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Form 990-EZ

Department of the Treasury  
Internal Revenue Service

# 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, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$200,000 and total assets less than \$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

OMB No 1545-1150

2011

Open to Public  
Inspection

## A For the 2011 calendar year, or tax year beginning

and ending

B Check if applicable

- ☒ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization

Fair Economy Action Fund, Inc.

Number and street (or P.O. box, if mail is not delivered to street address)

30 Germania Street

Room/suite

Bldg L

City or town, state or country, and ZIP + 4

Boston, MA 02130

D Employer identification number

04-3578179

E Telephone number

617-423-2148

F Group Exemption  
Number ▶G Accounting Method: ☐ Cash ☒ Accrual Other (specify) ▶

I Website: ▶ www.faireconomy.org

J Tax-exempt status (check only one) — ☐ 501(c)(3) ☒ 501(c) ( 4 ) (insert no.) ☐ 4947(a)(1) or ☐ 527H Check ☐ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

K Check ☐ if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ

▶ \$ 41,016.

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

Check if the organization used Schedule O to respond to any question in this Part I

☒

|    |                                                                                                                                                                                                            |    |         |
|----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|---------|
| 1  | Contributions, gifts, grants, and similar amounts received                                                                                                                                                 | 1  | 41,000. |
| 2  | Program service revenue including government fees and contracts                                                                                                                                            | 2  |         |
| 3  | Membership dues and assessments                                                                                                                                                                            | 3  |         |
| 4  | Investment income                                                                                                                                                                                          | 4  |         |
| 5a | Gross amount from sale of assets other than inventory                                                                                                                                                      | 5a |         |
| b  | Less: cost or other basis and sales expenses                                                                                                                                                               | 5b |         |
| c  | Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)                                                                                                                    | 5c |         |
| 6  | Gaming and fundraising events                                                                                                                                                                              |    |         |
| a  | Gross income from gaming (attach Schedule G if greater than \$15,000)                                                                                                                                      | 6a |         |
| b  | Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) | 6b |         |
| c  | Less: direct expenses from gaming and fundraising events                                                                                                                                                   | 6c |         |
| d  | Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)                                                                                                         | 6d |         |
| 7a | Gross sales of inventory, less returns and allowances                                                                                                                                                      | 7a |         |
| b  | Less: cost of goods sold                                                                                                                                                                                   | 7b |         |
| c  | Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)                                                                                                                             | 7c |         |
| 8  | Other revenue (describe in Schedule O)                                                                                                                                                                     | 8  | 16.     |
| 9  | Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8                                                                                                                                                     | 9  | 41,016. |
| 10 | Grants and similar amounts paid (list in Schedule O)                                                                                                                                                       | 10 |         |
| 11 | Benefits paid to or for members                                                                                                                                                                            | 11 |         |
| 12 | Salaries, other compensation, and employee benefits                                                                                                                                                        | 12 |         |
| 13 | Professional fees and other payments to independent contractors                                                                                                                                            | 13 | 39,755. |
| 14 | Occupancy, rent, utilities, and maintenance                                                                                                                                                                | 14 | 1,374.  |
| 15 | Printing, publications, postage, and shipping                                                                                                                                                              | 15 |         |
| 16 | Other expenses (describe in Schedule O)                                                                                                                                                                    | 16 | 452.    |
| 17 | Total expenses. Add lines 10 through 16                                                                                                                                                                    | 17 | 41,581. |
| 18 | Excess or (deficit) for the year (Subtract line 17 from line 9)                                                                                                                                            | 18 | -565.   |
| 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)                                                           | 19 | 16,136. |
| 20 | Other changes in net assets or fund balances (explain in Schedule O)                                                                                                                                       | 20 | 0.      |
| 21 | Net assets or fund balances at end of year. Combine lines 18 through 20                                                                                                                                    | 21 | 15,571. |

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2011)

132171  
02-06-12



**Part V Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Sch. O to respond to any question in this Part V ☒

|                                                                                                                                                                                                                                                                                                                                 | Yes | No |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>33</b> Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O                                                                                                                                                   |     | X  |
| <b>34</b> Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)                                                            |     | X  |
| <b>35a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?                                                                                                                                 |     | X  |
| <b>35b</b> If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O                                                                                                                                                                                           | N/A |    |
| <b>35c</b> Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III                                                                                                     |     | X  |
| <b>36</b> Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N                                                                                                                                     |     | X  |
| <b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions. <span style="float: right;">▶ 37a 0.</span>                                                                                                                                                                            |     |    |
| <b>37b</b> Did the organization file Form 1120-POL for this year?                                                                                                                                                                                                                                                               |     | X  |
| <b>38a</b> Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?                                                                                         |     | X  |
| <b>38b</b> If "Yes," complete Schedule L, Part II and enter the total amount involved <span style="float: right;">38b N/A</span>                                                                                                                                                                                                |     |    |
| <b>39</b> Section 501(c)(7) organizations. Enter:                                                                                                                                                                                                                                                                               |     |    |
| <b>a</b> Initiation fees and capital contributions included on line 9 <span style="float: right;">39a N/A</span>                                                                                                                                                                                                                |     |    |
| <b>b</b> Gross receipts, included on line 9, for public use of club facilities <span style="float: right;">39b N/A</span>                                                                                                                                                                                                       |     |    |
| <b>40a</b> Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 <span style="float: right;">▶ N/A</span> ; section 4912 <span style="float: right;">▶ N/A</span> ; section 4955 <span style="float: right;">▶ N/A</span>                                        |     |    |
| <b>b</b> Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I |     | X  |
| <b>c</b> Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <span style="float: right;">▶ 0.</span>                                                                                                |     |    |
| <b>d</b> Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization <span style="float: right;">▶ 0.</span>                                                                                                                                                                  |     |    |
| <b>e</b> All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T                                                                                                                                                               |     | X  |
| <b>41</b> List the states with which a copy of this return is filed. <span style="float: right;">▶ None</span>                                                                                                                                                                                                                  |     |    |
| <b>42a</b> The organization's books are in care of <span style="float: right;">▶ The Organization</span> Telephone no. <span style="float: right;">▶ 617-423-2148</span><br>Located at <span style="float: right;">▶ 30 Germania Street, Boston, MA</span> ZIP + 4 <span style="float: right;">▶ 02130</span>                   |     |    |
| <b>b</b> At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?                                                                               |     | X  |
| If "Yes," enter the name of the foreign country: <span style="float: right;">▶</span><br>See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.                                                                                                      |     |    |
| <b>c</b> 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: <span style="float: right;">▶</span>                                                                                                                               |     | X  |
| <b>43</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here <span style="float: right;">▶</span> and enter the amount of tax-exempt interest received or accrued during the tax year <span style="float: right;">▶ 43 N/A</span>                                              |     |    |
| <b>44a</b> Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ                                                                                                                                                                                   |     | X  |
| <b>b</b> Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ                                                                                                                                                                              |     | X  |
| <b>c</b> Did the organization receive any payments for indoor tanning services during the year?                                                                                                                                                                                                                                 |     | X  |
| <b>d</b> If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O                                                                                                                                                                                    |     |    |
| <b>45a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?                                                                                                                                                                                                                              |     | X  |
| <b>45b</b> Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)                                                                   |     |    |

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office?

|    | Yes | No |
|----|-----|----|
| 46 |     | X  |

If "Yes," complete Schedule C, Part I

**Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI ☐

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Sch. C, Part II

|     | Yes | No |
|-----|-----|----|
| 47  |     |    |
| 48  |     |    |
| 49a |     |    |
| 49b |     |    |

48 Is the organization 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 a section 527 organization?

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

| (a) Name and address of each employee paid more than \$100,000 | (b) Title and average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC) | (d) Health benefits, contributions to employee benefit plans, and deferred compensation | (e) Estimated amount of other compensation |
|----------------------------------------------------------------|----------------------------------------------------------|---------------------------------------------------|-----------------------------------------------------------------------------------------|--------------------------------------------|
| N/A                                                            |                                                          |                                                   |                                                                                         |                                            |
|                                                                |                                                          |                                                   |                                                                                         |                                            |
|                                                                |                                                          |                                                   |                                                                                         |                                            |
|                                                                |                                                          |                                                   |                                                                                         |                                            |
|                                                                |                                                          |                                                   |                                                                                         |                                            |
|                                                                |                                                          |                                                   |                                                                                         |                                            |
|                                                                |                                                          |                                                   |                                                                                         |                                            |
|                                                                |                                                          |                                                   |                                                                                         |                                            |
|                                                                |                                                          |                                                   |                                                                                         |                                            |

f Total number of other employees paid over \$100,000

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

| (a) Name and address of each independent contractor paid more than \$100,000 | (b) Type of service | (c) Compensation |
|------------------------------------------------------------------------------|---------------------|------------------|
|                                                                              |                     |                  |
|                                                                              |                     |                  |
|                                                                              |                     |                  |
|                                                                              |                     |                  |
|                                                                              |                     |                  |
|                                                                              |                     |                  |
|                                                                              |                     |                  |
|                                                                              |                     |                  |

d Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt

charitable trusts must attach a completed Schedule A

Yes No

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

Date

Daniel Moss, Treasurer

Type or print name and title

Paid Preparer Use Only

|                                                              |                      |          |                                                 |           |
|--------------------------------------------------------------|----------------------|----------|-------------------------------------------------|-----------|
| Print/Type preparer's name                                   | Preparer's signature | Date     | Check <input type="checkbox"/> if self-employed | PTIN      |
| Elaine M. Renzi, CPA                                         | <i>Elaine Renzi</i>  | 11/13/12 |                                                 | P00624491 |
| Firm's name                                                  | Firm's EIN           |          | Phone no.                                       |           |
| PAVENTO, RATCLIFFE, RENZI & CO., LLC                         | 04-3530932           |          | (508) 553-3091                                  |           |
| Firm's address                                               |                      |          |                                                 |           |
| 1000 FRANKLIN VILLAGE DRIVE, SUITE 208<br>FRANKLIN, MA 02038 |                      |          |                                                 |           |

May the IRS discuss this return with the preparer shown above? See instructions

Yes No

Form 990-EZ (2011)

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

**2011**

Open to Public  
Inspection

Name of the organization

Fair Economy Action Fund, Inc.

Employer identification number

04-3578179

**Form 990-EZ, Part I, Line 8, Other Revenue:**

**Description of Other Revenue:**

**Amount:**

Interest Income

16.

**Form 990-EZ, Part I, Line 16, Other Expenses:**

**Description of Other Expenses:**

**Amount:**

Bank Service Charges and Fees

452.

**Form 990-EZ, Part II, Line 26, Other Liabilities:**

**Description**

**Beg. of Year**

**End of Year**

Accounts Payable

3,179.

791.

Due to affiliate

301.

0.

Total to Form 990-EZ, line 26

3,480.

791.

**Form 990-EZ, Part III, Line 28, Program Service Accomplishments:**

Organized to promote economic equality through public

education and influencing the passage of legislation,

implementation of regulatory actions and referenda at all

tax levels.

**Form 990-EZ, Part V, Information Regarding Personal Benefit Contracts:**

The organization did not, during the year, receive any funds, directly,  
or indirectly, to pay premiums on a personal benefit contract.

The organization, did not, during the year, pay any premiums, directly,  
or indirectly, on a personal benefit contract.

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box ☒ **X**

**Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

**Part II** **Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

| Enter filer's identifying number, see instructions                                                                                                                                                               |                                                                                                  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|
| <b>Type or print</b><br>Name of exempt organization or other filer, see instructions<br><b>Fair Economy Action Fund, Inc.</b>                                                                                    | Employer identification number (EIN) or<br><input checked="" type="checkbox"/> <b>04-3578179</b> |
| <b>File by the due date for filing your return. See instructions.</b><br>Number, street, and room or suite no. If a P.O. box, see instructions.<br><b>C/O Pavento, Ratcliffe, Renzi &amp; Co., LLC - 1000 Fr</b> | Social security number (SSN)<br><input type="checkbox"/>                                         |
| City, town or post office, state, and ZIP code. For a foreign address, see instructions.<br><b>Franklin, MA 02038</b>                                                                                            |                                                                                                  |

Enter the Return code for the return that this application is for (file a separate application for each return)

**01**

| Application Is For                       | Return Code | Application Is For | Return Code |
|------------------------------------------|-------------|--------------------|-------------|
| Form 990                                 | 01          |                    |             |
| Form 990-BL                              | 02          | Form 1041-A        | 08          |
| Form 990-EZ                              | 01          | Form 4720          | 09          |
| Form 990-PF                              | 04          | Form 5227          | 10          |
| Form 990-T (sec. 401(a) or 408(a) trust) | 05          | Form 6069          | 11          |
| Form 990-T (trust other than above)      | 06          | Form 8870          | 12          |

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

### The Organization

• The books are in the care of **30 Germania Street, No. Bldg L - Boston, MA 02130**  
 Telephone No. **617-423-2148** FAX No. ☐

• If the organization does not have an office or place of business in the United States, check this box ☐

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) ☐. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until **November 15, 2012.**

5 For calendar year **2011**, or other tax year beginning ☐, and ending ☐.

6 If the tax year entered in line 5 is for less than 12 months, check reason: ☐ Initial return ☐ Final return  
☐ Change in accounting period

7 State in detail why you need the extension  
**Additional time required to compile the books and records necessary to prepare a complete and accurate return.**

|                                                                                                                                                                                                                                      |    |    |    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|----|----|
| 8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.                                                                                  | 8a | \$ | 0. |
| 8b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868. | 8b | \$ | 0. |
| 8c <b>Balance due.</b> Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions.                                                     | 8c | \$ | 0. |

### Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ☐

Title **CPA**

Date ☐

Form 8868 (Rev. 1-2012)