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Form **990**

Department of the Treasury Internal Revenue Service

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

2008

Open to Public Inspection

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By Net unrelated business taxable income from Form 990-T, line 34	5 Total number of employees (Part V, line 2a)	24
By Net unrelated business taxable income from Form 990-T, line 34	6 Total number of volunteers (estimate if necessary)	24
By Net unrelated business taxable income from Form 990-T, line 34	Total gross unrelated business revenue from Part VIII, line 12, column (C)	552
By Net unrelated business taxable income from Form 990-T, line 34	b Net unrelated business taxable income from Form 990-T, line 34	300
Prior Year Prior Year 21,096,37 Program service revenue (Part VIII, line 1h)	Prior Year Current Year 8 Contributions and grants (Part VIII, line 1h)	64
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and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which propagate and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which propagate and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which propagate and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which propagate and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which propagate and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which propagate and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which propagate and complete Declaration of preparer (other than officer) is based on all information of which propagate and complete Declaration of preparer (other than officer) is based on all information of which propagate and complete Declaration of preparer (other than officer) is based on all information of which propagate and complete Declaration of preparer (other than officer) is based on all information of which propagate and complete Declaration of preparer (other than officer) is based on all information of which propagate and complete Declaration of preparer (other than officer) is based on all information of which propagate and complete Declaration of preparer (other than officer) is based on all information of which propagate and complete Declaration of preparer (other than officer) is based on all information of which propagate and complete Declaration of preparer (other than officer) is based on all information of preparer (other than officer) is based on all information of preparer (other than officer) is based on all information of preparer (other than officer)	_	dae
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Preparer's Signature JOHN HEMMING Date 2010-08-13 Check if self-empolyed Firm's name (or yours if self-employed), address, and ZIP + 4 2901 W BELTLINE HWY	2010 00 13	
DAVID KIPPLEN cfo Type or print name and title Preparer's signature Preparer's Preparer's Firm's name (or yours if self-employed), address, and ZIP + 4 Date 2010-08-13 Check if self-empolyed Preparer's P		
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address, and ZIP + 4 2901 W BELTLINE HWY	eparer's Firm's name (or yours WIPFLI LLP	
,	Se ()n V " 3c" cmployed/,	
Phone no M	Phone no (608) 274-1980	_
MADISON, WI 53713	MADISON, WI 53713 Av the IRS discuss this return with the preparer shown above? (See instructions)	

Part III Statement of Program Service Accomplishments (See the instructions.)

1	Briefly describe the organization's mission WSOS is dedicated to creating opportunities skills and knowledge to become self suffici people to help themselves				
2	Did the organization undertake an the prior Form 990 or 990-EZ?	y sıgnıfıcant program se	rvices during the year w	hich were not listed on	┌ Yes ┌ No
	If "Yes," describe these new servi	ces on Schedule O			
3	Did the organization cease conductservices?		changes in how it cond	ucts any program • • • • •	┌ Yes ┌ No
	If "Yes," describe these changes of	on Schedule O			
4	Describe the exempt purpose ach Section 501(c)(3) and (4) organiz others, the total expenses, and re	atıons and 4947(a)(1) t	rusts are required to rep		
4a	(Code) (Expens CHILD DEVELOPMENT - Head Start is a c focused program designed to increase th and physical development in a develop members with opportunities and support	comprehensive child developm ne social competence of young nentally appropriate play-base	g children in low-income fam ed environment. The overarc	lies The program supports the c	hild's social, emotional, cognitive
4 b	(Code) (Expense Community development - Serving Rura services to help rural communities address millions of dollars for water and sewer p Lakes RCAP network, and receives fund assistance to communities under 10,000	al Ohio Communities for 30 Ye ess their drinking water and w rojects Our field agents assis ing from a number of federal	astewater treatment needs I t communities with project de programs as well as Ohio EPA	Each year, we serve over 100 co evelopment and capacity building A and the Ohio Water Developme	mmunities in Ohio and leverage j Ohio RCAP is part of the Great
4-	(Code) (Evpons	as \$ 4,800,162	including aronts of \$	V/Pavanua ¢	5 269)
4c	(Code) (Expens Family Development Adult and Youth - ⁻ temporary employment		including grants of \$ with education, training, and t) (Revenue \$ he acquisition of a part-time, ful	5,268) I-time, permanent, and
	(Code) (Expens	es \$ 8,830,177	including grants of \$	3,196,260) (Revenue \$	1,155,564)
4d	Other program services (Descri	be in Schedule O)			
	(Expenses \$	including grants of	\$) (Revenue \$)
10			·	· · · · · · · · · · · · · · · · · · ·	<u> </u>
4e	Total program service expenses	Ψ 23,0/4,/5 ²	4 Must equal Part IX, L	ne 25, commin (D).	

art TV	Check	klist of	Required	Schedules
		11136 01	NC quii cu	Schoules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C,	4	Yes	
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		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
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		No
10	Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part V	10		No
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	12	Yes	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		No
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	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16	Yes	
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G,	17		No
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		No
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		No
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		No
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	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25	24a		No
Ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section $501(c)(3)$ and $501(c)(4)$ organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No

Part VI . . .

Part IV Checklist of Required Schedules (Continued)

			res	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		Νo
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		Νο
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? <i>If "Yes," complete Schedule L, Part IV</i> .	28c		Νo
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🕏	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Νο
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νo
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		Νo
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Νo
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		Νο
36	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		Νο
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related	37		Νο

Pai	rt V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal			
	of U.S. Information Returns. Enter -0- if not applicable			
	1a 371			
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 reportable gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
24	Statements filed for the calendar year ending with or within the year covered by this			
	return			
b	If at least one is reported in 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	Yes	
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
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 Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νο
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited	<u> </u>		
-	Tax Shelter Transaction?	5c		
6a	Did the organization solicit any contributions that were not tax deductible?	6a	Yes	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	Yes	
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of \$75 or more?	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			
	file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
	benefit contract?	7e		Νo
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		Νo
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	71		NI.
	required?	7h		No
8	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds and section $509(a)(3)$ supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have			
	excess business holdings at any time during the	8		
_	year?	 		<u> </u>
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.			
_	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
	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			
11	Section 501(c)(12) organizations Enter			
а	Gross income from members or shareholders			
Ь	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
-	year 12b			

Section A. Governing Body and Management

No

Yes

11

Νo

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

	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below processes, or changes in Schedule O. See instructions.	ı, desc	ribe the circumstances,
1	Enter the number of voting members of the governing body	1a	2.4

the organization's mailing address? If "Yes," provide the names and addresses in Schedule O

	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances processes, or changes in Schedule O. See instructions.	5,								
1a	Enter the number of voting members of the governing body 1a	24								
Ь	Enter the number of voting members that are independent 1b	24								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?									
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?									
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?									
5	Did the organization become aware during the year of a material diversion of the organization's assets?									
6	Does the organization have members or stockholders?									
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?									
Ь	b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?									
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following									
а	the governing body?	L	8a	Yes						
Ь	each committee with authority to act on behalf of the governing body?	. [8b	Yes						
9a	Does the organization have local chapters, branches, or affiliates?		9a		Νo					
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		9b							
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990		10	Yes						
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached a	ıt			_					

Section B. Policies

	1	Yes	No
Does the organization have a written conflict of interest policy? If "No", go to line 13	12a	Yes	
Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
Does the organization have a written whistleblower policy?	13	Yes	
Does the organization have a written document retention and destruction policy?	14	Yes	
Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
The organization's CEO, Executive Director, or top management official?	15a	Yes	
Other officers or key employees of the organization?	15b	Yes	
Describe the process in Schedule O			
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	Yes	
If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the	16h	Yas	
	Does the organization have a written whistleblower policy?	Does the organization have a written whistleblower policy?	Does the organization have a written whistleblower policy?

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed OH
- 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

own website another's website upon request

- Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

David Kipplen 109 S FRONT STREET FREMONT, OH 434204900 (419) 333-8911

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

Check this box if the organization did not compensate any officer, director, trustee or key employee

- * List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees 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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- * List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

The check this box in the organization and i	·	Posit	(C) chec	:k al			(E)	(F)
(A) Name and Title	(B) Average hours per week	Compensation from related from the organizations	Reportable compensation from the organization (W-	Estimated amount of other compensation from the organization and related organizations					
						-			

Part VIII Continued

			tıon	(C) n (check all it apply)					(E)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee		Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
			-							
			+							
			1				\vdash			
							Ļ		<u> </u>	
1b Total	<u> </u>						•	261,823	3	42,421
2 Total number of individuals (including	those in 1	a) who i	recei	ved	mor	e thai	n \$1	00.000 in reportab	e	

Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ►0

			Yes	No			
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee						
	on line 1a? If "Yes," complete Schedule J for such individual	3		Νo			
4	For any individual listed online 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such						
	ındıvıdual	4		Νo			
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services						
	rendered to the organization? If "Yes," complete Schedule J for such person	5		Νo			

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
Gordon Food Service Inc 333 50th street sw grand rapids, MI 49501	Senior home food delivery	335,329
m&m homes of luckey 20757 lemoyne rd luckey, OH 43443	construction	136,867
renhill staffing services 28315 Kensington In perrysburg, OH 43551	temporary staffing	124,345
kındercare learnıng-sylvanıa 6367 river crossings sylvanıa, OH 43560	childcare services	118,101
2 Total number of independent contractors (including those in 1) who	received more than \$100,000 in compensation	4

					(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
	1a	Federated car	npaigns 1a			Revenue		512, 515, 01 514
<u>\$</u> \$	ь		lues					
Contributions, gifts, grants and other similar amounts			1b					
gĕ	С	Fundraising e						
£ a	d	Related organ						
چ ⊒آي	e	Government gran	nts (contributions) 1e	23,245,309				
ੂੰ ਨੂੰ	f	All other contribu	tions, gifts, grants, and	133,792				
₹ a		sımılar amounts ı						
E c	g	Noncash cont						
ခြင့် ရေ					22 272 404			
	h	Total (Add lin	es 1a-1f)....		23,379,101			
an a				Business Code				
Ĭ	2a	food delivery		624,200	1,081,748	1,081,748		
æ. ¥	Ь	Child Care		611,600	199,873	199,873		
93	С	Transportation		480,000	71,706	71,706		
₹	d	Assistance for Fa	mılıe	611,710	2,723	2,723		
Ø ⊊	e	Intermediary Rel	ending	522,100	2,545	2,545		
ja ja	f	All other prog	ram service revenue		2,110	2,110		
Š	a	Total. Add line	es 2a-2f					
	3			· · · · · · · · · · · · · · · · · · ·	225 440			225 440
		othersimilar	amounts)		325,119			325,119
	4	Income from inve	estment of tax-exempt be	ond proceeds . 🛓				
	5	Royalties .						
			(ı) Real	(II) Personal				
	6a	Gross Rents	63,081					
	ь	Less rental expenses	50,678					
	d Related organizations							
_	d	` '	ome or (loss)		12,403		12,403	
			(1) Socurities	(II) O ther				
	7a	from sales of		(ii) o thei				
			1 480 650					
		other basis and	1,100,030					
	С		10,611					
	d	Net gaın or (lo	oss)		10,611	10,611		
	8a	Gross income	from fundraising	. •				
Other Revenue Program Service Revenue 3 4 5 69 p c d 89 p c d 99 p c d 90								
	h							
				Ing events				
•	_			<u>▶</u>				
	ya							
		exceeds \$15,00						
	ь	Less directe	xpensesb					
	с	Net income or	(loss) from gaming a					
	100		finiantary lass	▶				
	IUa							
			а	143,848				
	b	Less cost of	goods sold b	177,915				
	С				-34,067		-34,067	
		Miscellaneou	is Revenue	Business Code				
	C							
	d	All other reve						
	e	Total. Add line			25,053,872	1,371,316	-21,664	325,119
	12	8c,	e. Add lines 1h, 2g, 3	,4,5,6d,7d, _	23,033,072	1,3/1,316	-21,004	323,119

Part IX Statement of Functional Expenses

A	Section 501(c)(3) and 501(c)(4) orgall other organizations must complete column (A) but are not re).
Do ı	not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	3,196,260	3,196,260		
3	Grants and other assistance to governments, organizations and individuals outside the U.S. See Part IV, lines 15 and 16	98,475	98,475		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	313,325	76,109	237,216	
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	8,135,508	7,858,082		
8	Pension plan contributions (include section $401(k)$ and section $403(b)$ employer contributions)	461,564	446,609	14,955	
9	Other employee benefits	2,945,882	2,805,638	140,244	
10	Payroll taxes	648,367	611,981	36,386	
11	Fees for services (non-employees)				
а	Management				
b	Legal	20,944	18,849	2,095	
c	Accounting	54,463	49,017	5,446	
d	Lobbying				
e	Professional fundraising See Part IV, line 17				_
f	Investment management fees				
g	Other	3,717,115	3,690,762	26,353	
12	Advertising and promotion	83,317	53,726	29,591	
13	Office expenses	2,174,062	1,418,605	755,457	
14	Information technology				
15	Royalties				
16	Occupancy	581,891	477,804	104,087	
17	Travel	993,250	959,178	34,072	
18	Payments of travel or entertainment expenses for any Federal, state or local public officials				
19	Conferences, conventions and meetings				
20	Interest	415,218	267,767	147,451	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	322,709	322,475	234	
23	Insurance	176,475	113,806	62,669	
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)				
а	pARTICIPANT COSTS	307,015	303,789	3,226	
b	training	276,671	259,916	16,755	
c	miscellaneous	118,169	37,315	59,446	21,408
d	Investment fees	8,591	8,591		
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	25,049,271	23,074,754	1,953,109	21,408
26	Joint Costs. Check if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				Pres 900 (2009)

Part X	Balance	Shoot
	Balance	Sneer

					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			Beginning of year	1	Elia oi year
	2	Savings and temporary cash investments			1,636,669		1,146,016
	3	Pledges and grants receivable, net			2,415,917	\vdash	2,812,775
	4	Accounts receivable, net			162,260	_	956,630
	5	Receivables from current and former officers, directors, trustees other related parties Complete Part II of Schedule L		5			
	6	Receivables from other disqualified persons (as defined under sepersons described in section 4958(c)(3)(B) Complete Part II of 3	ection 4958(f			6	
	7	Notes and loans receivable, net			4,067,303	7	4,200,846
	8	Inventories for sale or use			189,932	8	139,956
22	9	Prepaid expenses and deferred charges			110,229	9	269,139
Assets	10a	Land, buildings, and equipment cost basis	ادما	6,473,281			
⋖		Land and the distance of the Control of	10a	0,473,201			
	b	Less accumulated depreciation <i>Complete Part VI of</i> Schedule D	10b	3,791,560	2,534,631	10c	2,681,721
	11	Investments—publicly traded securities					
	12	Investments—other securities See Part IV, line 11 Complete Pa	ert VII of		940,000	12	
	13	Investments—program-related See Part IV, line 11 Complete Part IV and I complete Part IV.	art VIII			13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule D			612,458	15	657,068
	16	Total assets. Add lines 1 through 15 (must equal line 34)			13,332,856	16	14,042,615
	17	Accounts payable and accrued expenses .			1,830,332	17	2,024,394
	18	Grants payable				18	
	19	Deferred revenue			602,755	19	956,077
_	20	Tax-exempt bond liabilities				20	
<u>ie</u>	21	Escrow account liability Complete Part IV of Schedule D				21	
Liabilities	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified					
Lia		persons Complete Part II of Schedule L		22			
	23	Secured mortgages and notes payable to unrelated third parties			4,471,865	23	4,485,038
	24	Unsecured notes and loans payable				24	
	25	Other liabilities Complete Part X of Schedule D			558,029	25	632,030
	26	Total liabilities. Add lines 17 through 25			7,462,981	26	8,097,539
s A		Organizations that follow SFAS 117, check here ► 🔽 and comp through 29, and lines 33 and 34.	lete lines 27				
anc	27	Unrestricted net assets			4,920,793	27	5,058,230
Balance	28	Temporarily restricted net assets			949,082	28	886,846
Ξ	29	Permanently restricted net assets				29	
r Fund		Organizations that do not follow SFAS 117, check here ► □ and lines 30 through 34.	d complete				
s or	30	Capital stock or trust principal, or current funds				30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31	
Ą	32	Retained earnings, endowment, accumulated income, or other fu				32	
Net	33	Total net assets or fund balances			5,869,875	33	5,945,076
Z	34	Total liabilities and net assets/fund balances			13,332,856	34	14,042,615
	1				L		
Pa	rt XI	Financial Statements and Reporting					

ParitXI	Financial	Statements	and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
С	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
3a	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	Yes	
b	If "Yes," did the organization undergo the required audit or audits?	3b	Yes	

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As Filed Data -

DLN: 93493228020780

Employer identification number

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

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.

Open to Public Inspection

WSUS	COMM	JNIIY ACTION	COMMISSION INC					34.	-0975934	1	
Pa	rt I	Reason	for Public Cl	harity Status (to be co	mpleted	by all or	ganizatio				
				ation because it is (Please					111001 000	101107	
1	Γ			urches, or association of ch					(A)(i).		
2		A school de	escribed in Sect	ion 170(b)(1)(A)(ii). (Attac	ch Schedu	ıle E)					
3		A hospital	or a cooperative	e hospital service organizati	on describ	bed in Sec	tion 170(l	o)(1)(A)(i	ii). (Attac	h Schedul	e H)
4		A medical i	esearch organı	zation operated in conjuncti	on with a l	hospital de	escribed ii	Section:	170(b)(1)	(A)(iii). E	nter the
		hospital's r	name, city, and	state		•					
5	Γ	An organiza	ation operated f	or the benefit of a college or	universit	y owned o	r operated	by a gove	ernmental	unit desci	rıbed ın
		Section 170)(b)(1)(A)(iv).	(Complete Part II)							
6	Γ			overnment or governmental	unıt descr	ıbed ın Se	ction 170	(b)(1)(A)	(v).		
7	▽	An organiza	ation that norma	ally receives a substantial p	art of its s	support fro	om a gove	rnmental u	ınıt or fron	n the gene	ral public
		describedi	n Section 170(b	o)(1)(A)(vi) (Complete Par	tII)						
8	Γ	A communi	ty trust describ	ed in Section 170(b)(1)(A)	(vi) (Com	plete Par	tII)				
9	Γ	An organiza	ation that norma	ally receives (1) more than	331/3% o	fits supp	ort from co	ontribution	ıs, membe	rship fees	, and gross
		receipts fro	m activities rel	ated to its exempt functions	s—subject	to certair	n exceptio	ns, and (2) no more	than 331/	3% of
		ıts support	from gross inve	estment income and unrelate	ed busines	s taxable	ıncome (l	ess sectio	on 511 tax	k) from bu	sinesses
		acquired by	the organization	on after June 30, 1975 See	Section 5	09(a)(2).	(Complete	e Part III)		
10	Γ	An organiza	atıon organızed	and operated exclusively to	test for p	ublic safe	ty See Se	ct ion 509((a)(4). (Se	ee instruct	tions)
11	Γ			and operated exclusively fo							
				orted organizations describe						Section 5	09(a)(3). Check
		_	ype I b	type of supporting organization Type II c			nes fre t nally Integ		⊓ d	Type	III - Other
e	Г			rtify that the organization is				•			
	•	•	-	agers and other than one or			•			•	•
_		section 50									
f		check this		d a written determination fro	m the IRS	that it is	a Type I,	TypeIIo	r Type III	supportin	ig organization,
g				as the organization accepted	d any gift	or contrib	utıon from	any of the	<u> </u>		,
_		following pe	ersons?								
			·	r indirectly controls, either a		_	th persons	describe	d ın (ıı)		Yes No
			· =	ng body of the the supported	-	tion?				11g(
			•	erson described in (i) above						11g(
_				ty of a person described in (11g(iii)
h		Provide the	following inforr	nation about the organizatio	ns the org	janization	supports				
	/:> NI		(::) = T N	/:::> Tuna af	/:	- +	(11) 514		/	- +	(A
	• •	ame of orted	(ii) EIN	(iii) Type of organization (described on lines 1-9		s the ation in	1 * . *	ou notify nization		s the ation in	(vii) A mount of support?
		ıızatıon		above or IRC section		listed in	_) of your		rganized	
				(See Instructions))	your go	_	supp	ort?	ın the	US?	
						ment?		1		ı	
					Yes	No	Yes	No	Yes	No	
							-				
							-				
								ļ			

Total

Part II Support Schedule for Organizations Described in IRC 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.)

	(Complete only if you chec	ked the box of	11 IIIIe 5, 7, 0F	o oi Part I.)				
	ublic Support							
	endar 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")	18,244,649	19,476,859	20,693,725	21,096,379		23,379,101	102,890,713
2	Tax revenues levied for the organization's benefit and either paid to or expended on							
_	its behalf						\longrightarrow	
3	The value of services or facilities furnished by a governmental unit to the organization without charge							
4	Total. Add line 1-3	18,244,649	19,476,859	20,693,725	21,096,379		23,379,101	102,890,713
5	The portion of total contribution by each							
	person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column (f)							
6	Public Support subtract line 5 from line 4							102,890,713
T	otal Support			L				
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
7	A mounts from line 4	18,244,649	319,738	20,693,725	21,096,379		23,379,101	102,890,713
8	Gross income from interest, dividends,							
	payments received on securities loans, rents, royalties and income from similar sources	261,542	319,738	392,699	317,204		388,200	1,679,383
-	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)							
11	Total Support (Add lines 7 through 10)							104,570,096
12	Gross receipts from related activities, etc	(See instruction	s)			12		11,977,865
13 C	First Five Years. If the Form 990 is for the organization, check this box and stop here omputation of Public Support Perc		rst, second, third	d, fourth, or fifth	tax year as a 5	01(c)(▶┌
14	Public Support Percentage for 2008 (line 6		ed by line 11 co	lumn (f))		14		98.390 %
15	Public Support Percentage for 2007 Sched	. ,	·	· · · · · · · · · · · · · · · · · · ·		15		98.650 %
	33 1/3% Test - 2008. If the organization did and stop here. The organization qualifies as 33 1/3% Test - 2007. If the organization did	a publicly supp	orted organizati	on	·			▶ ✓
17a	box and stop here. The organization qualifie 10% Facts and Circumstances Test - 2008. more, and if the organization meets the "facts and circumstances and circumstances"	If the organization is the contraction of the contr	on did not check ances" test, che	a box on line 1: eck this box and	stop here. Exp	laın ın	Part IV ho	
b	10% Facts and Circumstances Test - 2007. more, and if the organization meets the "fac	If the organization is the contraction of the contr	on did not check ances" test, che	a box on line 1: eck this box and	3, 16a, 16b, or I stop here. Exp	17a aı laın ın	nd line 15 Part IV ho	ıs 10% or ow
18	the organization meets the "facts and circu Private Foundation. If the organization did							F 1 ▶ □

Pa	Support Schedule for On (Complete only if you ched				(2)		
	ction A. Public Support		_	,			
Cale	ndar 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						
2	include any "unusual grants ") Gross receipts from admissions,						
2	merchandise sold or services performed,						
	or facilities furnished in any activity that						
	is related to the organization's tax-						
	exempt purpose						
3	Gross receipts from activities that are						
	not an unrelated trade or business under						
	section 513						
4	Tax revenues levied for the						
	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						
7a	A mounts included on lines 1, 2, and 3						
	received from disqualified persons Amounts included on lines 2 and 3						
D	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						
c	Total of lines 7a and 7b						
8	Public Support (Substract line 7c from						
_	line 6)						
То	tal Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	A mounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after 30 June, 1975		+				
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is regularly						
	carried on						
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)						
14	First Five Years If the Form 990 is for the	organızatıon's fı	rst, second, thir	d, fourth, or fifth	ntax year as a 5	01(c)(3) organı	zation,
	check this box and stop here						▶ □
	manufaction of Dublic Compact Days						
15	mputation of Public Support Perc Public Support Percentage for 2008 (line		dod by line 12 o	olumn (fl)		T 4= T	
			•	.orumin (1))		15	
16	Public Support Percentage for 2007 Sche	dule A , Part IV -	A, line 27g			16	
		D					
Co	mputation of Investment Income Investment Income Percentage for 2008 (ne 13 column /f	<u> </u>	17	
				-	"	17	
ΤQ	Investment Income Percentage from 2007	ocnequie A , Pa	TLIV-A, IINE 2/	H		18	

19a 33 1/3% Tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line

17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **33 1/3% Tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

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

Schedule A (Form 990 or 990-EZ) 2008

▶□

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

Schedule A (Form 990 or 990-EZ) 2008

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047

Open to Public Inspection

To be completed by organizations described below. Attach to Form 990 or Form 990-EZ

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities)

- ◆ Section 501(c)(3) organizations complete Parts I-A and B Do not complete Part I-C
- ◆ Section 501(c) (other than section 501(c)(3)) organizations complete Parts I-A and C below Do not complete Part I-B
- ◆ Section 527 organizations complete Part I-A only

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

- ◆ Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) complete Part II-A Do not complete Part II-B
- ◆ Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A tion analyzated "Vac " to Form 000 Part IV Line & (Provide Tax)

	ne of the organization			Employer iden	itification numbe	r
WSO	S COMMUNITY ACTION COMMISSION	INC		34-0975934		
art		by all organizations exemplee the instructions for Schedul			527	
1	Provide a description of the o	rganızatıon's dırect and ındırect po	litical campaign act	ivities in Part IV		
2	Political expenditures				\$	
3	Volunteer hours					
Part	To be completed for Schedule C for c	by all organizations exempletails.)	ot under section	1 501(c)(3). (See the	instructions	
1	Enter the amount of any excis	e tax incurred by the organization	under section 4955		\$	
2	Enter the amount of any excis	e tax incurred by organization mar	nagers under sectio	n 4955	\$	
3	If the organization incurred in	a section 4955 tax, did it file Form	n 4720 for this year	?	☐ Yes	┌ No
4a	Was a correction made?				☐ Yes	┌ No
b	If "Yes," describe in Part IV					
Part		by all organizations exem s for Schedule C for details.)	ot under section	1 501(c), except sect	tion 501(c)(3	3).
1	Enter the amount directly exp	ended by the filing organization for	section 527 exemp	ot function activities	\$	
2	Enter the amount of the filing 527 exempt funtion activities	organization's internal funds contr	buted to other orga	nizations for section	\$	
3	Total of direct and indirect ex 1120-POL, line 17b	empt function expenditures Add Ii	nes 1 and 2 and ent	er here and on Form	\$	
4	Did the filing organization file	Form 1120-POL for this year?			☐ Yes	┌ No
5	were made Enter the amount political contributions receive	and Employer Identification Numbe paid and indicate if the amount wa and promptly and directly delive action committee (PAC) If addition	s paid from the filing red to a separate po	i organization's own interna Hitical organization, such a	l funds or were s a separate	nents
	(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's internal funds If none, enter - 0-	(e) A mount of contributions and prompt directly delivers separate proof organization enter - (received ly and ered to a plitical If none,
		1				

section 4911 tax for this year?

┌ Yes ┌ No

	,			
P		organizations exempt under section 501(c		68
	(election under sec	tion 501(h)). (See the instructions for Schedule	C for details.)	
	<u>-</u> 5 5	belongs to an affiliated group		
В	Check If the filing organization	checked box A and "limited control" provisions apply		
		bbying Expenditures— s" means amounts paid or incurred.)	(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a	Total lobbying expenditures to influe	nce public opinion (grass roots lobbying)		
b	Total lobbying expenditures to influe	nce a legislative body (direct lobbying)	15,000	
c	Total lobbying expenditures (add line	es 1a and 1b)	15,000	
d	Other exempt purpose expenditures		25,034,271	
е	Total exempt purpose expenditures	(add lines 1c and 1d)	25,049,271	
f	Lobbying nontaxable amount Enter t columns—	1,000,000		
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000	\$1,000,000		
	Cracerate poptavable amount (anta	r 25% of line 16	350,000	
_	Grassroots nontaxable amount (ente	•	250,000	
h	Subtract line 1g from line 1a Enter -	0- If line g is more than line a	0	
i	Subtract line 1f from line 1c Enter -	O- if line f is more than line c	l	

4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 1a through 1f of the instructions.)

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting

	Lobbying Expenditures During 4-Year Averaging Period										
	Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total					
2a	Lobbying non-taxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000					
ь 	Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000					
c	Total lobbying expenditures	20,000	10,500	20,000	15,000	65,500					
_d	Grassroots non-taxable amount	250,000	250,000	250,000	250,000	1,000,000					
e 	Grassroots ceiling amount (150% of line d, column (e))					1,500,000					
f	Grassroots lobbying expenditures										

	5768 (election under section 501(h)). (See the instructions for Schedule C for d					
		(a	1)		(b)	
	·	Yes	No	A	moun	nt
1	During the year, did the filing organization attempt to influence foreign, national, state or local					
	legislation, including any attempt to influence public opinion on a legislative matter or					
а	referendum, through the use of Volunteers?					
ь				1		
c	Media advertisements?					
d	Mailings to members, legislators, or the public?					
e	Publications, or published or broadcast statements?					
f						
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?					
i	Other activities If "Yes," describe in Part IV					
j	Total lines 1c through					
-	1) Did the patientias in line 1 agree the arrangements in the net decombed in section FO1/a)/2)2		Ī	1		
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? If "Yes" enter the amount of any tax incurred under section 4912			+		
	If "Yes" enter the amount of any tax incurred by organization managers under section 4912					
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
	t III-A To be completed by all organizations exempt under section 501(c)(4), sec	tion	5016) or	
G.	section 501(c)(6). (See the instructions for Schedule C for details.)		301(,, 0.	
			_		Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		L	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		L	2		<u> </u>
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?			3		
Par	t III-B To be completed by all organizations exempt under section 501(c)(4), sec					
	section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" (question 3 is answered "Yes." (See the instructions for Schedule C for details.)	OK II	Part	III-A	٠,	
1	Dues, assessments and similar amounts from members	T	1 \$			
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political	F	'			
	expenses for which the section 527(f) tax was paid).					
	Current Year		2a \$			
b	Carryover from last year		2b\$			
c	Total	<u> </u>	2c \$			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	-	3 \$			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political					
	expenditure next year?		4 \$			
5	Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)		5 \$			
Pā	Supplemental Information	•				
	mplete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and F so, complete this part for any additional information	Part II	l-B, line	e 1ı		
	Identifier Return Reference Explanation	on				

Part IV Supplemental Information								
Ident if ier	Return Reference	Explanation						

Schedule C (Form 990 or 990EZ) 2008

OMB No 1545-0047

2008

Open to Public

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

► 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.

Supplemental Financial Statements

	me of the organization		Employ	er ide	ntification num	ber
WS	OS COMMUNITY ACTION COMMISSION INC		34-09	7502/	1	
Ρā	art I Organizations Maintaining Donor Ac	lvised Funds or Other Similar Fu				ete if the
	organization answered "Yes" to Form 99					0.00
	-	(a) Donor advised funds	(b)	Funds	and other acco	unts
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 advitionds are the organization's property, subject to the	_	or advise	d	☐ Yes	☐ No
6	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ben impermissible private benefit?	efit of the donor or donor advisor or other			┌ Yes	
Pa	rt II Conservation Easements. Complete	<u>if the organization answered "Yes" to</u>	Form 9	90, F	Part IV, line 7.	
2	Purpose(s) of conservation easements held by the or Preservation of land for public use (e.g., recreating Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a quality	on or pleasure) Preservation of an Preservation of cer	tified his	toric s	structure	rea
	on the last day of the tax year					4.1
_					leld at the End o	of the Year
a	Total number of conservation easements		-	2a		
Ь	Total acreage restricted by conservation easements		-	2b		
С	Number of conservation easements on a certified hi	storic structure included in (a)	-	2c		
d	Number of conservation easements included in (c) a	acquired after 8/17/06		2d		
3	Number of conservation easements modified, transfe	rred, released, extinguished, or terminated	d by the o	organı	zatıon durıng	
	the taxable year 🕨					
4	Number of states where property subject to conserva	ition easement is located ►				
5	Does the organization have a written policy regarding enforcement of the conservation easements it holds?		tıons, an	d	☐ Yes	Г No
6	Staff or volunteer hours devoted to monitoring, inspe	cting and enforcing easements during the	year ►			
7	A mount of expenses incurred in monitoring, inspecti	ng, and enforcing easements during the yea	ar ► \$			
8	Does each conservation easement reported on line 2 $170(h)(4)(B)(i)$ and $170(h)(4)(B)(ii)$?	(d) above satisfy the requirements of sect	ion		☐ Yes	┌ No
9	In Part XIV, describe how the organization reports co balance sheet, and include, if applicable, the text of t the organization's accounting for conservation easen	he footnote to the organization's financial :	•		•	
Pa	rt III Organizations Maintaining Collectio		or Othe	r Sin	nilar Assets.	
	Complete if the organization answered "			lau	- h - sh	
1a	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fin	for public exhibition, education or researc	h ın furth			ce,
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	oublic exhibition, education, or research in				

b Assets included in Form 990, Part X

For Paperwork Reduction Act Notice, see the Intructions for Form 990

Revenues included in Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

(i) Revenues included in Form 990, Part VIII, line 1

following amounts required to be reported under SFAS 116 relating to these items

Cat No 52283D

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

Schedule D (Form 990) 2008

Part	Organizations Maintaining Co	llections of Art, His	tori	<u>cal Treasu</u>	ires, or Othe	<u>r Similar Ass</u>	ets (c	ontınued)
3	Using the organization's accession and othe items (check all that apply)	r records, check any of th	ne fol	lowing that ar	e a sıgnıfıcant u	se of its collection	n	
а	Public exhibition	d	Γ	Loan or exc	hange programs			
b	Scholarly research	e	Γ	Other				
С	Preservation for future generations							
4	Provide a description of the organization's co	ollections and explain how	w the	y further the o	organization's ex	empt purpose in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t						Yes	┌ No
Par	Trust, Escrow and Custodial A Part IV, line 9, or reported an an				ınızatıon answ	ered "Yes" to F	orm 9	90,
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	lian or other intermediary	for c	ontributions (or other assets 1		Yes	┌ No
b	If "Yes," explain why in Part XIV and comple	ete the following table						
						A mo	unt	
c	Beginning balance				1c			
d	Additions during the year				1d			
e	Distributions during the year				1e			
f	Ending balance				1f			
2a	Did the organization include an amount on Fo	orm 990, Part X, line 21?					Yes	☐ No
	If "Yes," explain the arrangement in Part XIV							
Pai	rt V Endowment Funds. Complete						\= \	
4_	D	(a)Current Year (b) Prior	Year (c) I w	o Years Back (d)	Three Years Back (e)Four Y	ears Back
1a L	Beginning of year balance							
b	Contributions							
с	Investment earnings or losses							
d	Grants or scholarships							
е	Other expenditures for facilities and programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the year	r end balance held as						
а	Board designated or quasi-endowment 🕨							
b	Permanent endowment 🕨							
c	Term endowment 🕨							
3a	Are there endowment funds not in the posses	ssion of the organization	that	are held and a	dmınıstered for	the		
	organization by					[_ m	Yes	No
	(i) unrelated organizations		•			3a(i)		
L	(ii) related organizations					3a(ii)		<u> </u>
ь 4	If "Yes" to 3a(II), are the related organization. Describe in Part XIV the intended uses of the	•				Зь		<u> </u>
	t VI Investments—Land, Buildings				art V ling 10			
FGI	t VI Investments—Land, Buildings	s, and Equipment. 5		Cost or other	(b)Cost or other			
	Description of investment			s (investment)	basis (other)	(c) Depreciation	(d) B	ook value
1 a l	and				138,763			138,763
b E	Buildings				3,534,856	1,706,425		1,828,431
c l	_easehold improvements				57,331	28,509		28,822
d E	equipment				959,725			102,215
	Other				1,782,606	,		583,490
	I. Add lines 1a-1e <i>(Column (d) should equal Fo</i>	orm 990, Part X, column (B,), line	10(c).)		►		2,681,721
	•	· · · · · · · · · · · · · · · · · · ·				Schedule D (Form [©]	

Part VII Investments—Other Securities. See	Form 990, Part X, line 1	2.	
(a) Description of security or cateory (including name of security)	(b)Book value		d of valuation year market value
Financial derivatives and other financial products			
Closely-held equity interests			
<u>O ther</u>			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)			
Part VIII Investments—Program Related. Se	ee Form 990, Part X, line	13.	
(a) Description of investment type	(b) Book value	(c) Metho	d of valuation
——————————————————————————————————————	(b) Dook value	Cost or end-of-	year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, I			
(a) Descr			(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line			
Part X Other Liabilities. See Form 990, Part	1	Τ	
(a) Description of Liability	(b) A mount	-	
Federal Income Taxes	242.453	1	
other liabilities	342,462	1	
interest payable	289,568	1	
		1	
		-	
		-	
		-	
		-	
		-	
		-	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	(22.022	1	
Total (Column (b) Should Equal Form 550, Part A, Col (b) line 25)	632,030	j	

/ith Revenue per 1 67,632 337,468 228,593	3 4 5 6 7 8 9 10 0 25,	70,600 75,201
67,632 337,468	4 5 6 7 8 8 9 1.0 • Return	70,600 75,201
fith Revenue per 67,632 337,468 228,593	5 6 7 8 9 10 10 10 10 10 10 10 10 10 10 10 10 10	70,600
67,632 337,468	6	70,600
67,632 337,468	7 8 9 10 10 10 10 10 10 10 10 10 10 10 10 10	75,201
67,632 337,468	8 9 1.0 Return 25,	75,201
67,632 337,468	9 Return 25,	75,201
67,632 337,468 228,593	Return 25,	75,201
67,632 337,468	Return 25,	
67,632 337,468 228,593	. 25,	678,974
67,632 337,468 228,593		678,974
67,632 337,468 228,593		
228,593	e	
228,593	e	
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2.	e	
20		633,693
	25,	045,281
8,591		
4	С	8,591
5	25,	053,872
With Expenses p		
	L 25,	603,773
334,500		
		F. C. D. D. C. D.
<u> </u>	+	563,093
· · · · <u> </u>	25,	040,680
8,591	_	0.501
,		8,591
4		049,271
	8,591	2e 3 25,0 3 25,0

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part XIV, lines 1b and 2b, Part V, line 4, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Ident if ier	Return Reference	Explanation
Part XII, Line 2d - Other Adjustments		rental expense 50678 sign shop expense 177915
Part XIII, Line 2d - Other Adjustments		Rental Expenses 50678 Sign Shop Expenses 177915

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As Filed Data -

DLN: 93493228020780

OMB No 1545-0047

2008

(Form 990) Department of the Treasury

Internal Revenue Service

SCHEDULE F

▶ Attach to Form 990. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

Statement of Activities Outside the United States

Open to Public **Inspection**

Nan	ne of the organization					Employer ide	entification number		
	OS COMMUNITY ACTION	N COMMISSION	INC						
						34-0975934			
P	General Information "Yes" to Form 9			de the United States	s. Complete	e if the orgar	nization answered		
1	For grantmakers. Do	es the organiza	ition maintain r	ecords to substantiate	the amount	of the grant	s or		
	assistance, the grante	ees' eligibility fo	or the grants or	assistance, and the se	lection crite	ria used to a	ward		
	the grants or assistar		Γ Yes Γ No						
2	2 For grant makers. Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States								
3	Activites per Region (U	se Schedule F-1	(Form 990) ıf adı	ditional space is needed)					
	(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	ıs a progr describe sı	ty listed in (d) am service, pecific type of s) in region	(f) Total expenditures in		
							1		

Totals .

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other
	_							
	_							
	_							
	_							-
	_							_
	_							
	_							
	_							
	_							
	_							
	_							
	_							
	_							

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

Use Schedule F-1 (Form 990) if additional space is n	needed.
--	---------

Use Schedule	F-1 (Form 990) if ac	<u>iditional space</u>	is needed.		T		
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non- cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
Art Exchange Program	Sub-Saharan	13	98,475		assistance	assistance In partnership with Arts Council Lake Erie West and GLC Alumni in Tanzania we completed a Tanzanian-U S artists exchange program During 2009, 13 A merican artists in two groups traveled to Tanzania to conduct workshops and roundtable discussions, and arrange exhibitions in five communities in Tanzania 25 young Tanzanian artists came in two groups to NW O hio to work on joint artworks, participate in exhibitions and workshops with U S artists This program was a life changing experience for both the African and U S artists as well as many program partners	appraisal, other) Book
	•	· · · · · · · · · · · · · · · · · · ·			•	Sched	ule F (Form 990) 2008

Complete this part t	o provide the information required	ın Part I, line 2, and any other additional information.
Identifier	ReturnReference	Explanation

Software ID:

Software Version:

EIN: 34-0975934

Name: WSOS COMMUNITY ACTION COMMISSION INC

Form 990 Schedule F Part II - Grants and Other Assistance to Organizations or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraısal, other)
--------------------------	---	------------	-------------------------	------------------------------	------------------------------------	---	--	--

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

Grants and Other Assistance to Organizations, Governments and Individuals in the U.S.

OMB No 1545-0047

2008

DLN: 93493228020780

Department of the Treasury Internal Revenue Service Name of the organization

WSOS COMMUNITY ACTION COMMISSION INC

Schedule I

(Form 990)

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

Open to Public Inspect ion

Employer identification number

W303 COMMONITY ACTION	COMMISSION IN	C				34-0975934	
Part I General Infor	mation on Grai	nts and Assistance	е				
Does the organization mathematical the selection criteria useDescribe in Part IV the organization	d to award the gran	nts or assistance?					⊢Yes Γι
Form 990, Part Part IV and Sch	IV, line 21 for ar edule I-1 if addi	ny recipient that rece tional space is	eived more than \$5,0	00. Check this box	tes. Complete if the call if no one recipient rec	ceived more than \$5,	
1(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	'-/	(h) Purpose of grant or assistance
2 Enter total number of seconganizations					·	ı	
3 Enter total number of oth	er organizations .						•
For Paperwork Reduction Act Not	ice, see the Instruct	ions for Form 990.		Cat No 50055	P	Sc	hedule I (Form 990) 2008

Part III	Grants and Other Assistance to Individuals in the United States.	Complete if the organization	answered "Yes"	on Form 990,	Part IV, line 2	2.
	Use Schedule I-1 (Form 990) if additional space is needed.					

(a)Type of grant or assistance	(b) Number of recipients	(c) A mount of cash grant	(d)A mount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
weatherization assistance	339		770,676	FMV	materials for the weatherization of homes
emergency assistance	3427	1,420,281		FMV	
food assistance	1797		1,005,303	FMV	food and meals provided to children and senior citizens

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Ident if ier	Return Reference	Explanation

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

DLN: 93493228020780

OMB No 1545-0047

Open to Public Inspection

SCHEDULE M (Form 990)

Department of the Treasury

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990

Non-Cash Contributions

Internal Revenue Service Name of the organization WSOS COMMUNITY ACTION COMMISSION INC

Employer identification number

34-0975934

Ра	Types of Property				Т			
		(a) Check If	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line	(d Method of de reven	etermıı	nıng	
		applicable		1 g				
	Art—Works of art							
	Art—Historical treasures . Art—Fractional interests							
	Books and publications Clothing and household							
,	goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded .							
10	Securities—Closely held stock .							
11	Securities—Partnership, LLC, or trust interests							
12	Securities—Miscellaneous							
13	Q ualified conservation contribution (historic structures)							
14	Qualified conservation contribution (other)							
15	Real estate—Residential .							
16	Real estate—Commercial							
17	Real estate—Other							
	Collectibles							
	Food inventory	X	2	548,217	FMV			
	Drugs and medical supplies .							
	Taxidermy							
	Historical artifacts							
	Scientific specimens							
24	Archeological artifacts							
25	weatherization Other (describe materials)	l x	2	248,118				
	Other (describe)			210,110				
	Other (describe)							
	Other (describe)							
29	Number of Forms 8283 received which the organization complete	d Form 828		ar for contributions for	29			
	Acknowledgement		•			ı	Yes	No
30a	During the year, did the organization hold for at					\square	res	NO
	least three years from the date		•	not required to be used for (exempt purposes			NI-
_	5 ,					30a		No
Ь	If "Yes", describe the arrangem	ent in Part 1	II					
31	Does the organization have a gi	ft acceptano	ce policy that requires the	review of any non-standard	contributions?	31		No
32a	Does the organization hire or us contributions?	e third part	es or related organizations	to solicit, process, or sell i	non-cash	32a		No
	If "Yes", describe in Part II If the organization did not report checked, describe in Part II	t revenues ı	n Column (c) for a type of p	property for which Column (a	a) ıs			
Eor D	anerwork Peduction Act Notice see	the Instruc	tions for Form 000	Cat. No. 512271	Schodula	M /For	000°	2008

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.						
Identifier	ReturnReference	Explanation				
240111111	Notal III Colored	Explanation				
	1	1				

OMB No 1545-0047

Inspection

SCHEDULE 0 (Form 990)

Department of the Treasury Internal Revenue Service

▶ 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.

Supplemental Information to Form 990

Name of the organization
WSOS COMMUNITY ACTION COMMISSION INC

Employer identification number

34-0975934

ldentifier	Return Reference	Explanation
Form 990, Part III, line 4d	Other Program Services	corporate - provides childcare services and housing improvement Expenses \$ 2629459 including grants of \$ 0. Revenue \$ 0.

ldentifier	Return Reference	Explanation
Form 990, Part III, line 4d	Other Program Services	seniors - provides meals and transportation to seniors Expenses \$ 2781592 including grants of \$ 1005303 Revenue \$ 1153454

ldentifier	Return Reference	Explanation
Form 990, Part III, Ime 4d	Other Program Services	housing and weatherization - The Housing and Weatherization Program (HWAP) is a federally funded energy conservation program intended to assist income-eligible residents in making their homes more energy efficient Services include home insulation, furnace repair or replacement, and minor health and safety improvements, all at no cost to the homeowner. The program is available to both homeowners and renters. Weatherization employees apply energy conservation measures utilizing state-of-the-art tools, materials, and equipment. This process decreased energy consumption and utility cost burdens for over 500 families. Expenses \$ 3419126 including grants of \$ 2190957. Revenue \$ 2110

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 10		The 990 is presented to the Board's Finance Committee for review and recommendation to the full Board for approval

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 12c		Board member disclose conflicts as they arise arise and conflicts are reviewed annually

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 15		Comparabilities studies are used to determine appropriate compensation levels of staff

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		upon request

ldentifier	Return Reference	Explanation
Form 990, Part XI, Line 2c		Every three years, six to eight requests for proposal are mailed to prospective auditors. A review and analysis of the proposals is completed and submitted for review to the Board's Finance Committee. The Finance Committee then offers a selection to the full Board for review and approval. The audit itself is presented directly to the Board's Finance Committee and then presented to the full Board for approval.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, Line 16b		The Housing Developer works directly with the asset managers to monitor and sign off, as required, on all documents and reports. The Housing Developer reports issues and concerns to the Management Team and to the Board of Directors.

DLN: 93493228020780

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

2008

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

			Employer identi	fication number
			34-0975934	
(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income Ei	(E) nd-of-year assets	(F) Direct controlling entity
ons T				
(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity statu (if section 501(c)(3	s Direct controlling entity
	Cot No FO13	- FV		Schodulo P / Form 990) 2009
	ons (B)	or foreign country) Ons (B) Primary activity Legal domicile (state or foreign country)	or foreign country) Ons (B) (C) (D) Exempt Code section	(B) Primary activity Legal domicile (state or foreign country) (C) Total income End-of-year assets (E) Primary activity (B) Primary activity (C) Legal domicile (state or foreign country) (B) Primary activity (C) Legal domicile (state or foreign country) (E) Public charity statu (if section 501(c)(3)

Part III Identification of Related Organizations Taxable as a Partner

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income(related, investment, unrelated)	(F) Share of total income	(G) Share of end-of-year assets	(H Disprop allocat	l) ortionate :ions?	(I) Code V—UBI amount on Box 20 of K-1	man	i J) eral or laging tner?
							Yes	No	1	Yes	No
Indian Trace 109 South Front Street Freemont, OH43420 41-2280183	Housing	ОН	WSOS Community Action Commision	Related		219,676		No		Yes	
					_						

Part IV Identification of Related Organizations Taxable as a Corporation or Trust

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership
striver financial services 109 south front street fremont, OH43420 26-1309508	ıncactive	ОН	WSOS community action commission inc	С			100 000 %
leewood place housing corp 109 south front street fremont, OH43420 32-0042301	housing	ОН	wSOS community action commission inc	С	-1,349	-212	75 000 %
laurelhurst housing corp 109 south front street fremont, OH43420 76-0719784	housing	ОН	wSOS community action commission inc	С	-494	-79	75 000 %
laurel greene housing corp 109 south front street fremont, OH43420 52-2420668	housing	ОН	wSOS community action commission inc	С	-644	-147	75 000 %
tremont greene housing corp 109 south front street fremont, OH43420 75-3140453	housing	ОН	wSOS community action commission inc	С	-421	-86	75 000 %
port clinton pointe housing corp 109 south front street fremont, OH43420 20-8344391	housing	ОН	wSOS community action commission inc	С	-137	-135	75 000 %
lake towne housing corp 109 south front street fremont, OH43420 20-8334235	housing	ОН	wSOS community action commission inc	С	-55	- 56	75 000 %

Part V	Transactions with Related Organizations
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126	τV	Transactions with Related Organizations				
	Note.	Complete line 1 if any entity is listed in Parts II, III or IV			Ye	es No
1 Du	rıng th	ne tax year, dıd the orgranızatıon engage ın any of the following transactıon	s with one or more related organizations listed in Parts II-	·IV?		
а	Recei	pt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled enti	ıty		1a	No
b	Gıft, g	rant, or capital contribution to other organization(s)			1b	No
c	Gıft, g	rant, or capital contribution from other organization(s)			1c	No
d	Loans	or loan guarantees to or for other organization(s)			1d	No
e	Loans	or loan guarantees by other organization(s)			1e	No
f	Sale o	fassets to other organization(s)		<u></u>	1f	No
g	Purch	ase of assets from other organization(s)		<u>[</u>	1g	No
h	Excha	inge of assets		<u>.</u>	1h	No
i I	Lease	of facilities, equipment, or other assets to other organization(s)			1i	No
j	Lease	of facilities, equipment, or other assets from other organization(s)		<u> </u>	1 j	No
k	Perfor	mance of services or membership or fundraising solicitations for other org	anization(s)	L	1k	No
1 1	Perfor	mance of services or membership or fundraising solicitations by other orga	anization(s)	[11	No
m	Sharın	ng of facilities, equipment, mailing lists, or other assets		<u>[</u>	1m	No
n	Sharır	ng of paid employees		<u>[</u>	1n	No
o	Reımb	oursement paid to other organization for expenses		<u>[</u>	10	No
р	Reımb	oursement paid by other organization for expenses		<u> </u>	1p	No
q	Other	transfer of cash or property to other organization(s)		-	1q	No
r	Other	transfer of cash or property from other organization(s)		[1r	No
2	Ifthe	answer to any of the above is "Yes," see the instructions for information or	n who must complete this line, including covered relations	nips and transaction thresholds		
		(A)	(B) Transaction	(C)		
		Name of other organization(s)	type(a-r)	Amount Involved		
(1)						
(2)						
(2)						
(3)						
(4)						
(+)						
(5)						
(6)						

Part VI Unrelated Organizations Taxable as a Partnership

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

(A) Name, address, and EIN of entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	organizations?		(E) Share of end-of-year assets	(F) Disproprtionate allocations?		(G) Code V—UBI amount on Box 20 of K-1 (H) General or managing partner?)
			Yes	No		Yes	No		Yes	No
			•	•		•		Cabadul	. D / Farms	9907 2008

Software ID: Software Version:

EIN: 34-0975934

Name: WSOS COMMUNITY ACTION COMMISSION INC

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal Domicile (State or Foreign Country)	(D) Direct Controlling Entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income (\$)	(G) Share of end-of-year assets (\$)	(H) Percentage ownership
striver financial services 109 south front street fremont, 0H43420 26-1309508	ıncactıve	ОН	WSOS community action commission inc	С			100 000 %
leewood place housing corp 109 south front street fremont, 0H43420 32-0042301	housing	ОН	wSOS community action commission inc	С	-1,349	-212	75 000 %
laurelhurst housing corp 109 south front street fremont, OH43420 76-0719784	housing	ОН	wSOS community action commission inc	С	-494	-79	75 000 %
laurel greene housing corp 109 south front street fremont, 0H43420 52-2420668	housing	ОН	wSOS community action commission inc	С	-644	-147	75 000 %
tremont greene housing corp 109 south front street fremont, 0H43420 75-3140453	housing	ОН	wSOS community action commission inc	С	-421	-86	75 000 %
port clinton pointe housing corp 109 south front street fremont, 0H43420 20-8344391	housing	ОН	wSOS community action commission inc	С	-137	-135	75 000 %
lake towne housing corp 109 south front street fremont, 0H43420 20-8334235	housing	он	wSOS community action commission inc	С	-55	-56	75 000 %

TY 2008 Averaging Attachment

Name: WSOS COMMUNITY ACTION COMMISSION INC

EIN: 34-0975934

Explanation: THE ORGANIZATION MADE ITS FIRST SECTION 501(H) ELECTION

DURING THE YEAR ENDED SEPTEMBER 30, 2007. THIS ELECTION WAS NOT REVOKED BEFORE THE START OF THE CURRENT TAX

YEAR.

Software ID: Software Version:

EIN: 34-0975934

Name: WSOS COMMUNITY ACTION COMMISSION INC

Form 990, Part VII - Section Aaa

Form 990, Part VII - Section Aaa										1
		(C) Position (check all that apply)							(E)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
mEL BRO WNING , board president	1 00	X		Х				0		
alan fosnaugh , board member	1 00	Х						0	0	0
roBERTA LANE , board member	1 00	Х						0		0
monica thompson , board member	1 00	X						0	0	0
CONNIE GAUTHIER , board member	1 00	Х						0	0	0
PAM KINDLE , SECRETARY/TREASURER	1 00	Х		Х				0	0	0
rOBERT VALLE , board member	1 00	Χ						0	0	0
reverend charlotte evans , board member	1 00	Χ						0	0	0
kathy burkın , board member	1 00	Х						0	0	0
ım sass , board member	1 00	Χ						0	0	0
chrıs galvın , board member	1 00	Х						0	0	0
carol clemons , board member	1 00	Х						0	0	0
jennifer buxton , board member	1 00	Х						0	0	0
PAUL HARRISON , VICE CHAIRPERSON	1 00	Х		Х				0	0	0
BARBARA MARLEY , board member	1 00	Х						0	0	0
davıd sauber , BOARD MEmber	1 00	Х						0	0	0
TAMMIE WOLFELT , BOARD MEMBER	1 00	Х						0	0	0
BEVERLY HEMMERLY-lake , BOARD MEMBER	1 00	Х						0	0	0
john rettig , board member	1 00	Х						0	0	0
vickie willey , board member	1 00	Х						0	0	0
mark stahl , board member	1 00	Х						0	0	0
rebecca martın , board member	1 00	Х						0	0	0
DAVID KIPPLEN , VP OF FINANCE	40 00			Х				85,533	0	4,183
neil mccabe , president/ceo	40 00			Х				86,875	0	12,448
RUTH ANN HOUSE , VICE PRESIDENT	40 00				Х			89,415	0	25,790

Form 990, Part VIII - Statement of Revenue - 2a - 2g Program Service Revenue -

<u> </u>											
	Business Code	(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514						
a food delivery	624,200	1,081,748	1,081,748								
b Child Care	611,600	199,873	199,873								
c Transportation	480,000	71,706	71,706								
d Assistance for Familie	611,710	2,723	2,723								
e Intermediary Relending	522,100	2,545	2,545								