAX EXPENSE e SUPPLIES f All other expenses 7 Total functional expenses. Add lines 1 through 24f SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and | | covered above. (Expenses grouped together | | | | |
| a MANAGEMENT FEES b REPAIRS c CLEANING / MAINTENANCE d TAX EXPENSE e SUPPLIES f All other expenses 7 Total functional expenses. Add lines 1 through 24f 26 Joint Costs. Check here | | and labeled miscellaneous may not exceed | | | | |
| b REPAIRS c CLEANING / MAINTENANCE 17,676 17,676 d TAX EXPENSE 965 e SUPPLIES f All other expenses 7 Total functional expenses. Add lines 1 through 24f 26 Joint Costs. Check here ▶ ☐ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and | | 5% of total expenses shown on line 25 below.) | | | | |
| c CLEANING / MAINTENANCE 17,676 17,676 d TAX EXPENSE 965 e SUPPLIES 891 891 f All other expenses 93 93 25 Total functional expenses. Add lines 1 through 24f 184,579 179,514 5,065 26 Joint Costs. Check here ▶ ☐ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and | а | MANAGEMENT FEES | | | | |
| d TAX EXPENSE 965 965 e SUPPLIES 891 891 f All other expenses 93 93 25 Total functional expenses. Add lines 1 through 24f 184,579 179,514 5,065 26 Joint Costs. Check here ▶ ☐ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and | b | | | | | |
| e SUPPLIES f All other expenses 25 Total functional expenses. Add lines 1 through 24f 26 Joint Costs. Check here ☐ If following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and | | • | | 17,676 | | |
| f All other expenses 25 Total functional expenses. Add lines 1 through 24f 26 Joint Costs. Check here if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and | | | | 001 | 965 | |
| Total functional expenses. Add lines 1 through 24f Joint Costs. Check here In f following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and | | | | | | |
| Joint Costs. Check here ☐ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and | | · · · · · · · · · · · · · · · · · · · | | | 5 065 | |
| SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and | | | 104,5/5 | 113,314 | 2,065 | |
| from a combined educational campaign and | | SOP 98-2. Complete this line only if the | | | | |
| | | | | | | |
| | | | | | | |

| | art A | Balance Sneet | | | 1 | | | | | | |
|-------------|---|---|--|--------------------------|------|--------------|------------|-------------|--|--|--|
| | | | | (A) Beginning of year | | (B End of | | | | | |
| | 4 | Cook non-interest begins | | Degining of your | 1 | | yeur | | | | |
| | 1 | Cash—non-interest bearing | | 35,166 | | | 30, | F 2 4 | | | |
| | 2 | Savings and temporary cash investments | <u> </u> | 33,100 | 3 | | 30, | <u> </u> | | | |
| | 3 | Pledges and grants receivable, net | | 8,870 | 4 | | 13, | 2 5 1 | | | |
| | 4 | Accounts receivable, net | | 0,070 | 4 | · - | 13, | <u> 251</u> | | | |
| | 5 | Receivables from current and former officers, directors, tru | · · · · · · · · · · · · · · · · · · · | | _ | | | | | | |
| | | employees, or other related parties Complete Part II of So | | | 5 | · | | | | | |
| | 6 | Receivables from other disqualified persons (as defined u | i | | | | | | | | |
| | | 4958(f)(1)) and persons described in section 4958(c)(3)(B | Complete | | | | | | | | |
| | _ | Part II of Schedule L | <u>j-</u> | | 6 | | | | | | |
| ets | 7 | Notes and loans receivable, net | } | | 7 8 | | | | | | |
| Assets | 8 | Inventories for sale or use | | | 25.0 | | | | | | |
| ä | 9 | Prepaid expenses and deferred charges | 1 | 6,179 | 9 | | 6, | <u> 256</u> | | | |
| | 10a | 3., | 10a 716,604 | | | | | | | | |
| | b | Less accumulated depreciation Complete | | | | | | | | | |
| | | Part VI of Schedule D | 10b 100,894 | 628,378 | | 6 | 15, | <u>710</u> | | | |
| | 11 | Investments—publicly traded securities | <u> </u> | _11 | | | | | | | |
| | 12 | 12 | | | | | | | | | |
| | 13 | 13 | | | | | | | | | |
| | 14 | 14 | | | | | | | | | |
| | 15 | Other assets See Part IV, line 11 | L | 374,254 | 15 | | 02, | | | | |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 34) | | 1,052,847 | 16 | 1,0 | | | | | |
| | 17 | Accounts payable and accrued expenses | | 23,567 | 17 | | <u>17,</u> | <u>877</u> | | | |
| | 18 Grants payable18 | | | | | | | | | | |
| | 19 | Deferred revenue | L | | 19 | | | | | | |
| | 20 | Tax-exempt bond liabilities | Ĺ | | 20 | | | | | | |
| <u>e</u> s | 21 | Escrow account liability Complete Part IV of Schedule D | L | | 21 | | | | | | |
| Liabilities | 22 | Payables to current and former officers, directors, trustees | s, key | | | | | | | | |
| | | employees, highest compensated employees, and disqua | lified | | | | | | | | |
| | | | | | | | | | | | |
| | 23 | 7 | 68, | <u>654</u> | | | | | | | |
| | 24 | | | | | | | | | | |
| | 25 | Other liabilities Complete Part X of Schedule D | L | 1,159 | | | | <u> 384</u> | | | |
| | 26 | Total liabilities. Add lines 17 through 25 | | 828,916 | 26 | 7 | 86, | <u>915</u> | | | |
| S | | Organizations that follow SFAS 117, check here ▶ ∑ | and | | | | | | | | |
| nces | | complete lines 27 through 29, and lines 33 and 34. | | | | | | | | | |
| Balaı | 27 | Unrestricted net assets | L | 223,931 | _27 | 2 | 81, | <u>513</u> | | | |
| ä | 28 | Temporarily restricted net assets | L | _ | 28 | | | | | | |
| Fund | 29 | Permanently restricted net assets | | | 29 | | | | | | |
| 5 | | Organizations that do not follow SFAS 117, check here | e ▶ | | | | | | | | |
| <u>P</u> | | and complete lines 30 through 34. | | | | | | | | | |
| | 30 | Capital stock or trust principal, or current funds | | | 30 | | | | | | |
| Assets | 31 | Paid-in or capital surplus, or land, building, or equipment fi | und | | 31 | | | - | | | |
| Ąŝ | 32 | Retained earnings, endowment, accumulated income, or o | other funds | | 32 | | | | | | |
| ž | 33 | Total net assets or fund balances | | 223,931 | 33 | 2 | 81, | 513 | | | |
| Net | 34 | Total liabilities and net assets/fund balances | | 1,052,847 | 34 | 1,0 | | | | | |
| Р | art > | | | | | | | | | | |
| | | | | | | | Yes | No | | | |
| 1 | Ac | counting method used to prepare the Form 990 | ash $oxed{X}$ Accrual $oxed{\Box}$ Oth | er | | | | | | | |
| 2 | We | ere the organization's financial statements compiled or revie | wed by an independent accountant | ? | | 2a | X | | | | |
| k | We | ere the organization's financial statements audited by an ind | ependent accountant? | | | 2b | <u> </u> | X | | | |
| C | : f " | Yes" to lines 2a or 2b, does the organization have a commit | ttee that assumes responsibility for | oversight of | | | | | | | |
| | the | e audit, review, or compilation of its financial statements and | d selection of an independent accou | ntant? | | 2c | Х | | | | |
| 3a | a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in | | | | | | | | | | |
| | the | Single Audit Act and OMB Circular A-133? | | | | 3a | | X | | | |
| t | lf" | Yes," did the organization undergo the required audit or aud | lits? | | | 3b | | | | | |

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

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

Reason for Public Charity Status (All organizations must complete this part.) (see instructions)

A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

city, and state:

Part I

1

2

3

4

DAA

ACTION RESOURCES, INC.

A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).

A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H)

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in

The organization is not a private foundation because it is: (Please check only one organization)

A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)

Employer identification number 36-4479638

| | _ | section 170(l | b)(1)(A)(iv). (Complete Part | til) | | | | | | | | | |
|-------|--|--|---------------------------------|---|---------------|--------------|-------------|------------------|----------|------------|---------------------------|--|--|
| 6 | Ц | A federal, sta | te, or local government or g | overnmental unit described in se | ction 170(| b)(1)(A)(v | /). | | | | | | |
| 7 | | An organization | on that normally receives a | substantial part of its support from | m a govern | mental ur | nt or fror | n the ge | neral pu | ublic | | | |
| | _ | described in s | section 170(b)(1)(A)(vi). (C | Complete Part II.) | | | | | | | | | |
| 8 | Ш | A community | trust described in section | 170(b)(1)(A)(vi). (Complete Part l | II) | | | | | | | | |
| 9 | X | An organization | on that normally receives (| 1) more than 33 1/3 % of its supp | ort from co | ntribution | s, memb | ership f | ees, an | d gross | | | |
| | | receipts from | activities related to its exen | npt functions—subject to certain e | exceptions | , and (2) r | io more | than 33 | 1/3 % o | f its | | | |
| | | support from | gross investment income ai | nd unrelated business taxable inc | ome (less | section 5 | 11 tax) fr | om busi | nesses | | | | |
| | | acquired by th | ne organization after June 3 | 30, 1975. See section 509(a)(2). | (Complete | Part III.) | | | | | | | |
| 10 | | An organization | on organized and operated | exclusively to test for public safet | ty See sec | tion 509(| a)(4). (s | ee instru | ictions) | | | | |
| 11 | | An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the | | | | | | | | | | | |
| | | purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section | | | | | | | | | | | |
| | 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. | | | | | | | | | | | | |
| | | a Type I b Type II c Type III—Functionally Integrated d Type III—Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section | | | | | | | | | | | |
| е | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | 509(a)(1) or s | ection 509(a)(2) | | | | | | | | | | |
| f | | _ | | ermination from the IRS that it is a | Type I, Ty | pe II, or | Type III s | upportin | g | | _ | | |
| | | organization, check this box | | | | | | | | | | | |
| g | Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | (i) A person | who directly or indirectly co | ontrols, either alone or together w | ith person | s describe | ed in (11) | | | | Yes No | | |
| | | and (III) b | pelow, the governing body of | of the supported organization? | | | | | | | 11g(ı) | | |
| | | (ii) A family | member of a person descri | bed in (i) above? | | | | | | | 11g(iı) | | |
| | | (iii) A 35% co | ontrolled entity of a person of | described in (i) or (ii) above? | | | | | | | 11g(iii) | | |
| h | | Provide the fo | ollowing information about t | he organizations the organization | supports | | | | | | | | |
| (1) | Name | e of supported | (ii) EIN | (iii) Type of organization | (IV) Is the o | organization | (v) Did y | ou notify | (vi) | Is the | (vii) Amount of | | |
| | org | anization | | (described on lines 1–9 | | sted in your | · · · · · · | nization in | organiza | | support | | |
| | | | | above or IRC section (see instructions)) | governing | document? | col (i) | ot your cort? | | zed in the | | | |
| | | | | (coo mean action, | Yes | No | Yes | No | Yes | No | | | |
| | | · | | <u> </u> | | | | | | | | | |
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| | | | · | | | | | | | 1 1 | | | |
| Tota | ı | | | | |] | | | | | | | |
| For P | rıvac | y Act and Pape | rwork Reduction Act Notice, | see the Instructions for Form 990. | | | · - | | Sci | hedule A | (Form 990 or 990-EZ) 2008 | | |

10%-facts-and-circumstances test—2008. 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

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

10%-facts-and-circumstances test—2007. 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

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

Schedule A (Form 990 or 990-EZ) 2008

18

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

| Soc | (Complete only if you che tion A. Public Support | ecked the box o | n line 9 of Part | 1.) | | - | |
|----------|--|-----------------|-----------------------|----------------------|--------------------|---------------|-------------|
| | lendar year (or fiscal year beginning in) | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") | (4) 2000 | (5) 2000 | (0) 2000 | (4) 2007 | (6) 2000 | (i) Total |
| 2 | Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | 177,073 | 177,328 | 188,353 | 188,918 | 199,789 | 931,461 |
| 3 | Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 | Total. Add lines 1-5 | 177,073 | 177,328 | 188,353 | 188,918 | 199,789 | 931,461 |
| 7a | Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b | Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000 | | | | | | |
| с 8 | Add lines 7a and 7b | 177 073 | 177 200 | 100.353 | 100 010 | 100 700 | |
| 8 | Public support (Subtract line 7c from line 6) | 177,073 | 177,328 | 188,353 | 188,918 | 199,789 | 931,461 |
| Sec | tion B. Total Support | | | | | | |
| Ca | lendar year (or fiscal year beginning in) ▶ | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
| 9 | Amounts from line 6 | 177,073 | 177,328 | 188,353 | 188,918 | 199,789 | 931,461 |
| 10a | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 258 | 678 | 1,342 | 879 | 439 | 3,596 |
| b | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | 5,785 | 3,814 | 7,745 | 6,465 | 9,332 | 33,141 |
| С | Add lines 10a and 10b | 6,043 | 4,492 | 9,087 | 7,344 | 9,771 | 36,737 |
| 11 | Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 | Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) | | | | | | |
| 13 | Total support. (Add lines 9, 10c, 11, and 12.) | 183,116 | 181,820 | 197,440 | 196,262 | 209,560 | 968,198 |
| 14 | First five years. If the Form 990 is for the corganization, check this box and stop here | • | econd, third, fourth, | or fifth tax year as | a section 501(c)(3 |) | ▶ [|
| Sec | tion C. Computation of Public Su | | ge | | | | |
| 15 | Public support percentage for 2008 (line 8, | | |) | | 15 | 96.2056 % |
| 16 | Public support percentage from 2007 Scheen | | , , , | • | | 16 | 96.8047 % |
| _ | tion D. Computation of Investmen | | | | | | |
| 17 | Investment income percentage for 2008 (lin | | | umn (f)) | | 17 | 3 7944 % |
| 18 | Investment income percentage from 2007 S | | • | · • | | 18 | 3.1953 % |
| 19a | 33 1/3 % support tests—2008. If the organ | | | | | | ▶ [≥ |
| L | 17 is not more than 33 1/3 %, check this bo 33 1/3 % support tests—2007. If the organ | = | - | · · · | | | |
| b | line 18 is not more than 33 1/3 %, check thi | | | | | | ⊾Г |
| 20 | Private foundation. If the organization did | | - | • | · · · · · · | | _ |

Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service
Name of the organization

Supplemental Financial Statements

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No 1545-0047

Open to Public Inspection

Employer identification number

| A | CTION RESOURCES, INC. | | 36-4479638 |
|--------|--|---|------------------------------|
| | art I Organizations Maintaining Donor Advised Fund | ds or Other Similar Funds or Acc | |
| | the organization answered "Yes" to Form 990, P | art IV, line 6. | <u> </u> |
| | | (a) Donor advised funds | (b) Funds and other accounts |
| 1 | Total number at end of year | | |
| 2 | Aggregate contributions to (during year) | | |
| 3 | Aggregate grants from (during year) | | |
| 4 | Aggregate value at end of year | | |
| 5 | Did the organization inform all donors and donor advisors in writing that the | ne assets held in donor advised | |
| | funds are the organization's property, subject to the organization's exclus | ive legal control? | Yes No |
| 6 | Did the organization inform all grantees, donors, and donor advisors in wr | iting that grant funds may be | |
| | used only for charitable purposes and not for the benefit of the donor or d | onor advisor or other | |
| | impermissible private benefit? | | Yes No |
| Pa | irt II Conservation Easements. Complete if the organ | nization answered "Yes" to Form | 990, Part IV, line 7. |
| 1 | Purpose(s) of conservation easements held by the organization (check al | l tha <u>t a</u> pply) | |
| | Preservation of land for public use (e.g. recreation or pleasure) | Preservation of an historically impo | ortant land area |
| | Protection of natural habitat | Preservation of certified historic sti | ructure |
| | Preservation of open space | | |
| 2 | Complete lines 2a-2d if the organization held a qualified conservation cor | tribution in the form of a conservation ease | ement |
| | on the last day of the tax year. | | |
| | | | Held at the End of the Year |
| а | Total number of conservation easements | | 2a |
| b | Total acreage restricted by conservation easements | | 2b |
| c | Number of conservation easements on a certified historic structure include | ed ın (a) | 2c |
| d | Number of conservation easements included in (c) acquired after 8/17/06 | | 2d |
| 3 | Number of conservation easements modified, transferred, released, exting | guished, or terminated by the organization | during |
| | the taxable year | | |
| 4 | Number of states where property subject to conservation easement is loc | ated ▶ | |
| 5 | Does the organization have a written policy regarding the periodic monitor | ring, inspection, violations, and | |
| | enforcement of the conservation easements it holds? | | Yes No |
| 6 | Staff or volunteer hours devoted to monitoring, inspecting, and enforcing e | easements during the year | - |
| 7 | Amount of expenses incurred in monitoring, inspecting, and enforcing easi | ements during the year 🕒 💄 _ _ | |
| 8 | Does each conservation easement reported on line 2(d) above satisfy the | requirements of section | |
| | 170(h)(4)(B)(ı) and section 170(h)(4)(B)(ıı)? | | ∐ Yes ☐ No |
| 9 | In Part XIV, describe how the organization reports conservation easemen | • | |
| | balance sheet, and include, if applicable, the text of the footnote to the org | ganization's financial statements that descri | ibes |
| _ | the organization's accounting for conservation easements | | |
| Pa | ort III Organizations Maintaining Collections of Art, H | | milar Assets. |
| | Complete if the organization answered "Yes" to | i oiiii 990, Fait IV, IIIle o. | |
| | (file and a second and a second at 1 and 2540 440 and 1 | | |
| та | If the organization elected, as permitted under SFAS 116, not to report in | | |
| | art, historical treasures, or other similar assets held for public exhibition, e | • | olic service, |
| | provide, in Part XIV, the text of the footnote to its financial statements that | describes triese items | |
| h | If the organization elected, as permitted under SFAS 116, to report in its r | evenue statement and halance sheet week | s of art |
| U | historical treasures, or other similar assets held for public exhibition, educ | | |
| | provide the following amounts relating to these items. | audit, or research in furtherance or public s | ocivice, |
| | (i) Revenues included in Form 990, Part VIII, line 1 | | ▶ \$ |
| | (ii) Assets included in Form 990, Part X | | |
| 2 | If the organization received or held works of art, historical treasures, or of | har cimilar accete for financial coin accorda | |
| 2 | following amounts required to be reported under SFAS 116 relating to the | • ., | s uic |
| _ | Revenues included in Form 990, Part VIII, line 1 | 36 KG/113 | ▶ € |
| a h | Assets included in Form 990, Part X | | \$ |
| b | Magazia iniciaded iiri orini aao'i i dir M | | |

| Sche | dule D (Form 990) 2008 ACTION RE | SOURCES, INC. | | <u> </u> | <u>-4479638</u> | | Page | 2 |
|------|---|-------------------------------|------------------------|-------------------|--------------------|-------------------|---|----------|
| Pa | rt III Organizations Maintaining | Collections of Art, H | istorical Treasu | ires, or Oth | er Similar Ass | ets (contir | nued) | |
| 3 | Using the organization's accession and other ritems (check all that apply). | records, check any of the fo | llowing that are a sig | nificant use of i | ts collection | | | |
| а | Public exhibition | d ☐ Loan o | r exchange program | s | | | | |
| b | Scholarly research | e Other | | | | | | |
| c | Preservation for future generations | о <u>—</u> опис | | | | _ | | |
| 4 | Provide a description of the organization's colle | ections and explain how the | y further the organiz | ation's exempt | purpose in | | | |
| 5 | During the year, did the organization solicit or | receive donations of art, his | torical treasures, or | other similar | | □ v ₂₂ | Пи | |
| | assets to be sold to raise funds rather than to Int IV Trust, Escrow and Custodi | | | | vered "Ves" to I | Yes | No | _ |
| Га | | = | | | vereu res to i | , OIIII 990, | | |
| | Part IV, line 9, or reported a | | | | | | | - |
| та | Is the organization an agent, trustee, custodiar | n or other intermediary for c | ontributions or other | assets not | | □ v | □ | |
| | included on Form 990, Part X? | | | | | Yes | ∐ No | |
| b | If "Yes," explain the arrangement in Part XIV a | and complete the following to | aple. | | | | | |
| | | | | | | Amou | ınt | |
| С | Beginning balance | | | | 1c | | | |
| d | Additions during the year | | | | 1d | | | |
| е | Distributions during the year | | | | 1e | | | |
| f | Ending balance | | | | 1f | | | |
| 2a | Did the organization include an amount on For | rm 990, Part X, line 21? | | | | ∐ Yes | ☐ No | |
| b | If "Yes," explain the arrangement in Part XIV | | | | | | | |
| Pa | irt V Endowment Funds. Comple | ete if organization an | swered "Yes" to | Form 990, | Part IV, line 10 |). | | |
| | | (a) Current year | (b) Prior year | (c) Two years | back (d) Three yea | rs back (e) Fo | our years back | |
| 1a | Beginning of year balance | | | | | | | |
| b | Contributions | | | | | | | _ |
| c | Investment earnings or losses | | | | | | | |
| d | Grants or scholarships | | | | | | | - |
| | Other expenditures for facilities | | • | | | | | - |
| · | and programs | | | | | | | |
| | Administrative expenses | | | | | | | - |
| | · | | | | | - | | - |
| g | End of year balance | | | l | | | | - |
| 2 | Provide the estimated percentage of the year | | | | | | | |
| а | Board designated or quasi-endowment | % | | | | | | |
| b | Permanent endowment % | | | | | | | |
| С | Term endowment ▶ % | | | | | | | |
| 3a | Are there endowment funds not in the possess | sion of the organization that | are held and admini | stered for the | | | | _ |
| | organization by | | | | | | Yes No |) |
| | (i) unrelated organizations | | | | | 3a(i | <u>i) </u> | _ |
| | (ii) related organizations | | | | | 3a(i | <u>i) </u> | |
| b | If "Yes" to 3a(II), are the related organizations | listed as required on Sched | ule R? | | | 3b | , | |
| _4 | Describe in Part XIV the intended uses of the | organization's endowment f | unds. | | | | | |
| Pa | rt VI Investments—Land, Buildi | ngs, and Equipment. | See Form 990, | Part X, line | 10. | | | |
| | Description of investment | (a) Cost or other basis | (b) Cost or oth | ner | (c) Depreciation | (d) Bo | ok value | |
| | | (investment) | basis (other |) | | | | |
| 1a | Land | | 55 | ,505 | | | 55,509 | <u>-</u> |
| | Buildings | | 1 | · | ·—· | 1 | | _ |
| | Leasehold improvements | | | | | 1 | | - |
| | Equipment | | 1 | <u> </u> | | 1 | | - |
| | Other | - | 661 | ,099 | 100,894 | 1 , | 560,205 | Ξ |
| | I. Add lines 1a–1e. (Column (d) should equal Fo | orm 990 Part X column /R\ | | 1. 7. 7. 1 | 200,00 | | 615,710 | |
| | | 000; r un A; wiumin (D) | | | _ | , , | <i></i> | J |

Schedule D (Form 990) 2008

| Schedule D (Form 990) 2008 ACTION RESOURCES, INC | • | 36-4479638 | Page 3 |
|---|---|------------------------|----------------|
| Part VII Investments—Other Securities. See Form 990 | | | |
| (a) Description of security or category | (b) Book value | (c) Method of valu | ation |
| (including name of security) | | Cost or end-of-year ma | ırket value |
| Financial derivatives and other financial products | | | |
| Closely-held equity interests | | | |
| Other | | | |
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| Total. (Column (b) should equal Form 990, Part X, col. (B) line 12) | | | |
| Part VIII Investments—Program Related. See Form 99 | | | , |
| (a) Description of investment type | (b) Book value | (c) Method of valu | |
| | | Cost or end-of-year ma | irket value |
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| Total. (Column (b) should equal Form 990, Part X, col. (B) line 13) | | ··- | |
| Part IX Other Assets. See Form 990, Part X, line 15. | | | |
| (a) Description | | | (b) Book value |
| INVESTMENT -PLAZA BLDG. | . ASSOC | | 402,687 |
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| Total. (Column (b) should equal Form 990, Part X, col. (B) line 15.) | <u> </u> | | 402,687 |
| Part X Other Liabilities. See Form 990, Part X, line 29 | | | |
| (a) Description of liability | (b) Amount | | |
| Federal income taxes | <u> </u> | | |
| OTHER PAYABLES | 384 | | |
| | | | |
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| | <u> </u> | | |
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| | | | |
| Total. (Column (b) should equal Form 990, Part X, col (B) line 25) | 384 | | |
| In Part XIV, provide the text of the footnote to the organization's financial state | ments that reports the organiz | zation's liability for | |
| uncertain tax positions under FIN 48 | | | |

| Sche | dule D (Form 990) 2008 ACTION RESOURCES, INC. | | 36-4479638 | Page 4 |
|--|---|-----------------------------|---------------------|--------|
| Pa | irt XI Reconciliation of Change in Net Assets from Form 990 to | o Financial | Statements | |
| 1 | Total revenue (Form 990, Part VIII, column (A), line 12) | | 1 | |
| 2 | Total expenses (Form 990, Part IX, column (A), line 25) | | 2 | |
| 3 | Excess or (deficit) for the year. Subtract line 2 from line 1 | | 3 | |
| 4 | Net unrealized gains (losses) on investments | | 4 | |
| 5 | Donated services and use of facilities | | 5 | |
| 6 | Investment expenses | | 6 | |
| 7 | Prior period adjustments | | 7 | |
| 8 | Other (Describe in Part XIV) | | 8 | |
| 9 | Total adjustments (net). Add lines 4-8 | | 9 | |
| 10 | Excess or (deficit) for the year per financial statements. Combine lines 3 and 9 | | 10 | |
| Pa | rt XII Reconciliation of Revenue per Audited Financial Statem | ents With R | evenue per Return | |
| 1 | Total revenue, gains, and other support per audited financial statements | | 1 | |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12 | | | |
| а | Net unrealized gains on investments | 2a | | |
| b | Donated services and use of facilities | 2b | | |
| С | Recoveries of prior year grants | 2c | | |
| d | Other (Describe in Part XIV) | 2d | | |
| е | Add lines 2a through 2d | | | |
| 3 | Subtract line 2e from line 1 |) (| 3 | |
| 4 | Amounts included on Form 990, Part VIII, line 12 but not on line 1: | | į į | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | |
| b | Other (Describe in Part XIV) | 4b | | |
| С | Add lines 4a and 4b | | 4c | |
| | Total revenue Add lines 3 and 4c. (This should equal Form 990, Part 1, line 12) | | 5 | |
| Pa | er XIII — Pacanciliatian at Evnancac nar allaltad Elnancial Statar | | Lynancae nar Datura | |
| | art XIII Reconciliation of Expenses per Audited Financial Stater | Helitz Antti | | |
| 1 | Total expenses and losses per audited financial statements | Henra with | 1 | |
| 1 2 | Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25 | | | |
| 1 2 a | Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities | 2a | | |
| 1 2 a b | Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities Prior year adjustments | 2a 2b | | |
| 1 2 a b | Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities Prior year adjustments Losses reported on Form 990, Part IX, line 25 | 2a 2b 2c | | |
| 1 2 a b c | Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities Prior year adjustments Losses reported on Form 990, Part IX, line 25 Other (Describe in Part XIV) | 2a 2b | 1 | |
| 1 2 a b c d | Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities Prior year adjustments Losses reported on Form 990, Part IX, line 25 Other (Describe in Part XIV) Add lines 2a through 2d | 2a 2b 2c | 2e | |
| 1 2 a b c d e | Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities Prior year adjustments Losses reported on Form 990, Part IX, line 25 Other (Describe in Part XIV) Add lines 2a through 2d Subtract line 2e from line 1 | 2a 2b 2c | 1 | |
| 1 2 a b c d e 3 4 | Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities Prior year adjustments Losses reported on Form 990, Part IX, line 25 Other (Describe in Part XIV) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: | 2a 2b 2c 2d | 2e | |
| 1 2 a b c d e 3 4 a | Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities Prior year adjustments Losses reported on Form 990, Part IX, line 25 Other (Describe in Part XIV) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b | 2a 2b 2c 2d | 2e | |
| 1 2 a b c d e 3 4 a b | Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities Prior year adjustments Losses reported on Form 990, Part IX, line 25 Other (Describe in Part XIV) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV) | 2a 2b 2c 2d | 2e 3 | |
| 1 2 a b c d e 3 4 a b | Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities Prior year adjustments Losses reported on Form 990, Part IX, line 25 Other (Describe in Part XIV) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV) Add lines 4a and 4b | 2a 2b 2c 2d | 2e 3 | |
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| 1 2 a b c d e 3 4 a b c 5 Pa | Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities Prior year adjustments Losses reported on Form 990, Part IX, line 25 Other (Describe in Part XIV) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18) | 2a 2b 2c 2d | 2e 3 4c 5 | |
| 1 2 a b c d e 3 4 a b c 5 Pa | Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities Prior year adjustments Losses reported on Form 990, Part IX, line 25 Other (Describe in Part XIV) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18) Int XIV Supplemental Information Detect this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, line | 2a 2b 2c 2d 4a 4b | 2e 3 4c 5 | |
| 1 2 a b c d e 3 4 a b c 5 Pa | Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities Prior year adjustments Losses reported on Form 990, Part IX, line 25 Other (Describe in Part XIV) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18) | 2a 2b 2c 2d 4a 4b | 2e 3 4c 5 | |
| 1 2 a b c d e 3 4 a b c 5 Pa | Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities Prior year adjustments Losses reported on Form 990, Part IX, line 25 Other (Describe in Part XIV) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18) Int XIV Supplemental Information Detect this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, line | 2a 2b 2c 2d 4a 4b | 2e 3 4c 5 | |
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| Schedule D (Fo | orm 990) 2008 | ACTI | ON R | ESOUR | CES, | IN | Ξ. | | | | 36 | -44 | 796 | 38 | | | | Pa | ge 5 |
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| Part XIV | Suppleme | ental Info | rmation | (continu | ed) | - | | | | | | | | | | _ | | | |
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SCHEDULE L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Transactions With Interested Persons

► Attach to Form 990 or Form 990-EZ.

▶ To be completed by organizations that answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b. OMB No 1545-0047

2008

Name of the organization

Open To Public Inspection Employer identification number

| | ACTION RESOURCES | <u> IN</u> | <u>c. </u> | | | | | 36- | <u>-447</u> | <u> 796</u> | <u> 38</u> | | | |
|---------------------------------------|---|--|---|-----------|-----------|--------------|-----------------|------------------|----------------|-------------|------------|----------|----------|--------------|
| Part I | Excess Benefit Transactions (section To be completed by organizations that answer | | | | | | | | art V, | line 4 | 10b | | | |
| | | | | | | | | | | | | (c) (| Correct | ted? |
| 1 | (a) Name of disqualified person | | | | | | (b) Description | n of transaction | | | | Yes | \neg | No |
| | | | | | | | • | | | | | | | |
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| | | | | | | | | | | | | | | |
| | amount of tax imposed on the organization ma | nagers | or disc | qualified | person | s during the | e year | | > \$ | | | | | |
| | ction 4958 amount of tax, if any, on line 2, above, reimbu | read by | the ord | nanizatio | n | | | | ▶ \$ | | | | | |
| Part II | | | | Janizatio | | | | | | - | | | | |
| Pail II | Loans to and/or From Interested F To be completed by organizations that answer | | | Form 990 |), Part l | IV, line 26, | or Form 990 | -EZ, Part V, lır | ne 38a | | | | | |
| (a) | Name of interested person and purpose | | oan to | | c) Ongir | | | ance due | | default? | (f) Ap | omved | (a) V | /ntten |
| (-/ | Formation Programme Programme | or fro | m the | | cipal am | | (=, == | | , | -0.00 | 1 | ard or | | ment? |
| | | organi | zation? | | | | | | | | comm | nittee? | | |
| | | То | From | | | | | | Yes | No | Yes | No | Yes | No |
| | | | | | | | | | | | | | | |
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| otal | | _ | | | | ▶ \$ | | | | | | | | |
| Part III | Grants or Assistance Benefitting I | | | | | | | | | | | | | |
| _ | To be completed by organizations that answer | red "Ye | s" on F | orm 990 |), Part I | V, line 27 | | | | | | | | _ |
| | (a) Name of interested person | | | (b) | Relation | | n interested pe | rson and the | (c) | Amo | unt of g | • | r type (| of |
| | | - | | | | Orga | anization | | ₩- | | assisi | ance | | |
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| Part IV | Business Transactions Involving I To be completed by organizations that answe | | | | | V. line 28a | 28b or 28c | | | · | | | · | |
| | (a) Name of interested person | | | ship betw | | | nount of | (d) Descri | ıntıon o | f trans | action | | | hanng |
| | ••• | | ested p | erson and | | | saction | (3) 50301 | F | | _0011 | | of rever | org nues? |
| | | | orgar | nization | | | | | | | | | Yes | No |
| | | | | | | | | | | | | | | |
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SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008 Open to Public

Inspection

OMB No 1545-0047

Name of the organization

ACTION RESOURCES, INC.

Employer identification number 36-4479638

FORM 990, PART VI, LINE 3 - MANAGEMENT DELEGATED

ACTION RESOURCES CONTRACTS WITH COMMUNITY ACTION SOUTHWEST A NONPROFIT

CORPORATION FOR DAY TO DAY MANAGEMENT FUNCTIONS.

FORM 990, PART VI, LINE 10 - ORGANIZATION'S PROCESS USED TO REVIEW FORM 990

A COPY IS PRESENTED TO THE BOARD OF DIRECTORS AT A MEETING. IT IS REVIEWED

AND APPROVED BEFORE BEING FILED.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY
DIRECTORS ARE REQUIRED TO FILE ANNUALLY WITH ACTION RESOURCES A SIGNED
DISCLOSURE STATEMENT.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION GOVERNING DOCUMENTS ARE AVAILABLE TO THE PUBLIC UPON WRITTEN REQUEST.

2008 × Schedule R (Form 990) 2008 Open to Public Inspection (F)
Direct controlling
entity (F)
Direct controlling
entity Employer identification number 36-4479638 (E)
Public charity status
(if section 501(c)(3)) (E) End-of-year assets ▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. (D) Exempt Code section (D) Total income Related Organizations and Unrelated Partnerships (C)
Legal domicile (state or foreign country) Legal domicile (state or foreign country) <u>ග</u> ▶ See separate instructions. Primary activity Primary activity For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. DAA Identification of Related Tax-Exempt Organizations ACTION RESOURCES, INC. Identification of Disregarded Entities (A) Name, address, and EIN of related organization (A)
Name, address, and EIN of disregarded entity Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990) Part II Partl

Page 2. Schedule R (Form 990) 2008 (J)
General or managing partner? Yes No 14,476 X Percentage ownership Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) end-of-year assets Share of (H)
Disproportionate × 1,023,774 (G) Share of end-of-year Share of total income 46,283 (F) Share of total income Type of entity (C corp, S corp, or trust) (E)
Predominant
Income (related,
Investment, RELATED Direct controlling unrelated) entity ē Identification of Related Organizations Taxable as a Corporation or Trust (D)
Direct controlling Identification of Related Organizations Taxable as a Partnership Legal domicile foreign country) (state or N/A(C)
Legal
domicile
(state or
foreign PA Primary activity (B) Primary activity RENTAL <u>@</u> PA 15301 PLAZA BUILDING ASSOCIATES, LLC Name, address, and EIN of related organization (A)
Name, address, and EIN of related organization 150 W. BEAU ST. WASHINGTON 01-0658591 Part IV Part III DAA

36-4479638

Schedule R (Form 990) 2008 ACTION RESOURCES, INC.

Page-3

Schedule R (Form 990) 2008 27,457 17,850 ŝ × × × × × Yes Amount involved Ξ 9 9 무 ÷ = 9 4 티 4 <u>ه</u> **1**a ¥ ÷ **;** = = Ŧ 2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds **Transaction** type (a-r) മ α During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? LLC L C Performance of services or membership or fundraising solicitations for other organization(s) 1 Performance of services or membership or fundraising solicitations by other organization(s) PLAZA BUILDING ASSOCIATES, PLAZA BUILDING ASSOCIATES, Name of other organization(s) a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity Lease of facilities, equipment, or other assets from other organization(s) Lease of facilities, equipment, or other assets to other organization(s) m Sharing of facilities, equipment, mailing lists, or other assets Other transfer of cash or property from other organization(s) c Gift, grant, or capital contribution from other organization(s) Note. Complete line 1 if any entity is listed in Parts II, III, or IV **b** Gift, grant, or capital contribution to other organization(s) q Other transfer of cash or property to other organization(s) Reimbursement paid by other organization for expenses d Loans or loan guarantees to or for other organization(s) Reimbursement paid to other organization for expenses e Loans or loan guarantees by other organization(s) Purchase of assets from other organization(s) Sale of assets to other organization(s) Sharing of paid employees h Exchange of assets 0 € <u>(S</u> 9 Ξ 3 (3)

36-4479638

Page 4

Unrelated Organizations Taxable as a Partnership

Part VI

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

| ا ه ۲ ج | ٩ N | | ! | | | | | | | |
|---|----------|---|---|---|---|------|------|----------|---|---|
| (H) General or managing partner? | Yes | | | | | | | | _ | |
| | | | | | | | _ | | | |
| G) V—UBI in box 2 squle K-1 n 1065) | | | | | | | | | | |
| (G) Code V—UBI amount in box 20 of Schedule I<-1 (Form 1063) | | | | | | | | | | : |
| | ۷ و | | | | | | | | | |
| (F) Disproportionate allocations? | Yes | | _ | | | | | | | |
| | | | | | _ | | | | | |
| (E) Share of end-of-year assets | | | | | | | | | | |
| Sha end-c end-c | | | | | | | | | | |
| ners | № | - | | | - | | | | | |
| (D) Are all partners section 501(c)(3) organizations? | Yes | | | | | | | <u>-</u> | | |
| gn g | | | | | | | | | | |
| (C) Legal domicile (state or foreign country) | | | | | | | | | | |
| Leg | | | | | | | | - | | |
| tivity | | | | | | | | | | |
| (B) Primary activity | | | | | | | | | | |
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| tity | | | | | | | | | | |
| (A) Name, address, and EIN of entity | | | | | | | | | | |
| (A) ss. and E | | | | ! | | | | | | |
| e, addre | | | | i | | | | | | |
| Nag | | | | | | | | | | |
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| | | | | | | | | | | |
| (A) Name, address, and EiN of entity (state or foreign country) | | | | | | | | | | |
| I | | | | | | | | | | |

Schedule R (Form 990) 2008

Forms 990-PF

Mortgages and Other Notes Payable

For calendar year 2008, or tax year beginning 7/01/08 , and ending

6/30/09

2008

Name

Employer Identification Number

| ACTION | RESOURCES, | TING |
|--------|------------|------|
| | | |

36-4479638

| FORM 990, PART X, LINE 23 - ADDITIONAL | INFORMATION |
|--|-------------------------------------|
| Name of lender | Polationable to diagnolified agrees |
| | Relationship to disqualified person |
| (1) COMMUNITY BANK | |
| (2) COMMUNITY ACTION SOUTHWEST | |
| (3) COMMUNITY ACTION SOUTHWEST | |
| (4) COMMUNITY ACTION SOUTHWEST | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| (10) | |

| | Original amount borrowed | Date of loan | Malurity date | Repayment terms | Interest rate |
|------|--------------------------|--------------|------------------|--------------------------|---------------|
| (1) | 264,000 | 7/31/02 | 10/30/22 | \$1,943.78 PER MONTH | 6.250 |
| (2) | 300,695 | 7/01/03 | 6/01/22 | \$25,770 ANNUAL PAYMENTS | 5.250 |
| (3) | 308,462 | 6/30/05 | 10/30/23 | \$2,149.04 PER MONTH | 5.750 |
| (4) | 75,713 | 8/01/03 | 8/01/23 | \$531.57 PER MONTH | 5.750 |
| (5) | | | | | |
| (6) | | | | | |
| (7) | | | | | |
| (8) | | | | | |
| (9) | | | | | |
| (10) | | | | | |

| Security provided by borrower | Purpose of loan |
|-------------------------------|----------------------|
| (1) BUILDING | TO PURCHASE BUILDING |
| (2) REAL ESTATE | PURCHASE REAL ESTATE |
| (3) REAL ESTATE | PURCHASE REAL ESTATE |
| (4) REAL ESTATE | PURCHASE REAL ESTATE |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| (10) | |

| Consideration furnished by lender | Balance due at beginning of year | Balance due at end of year |
|-----------------------------------|----------------------------------|-------------------------------|
| 1) | 219,265 | 209,816 |
| 2) | 257,504 | 245,252 |
| 3) | 263,185 | _252,107 |
| (i) | 64,236 | 61,479 |
| S) | | |
| s) | | |
|) | | |
|) | | |
| 9) | | - |
| 0) | | |
| Totals | 804,190 | 768,654 |

Form **8868**

Department of the Treasury

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

OMB No 1545-1709

| Internal Revenu | e Service | | | |
|--|--|-------------------|---|-----|
| If you are | filing for an Automatic 3-Month Extension, complete only Part i and check this box | | | ► X |
| If you are | If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form) | | | _ |
| Do not comp | lete Part II unless you have already been granted an automatic 3-month extension on a previously filed For | m 8868 | | |
| Part I | Automatic 3-Month Extension of Time. Only submit original (no copies needed). | | | |
| A corporation Part I only | required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete | | | ▶ □ |
| All other corp | orations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extensione tax returns | sion of | | |
| one of the ret electronically | ling (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of til urns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 88 if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Par | 68 group | m | |
| | re details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofi | • | | |
| | | | | |
| Type or | Name of Exempt Organization | Employ | er identification num | ber |
| print | ACTION RESOURCES, INC. | 36-4479638 | | |
| File by the due date for filing your | Number, street and room or suite no If a P O box, see instructions 150 WEST BEAU STREET | <u> </u> | 477030 | |
| return See instructions | City, town or post office, state, and ZIP code For a foreign address, see instructions WASHINGTON PA 15301 | | | |
| X Form 9 Form 9 Form 9 Form 9 | 90-BL Form 990-T (sec. 401(a) or 408(a) trust) 90-EZ Form 990-T (trust other than above) 90-PF Form 1041-A | | Form 4720 Form 5227 Form 6069 Form 8870 | |
| Telephon If the org If this is f for the whole a list with the I reque until | e No 724-225-9550 FAX No anization does not have an office or place of business in the United States, check this box or a Group Return, enter the organization's four digit Group Exemption Number (GEN) group, check this box I fit is for part of the group, check this box names and EINs of all members the extension will cover st an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time 2/15/10 , to file the exempt organization return for the organization named above The extension is organization's return for calendar year or | If this is attach | | ▶ □ |
| ► X | tax year beginning 7/01/08, and ending 6/30/09 | | | |
| 2 If this to | ex year is for less than 12 months, check reason | n account | ing period | |
| 3a If this a | pplication is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, | | | |
| | y nonrefundable credits. See instructions | 3a | \$ | |
| b If this a | pplication is for Form 990-PF or 990-T, enter any refundable credits and estimated tax | 1 | | |
| payme | nts made. Include any pnor year overpayment allowed as a credit | 3b | \$ | |
| c Balanc | e Due. Subtract line 3b from line 3a Include your payment with this form, or, if required, | | | |
| deposit | with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment | | | |
| • |) See instructions | 3с_ | \$ | |
| | ou are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879- | | | |