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# Short Form 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)

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

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

**2008**  
**Open to Public Inspection**

Form **990-EZ**

Department of the Treasury  
Internal Revenue Service

**A** For the 2008 calendar year, or tax year beginning Sept 1, 2008, and ending August 31, 2009

**B** Check if applicable

- Address change
- Name change
- Initial return
- Termination
- Amended return
- Application pending

Please use IRS label or print or type. See Specific Instructions.

**C** Name of organization  
innerACTS Inc

Number and street (or P.O. box, if mail is not delivered to street address) Room/suite  
PO Box 9552

City or town, state or country, and ZIP + 4  
New Haven CT 06535

**D** Employer identification number  
251855198

**E** Telephone number  
(703) 240-0835

**F** Group Exemption Number . . . ▶

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

**G** Accounting method  Cash  Accrual  
Other (specify) ▶

**I** Website: ▶ www.inneracts.org

**H** Check  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

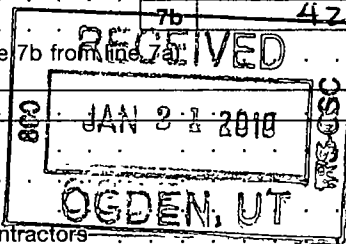
**J** Organization type (check only one) —  501(c) ( 3 ) (insert no)  4947(a)(1) or  527

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

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

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

		1	2	3	4	5a	5b	5c	6a	6b	6c	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21	
Revenue	1	Contributions, gifts, grants, and similar amounts received	9258																										
	2	Program service revenue including government fees and contracts	3150																										
	3	Membership dues and assessments	0																										
	4	Investment income	0																										
	5a	Gross amount from sale of assets other than inventory																											
	b	Less: cost or other basis and sales expenses																											
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)							0																				
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>																											
	a	Gross revenue (not including \$ _____ of contributions reported on line 1)																											
b	Less: direct expenses other than fundraising expenses																												
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)																												
7a	Gross sales of inventory, less returns and allowances											981																	
b	Less: cost of goods sold											423																	
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)													558															
8	Other revenue (describe ▶ _____)													0															
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8.													12966															
Expenses	10	Grants and similar amounts paid (attach schedule)												0															
	11	Benefits paid to or for members												0															
	12	Salaries, other compensation, and employee benefits												0															
	13	Professional fees and other payments to independent contractors												0															
	14	Occupancy, rent, utilities, and maintenance												1053															
	15	Printing, publications, postage, and shipping												313															
	16	Other expenses (describe ▶ <u>program expenses</u> )												10583															
17	<b>Total expenses.</b> Add lines 10 through 16													11949															
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)												1018															
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)												18236															
	20	Other changes in net assets or fund balances (attach explanation)												0															
	21	<b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20													19254														



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

(See the instructions for Part II.)

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	17917	17390
23	Land and buildings	0	0
24	Other assets (describe ▶ _____)	0	2687
25	<b>Total assets</b>	17917	20077
26	<b>Total liabilities</b> (describe ▶ _____)	(316)	823
27	<b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	18236	19254

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

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
35a	a Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?		X
35b	b If "Yes," has it filed a tax return on Form 990-T for this year?		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a		
37b	b Did the organization file Form 1120-POL for this year?		X
38a	38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?		X
38b	b If "Yes," complete Schedule L, Part II and enter the total amount involved		
39a	39a Section 501(c)(7) organizations. Enter:		
39b	a Initiation fees and capital contributions included on line 9		
39b	b Gross receipts, included on line 9, for public use of club facilities		
40a	40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶		
40b	b Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I		X
40c	c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶		
40d	d Enter amount of tax on line 40c reimbursed by the organization ▶		
40e	e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.		X
41	41 List the states with which a copy of this return is filed. ▶ CT		
42a	42a The books are in care of ▶ Phillip Coy Telephone no. ▶ (203) 240-0835 Located at ▶ 1795 Tuttle Ave, Cheshire CT ZIP + 4 ▶ 06410		
42b	b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 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 Bank and Financial Accounts.	Yes	No
42c	c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: ▶		X
43	43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		
44	44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
45	45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ		X

**Part VI Section 501(c)(3) organizations only.** All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

- 46 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 . . . . .
- 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II . . . . .
- 48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .
- 49a Did the organization make any transfers to an exempt non-charitable related organization? . . . . .
- b If "Yes," was the related organization(s) a section 527 organization? . . . . .
- 49b
- 50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

	Yes	No
46		X
47		X
48		X
49a		X
49b		

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

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

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
none		
Total number of other independent contractors each receiving over \$100,000 ▶		

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

**Sign Here**

Signature of officer: Phillip A Coy Date: 1/14/2010

Type or print name and title: Phillip A Coy Treasurer

**Paid Preparer's Use Only**

Preparer's signature: \_\_\_\_\_ Date: \_\_\_\_\_ Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: \_\_\_\_\_ Preparer's Identifying Number (See instructions): \_\_\_\_\_

EIN: \_\_\_\_\_ Phone no: \_\_\_\_\_

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



**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**  
 (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 200 <del>5</del>	(b) 200 <del>6</del>	(c) 200 <del>7</del>	(d) 200 <del>8</del>	(e) 200 <del>9</del>	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") . . . . .	8905	4125	4901	13520	9258	40709
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .	0	0	0	0	0	0
3 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .	0	0	0	0	0	0
4 <b>Total.</b> Add lines 1-3 . . . . .	8905	4125	4901	13520	9258	40709
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . .						22727
6 <b>Public support.</b> Subtract line 5 from line 4 . . . . .						17982

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 200 <del>5</del>	(b) 200 <del>6</del>	(c) 200 <del>7</del>	(d) 200 <del>8</del>	(e) 200 <del>9</del>	(f) Total
7 Amounts from line 4 . . . . .	8905	4125	4901	13520	9258	40709
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	0	0	0	0	0	0
9 Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .	0	0	0	0	0	0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .	0	0	0	0	0	0
11 <b>Total support.</b> Add lines 7 through 10 . . . . .						40709
12 Gross receipts from related activities, etc. (see instructions) . . . . .					12	18576
13 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) . . . . .	14	44.1 %
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f . . . . .	15	51.3 %
16a <b>33% support test—2008.</b> If the organization did not check the box on line 13, and line 14 is 33% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ▶ <input checked="" type="checkbox"/>		
b <b>33% support test—2007.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
17a <b>10%-facts-and-circumstances test—2008.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . ▶ <input type="checkbox"/>		
b <b>10%-facts-and-circumstances test—2007.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . ▶ <input type="checkbox"/>		
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

## Part IV List of Officers, Directors, Trustees and Key Employees

<u>Name and Address</u>	<u>Title</u> <u>Avg Hours per Week</u>	<u>Compensation</u>	<u>Benefits/Deferred Comp</u>	<u>Contributions to</u> <u>Expense Account</u>
Wendy W. Coy 1795 Tuttle Ave Cheshire, CT 06410	Executive Director 3 hrs/wk	-0-	-0-	-0-
Phillip A. Coy 1795 Tuttle Ave. Cheshire, CT 06410	Treasurer 5 hrs/wk	-0-	-0-	-0-
Lynda Barnes 3021 Outrigger Cove Pot Nets Lakeside Box B-30 Long Neck DE, 19966	Director <1 hrs/wk	-0-	-0-	-0-
Charles Simpson 23-06 21st St. Apt 4H Astoria, NY 11105	Director <1 hrs/wk	-0-	-0-	-0-
Beth Adams 37 Sheephill Road, Unit 6 Riverside, CT 06878	Director <1 hrs/wk	-0-	-0-	-0-
Steven Buie 3406 Talon Court Wilmington NC 28409	Director <1 hrs/wk	-0-	-0-	-0-
Sharon Buie 3406 Talon Court Wilmington NC 28409	Director <1 hrs/wk	-0-	-0-	-0-