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Department of the Treasury Internal Revenue Service

A For the 2011 calendar year, or tax year beginning

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)

, 2011, and ending

> 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 (see instructions) 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

, 20

В	Che app	k if cable C Name of organization D Employer identification number						
	Add	ress change	ACTION FOR SOLIDARITY INC					
	Nam	ne change		<u>65-</u> 0	752133			
	Initia	al return	Number and street (or P O box, if mail is not delivered to street address) Room/sui	E Telephone number				
	Tem	nınated	3301 NE 5TH AVE APT 219		305-	491-7277		
	Ame	ended return	City or town, state or country, and ZIP + 4		F Group	Exemption		
	Appl	lication ding	MIAMI FL 33137		Numb	per ▶		
G		counting Met	hod X Cash Accrual Other (specify) ▶	ŀ	H Checl	k▶X if the organization is not		
ı	We	bsite: ▶		_	requir	red to attach Schedule B		
J	Tax-	-exempt sta	tus(check only one) - 501(c)(3) X 501(c)(C)	527	(Form	990, 990-EZ, or 990-PF)		
ĸ	Che	ck 🕨	of the organization is not a section 509(a)(3) supporting organization and its gross rece	ıpts are				
			or Form 990 return is not required though Form 990-N (e-postcard) may be required (s	•		•		
			e sure to file a complete return		·	· ·		
			and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more,	or if				
			I, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-		•	\$ 78,208.		
	Par				ne instru	ctions for Part I)		
_			if the organization used Schedule O to respond to any question in this Part I	, • •••		. 🕅		
<u>.</u>		1	butions, gifts, grants, and similar amounts received		1	78,208.		
_			am service revenue including government fees and contracts		2			
		1	ership dues and assessments		3	<u> </u>		
5			ment income		4			
			amount from sale of assets other than inventory		,			
一きるなせるが			cost or other basis and sales expenses 5b		—— ~	1		
7			or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5	⁻ C			
	ne		ng and fundraising events		1	74		
	en		income from gaming (attach Schedule G if greater than \$15,000) 6a			* * * * * * * * * * * * * * * * * * *		
	Revenue			ntributi	ons	8		
			undraising events reported on line 1) (attach Schedule G if the sum		,			
			h gross income and contributions exceed \$15,000) 6b		1	1		
]	direct expenses from gaming and fundraising events 6c			***		
		1	come or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract I	ine 6c)	6	d l		
		1	sales of inventory, less returns and allowances . 7a		; :			
		1	cost of goods sold 7b		—-¦' ⋅	1		
			profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		⁻ 7	<u>-</u> '		
			revenue (describe in Schedule O)		8			
			revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	••	▶ 9	70.00		
-					1			
			ts paid to or for members RECEIVED	•	1			
	S	12 Salaru	on other componentian and employee honolite		1	4 600		
	nse	13 Profes	sional fees and other payments to independent contractors 2012	••	. 1	0.00		
	Expenses	14 Occup	ancy, rent, utilities, and maintenance	• •	1			
	ũ		a publications postage and shipping		1			
			expenses (describe in Schedule O) OGDEN, UT	••	1	F.C. 207		
			expenses. Add lines 10 through 16		▶ 1	C1 107		
_			s or (deficit) for the year (Subtract line 17 from line 9)		1	45 404		
	ets		isets or fund balances at beginning of year (from line 27, column (A)) (must agree with		<u> </u>	1 11,101.		
	SS		sets of fund balances at beginning of year (from line 27, column (A)) (must agree with year figure reported on prior year's return)		;;	15,938.		
	Net Assets		changes in net assets or fund balances (explain in Schedule O)		-	*		
	ž	ŀ	esets or fund balances at end of year. Combine lines 18 through 20		▶ 2			
		21 Net as	sets of fund balances at end of year. Compline lines to through 20		▶ 2	<u> </u>		

raitii	Charles of the agreement on used Schodule O		thic Dort II			abla
	Check if the organization used Schedule O	to respond to any question in		ing of year		B) End of year
22 Cash	savings, and investments				22	33,786.
	and buildings			,, , , , ,	23	
	assets (describe in Schedule O)	•			24	
25 Total a	· · ·		. 16	,	25	33,786.
26 Total I	liabilities (describe in Schedule O)				26	747.
	sets or fund balances (line 27 of column (E	<u> </u>		, ,	27	33,039.
Part III	Statement of Program Service A	•		t#!) _		
	Check if the organization used Schedule C			:	(D	Expenses d for section 501(c)(3)
Describe tl measured benefited,	e organization's primary exempt purpose? T he organization's program service accomplis by expenses. In a clear and concise manner and other relevant information for each prog	hments for each of its three lar , describe the services provide ram title	gest program services d, the number of pers	ons	and 501	(c)(4) organizations and 1947(a)(1) trusts, for others)
	TRIBUTIONS WAS COLLECT		BUY SUPPLIE	<u> </u>		
FOR	THE UNDERPRIVLEDGED A	ND SICK IN VENE	ZUELA			
	· · · · · · · · · · · · · · · · · · ·					
(Grant	s \$) If this amount	includes foreign grants, check	here	• []	28a	
29						
(Grant	e \$ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	includes foreign grants, check	here	-	29a	
30	, i tills amoditi	includes loreign grants, check	nere .		230	
(Grant	s \$) If this amount	includes foreign grants, check	here	•	30a	
31 Other	program services (describe in Schedule O)		•			
(Grant	s \$) If this amount	includes foreign grants, check	here	▶ 🗍	31a	
32 Total	program service expenses (add lines 28a t				32	
Part IV		• • •	•	ensated (se	e the in	structions for Part IV)
	Check if the organization used Schedule C	(b) Average	(a) Reportable	(d) Contrib	outions to	(e) Estimated
	(a) Name and address	hours per week devoted to position	(For, W-2/1099-MISC) (If not paid, enter-0-)	employee be	nefit plans	amount of other compensation
NELSO	N VERGEL	D D	(Il flot paid, effer-0-)	d deletter	a comp	other compensation
			0			
ARMAN	DO GRISAN	SEC				
			0			
F REN	YA	PVD				
			0			
CRIST	OBAL PLAZA	VP				
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	all not					
		-		1		
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				1		
BCA					F	orm 990-EZ (2011)

BCA

Pa	'Other Information (Note the Schedule A and personal benefit contract statement requirements in the instruction 'Part V') Check if the organization used Schedule O to respond to any question in this Part V	tions f	or	
	rait V / Check if the diganization used Schedule O to respond to any question in this Part V	<u> </u>	Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each			
	activity in Schedule O	33		Х
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the	1		
	amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O			
	(see instructions)	34		X
35a	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)?	35a		<u>X</u>
b c	If "Yes", to line 35a, has the organization filed a Form 990-T for the year? If "No", provide an explanation in Schedule O Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,	35b		
·	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year?	350		
	If "Yes," complete applicable parts of Schedule N	36		Х
37 a				
b	Did the organization file Form 1120-POL for this year?	37b		Section 20
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were		3	
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b		,	* 1
39	Section 501(c)(7) organizations Enter		1	
а	Initiation fees and capital contributions included on line 9 . 39a	1	,	
b	Gross receipts, included on line 9, for public use of club facilities		77.	
40 a	the second secon		Park.) . I
L	section 4911▶ , section 4912▶ , section 4955▶	ja a	, i	· :
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		<u> </u>	
	prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		
С	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization	400		
	managers or disqualified persons during the year under sections 4912, 4955, and 4958			:
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by	**		
	the organization		* *	
е	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	40e		Χ
41	List the states with which a copy of this return is filed			
42a		-84	<u>5-0</u>	<u> 166</u>
_	Located at ► 1041 NW 125 AVE FL SUNRISE ZIP+4 ► 333	23		
D	At any time during the calendar year, did the organization have an interest in or a signature or other authority		V	
	over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	No X
	If "Yes," enter the name of the foreign country ▶	420	1	
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank	, , , , , , , , , , , , , , , , , , ,	F 3	
	and Financial Accounts.	, ,		ł
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		X
	If "Yes," enter the name of the foreign country ▶			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here			• 🗍
	and enter the amount of tax-exempt interest received or accrued during the tax year		_	
			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of			
	Form 990-EZ	44a		X
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	44b		<u>X</u>
c d	Did the organization receive any payments for indoor tanning services during the year?	44c		X
u	explanation in Schedule O	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	440 45a		Х
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the	750		
-	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)	45b		X

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Page 4

•	,				Yes No	<u>_</u>
	Did the organization engage, directly or indirect or candidates for public office? If "Yes," complete the complete of the comp		gn activities on behalf of	or in opposition to	46	
Part				npt charitable trust	46 s only.	_
	All section 501(c)(3) organizations at	nd section 4947(a)(1) no	nevemnt charitable trus	ts must answer questions	. 47_49h	
	and 52, and complete the tables for		mexempt chantable trus	to must answer question.	, 4 <i>1</i> –430	
	Check if the organization used Schei	dule O to respond to an	y question in this Part VI		Yes No	L
47	Did the organization engage in lobbying activ	rities or have a section t	501(h) election in effect of	during the tax	Yes No	<u>'</u> _
	year? If "Yes," complete Schedule C, Part II				47	_
	Is the organization a school as described in s Did the organization make any transfers to a		-	dule E .	48 49a	_
	If "Yes," was the related organization a section	-			. 49b	_
	Complete this table for the organization's five each received more than \$100,000 of compe	-			and key employees) w	/he
-	Name and title 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	_
	paid more than \$100,000					_
			ļ			_
						_
-, =					<u> </u>	
51 Co	otal number of other employees paid over \$10 complete this table for the organization's five hompensation from the organization. If there is	ighest compensated ind	dependent contractors w	ho each received more the	nan \$100,000 of	
(a) N	Name and address of each independent cont	ractor paid more than \$	100,000 (b) Type	e of service	(c) Compensation	
						_
		<u> </u>	-			_
						_
						_
	otal number of other independent contractors	•	·	(a)(1) no novement		_
	d the organization complete Schedule A? No aritable trusts must attach a completed Sche	, , , ,	·· · · · ·	(a)(1) nonexempt	Yes 🕅 No	
•	enalties of perjury, I declare that I have examined this return		•	e best of my knowledge and belie	of, it is true,	
correct, a	and complete Declaration of preparer (other than officer) is	based on all information of whi	con preparer has any knowledge			_
Sign			···.	05/01/20)12	_
Here	I ▼ Signature of officer I		VP	Date /13/	2012.	
	Type or print name and title			3/13/	~0700 :	_
Paid	Print/Type preparer's name DAVID TACHER	Preparer's signal DAVID TACH		te Check	If PTIN P0023025	2
Prepai	rer Firm's name ▶TACHER ACCOU		PA PA		•20-0530162	_
Use O	FIM'S PIOTI IVW IZJI			Phone no	954-845-016	6
	address SUNRISE FL 3 ne IRS discuss this return with the preparer s	3323- hown above? See instru	uctions		▶ X Yes No	_
BCA		US990F2			Form 990-EZ (2011	$\overline{}$

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

OMB No 1545-0047

2011

Open to Public

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

► See separate instructions.

Name of the organization
ACTION FOR SOLIDARITY INC

Employer identification number 65-0752133

Р	art	Reason fo	r Public Charity	/ Status (All organizations	must co	mplete ti	his part)	See ins	structions	3			
The	org	janization is not a priva	ite foundation becau	ise it is (For lines 1 through 11	, check o	only one	box)						
1	П	A church, convention	of churches, or asso	ciation of churches described i	n sectio	n 170(b)	(1)(A)(i)).					
2	П	A school described in	section 170(b)(1)(A	A)(ii). (Attach Schedule E)									
3	П	A hospital or a cooper	ative hospital service	e organization described in sec	tion 170)(b)(1)(A	.)(iiı)						
4		A medical research or	ganization operated	in conjunction with a hospital of	described	ın sect	ion 170	(b)(1)(A)	(iii) Ent	er the h	ospital's	name,	1
		city, and state											
5		An organization opera	ited for the benefit of	f a college or university owned	or opera	ted by a	govern	mental u	nıt descr	ibed in s	ection		
		170(b)(1)(A)(iv). (Con	nplete Part II)										
6		A federal, state, or loc	al government or go	vernmental unit described in s	ection 1	70(b)(1)	(A)(v).						
7		An organization that n	ormally receives a s	substantial part of its support fro	om a gov	ernment	al unit o	r from th	ne gener	al public			
		described in section 1	170(b)(1)(A)(vi) (Co	omplete Part II)									
8	Ш	A community trust des	scribed in section 17	70(b)(1)(A)(vi) (Complete Part	II)								
9	X	An organization that n	ormally receives (1)) more than 33 1/3 % of its sup	port from	contrib	utions, n	nembers	ship fees	, and gro	oss		
		receipts from activities	s related to its exemp	pt functions - subject to certain	exception	ns, and	(2) no m	nore thai	n 33 1/3	% of its			
		support from gross inv	vestment income and	d unrelated business taxable in	come (le	ss secti	on 511 t	ax) from	busines	ses			
	_	acquired by the organ	ization after June 30), 1975 See section 509(a)(2)	(Comple	ete Part	III)						
10	Ц	-		exclusively to test for public safe	•			•					
11	Ш		•	exclusively for the benefit of, to	•				•				
		• •		ed organizations described in se					• •	section	ì		
		⊢ ``		ne type of supporting organizati		•			i				
	П	a Type I	b ∐ Type II	c ∐ Type III - F				d [1 ,	II - Othe	er		
ę	Ш	•	•	anization is not controlled direc	-				•				
		•	•	and other than one or more pul	oliciy sup	ропеа с	organizai	tions de	scribea ir	1 section	1		
		509(a)(1) or section 50	,	rmination from the IDS that it is	a Tuna	LTunal	l or Tun	o III ou m					
f		organization, check th		rmination from the IRS that it is	атуре	i, iype i	i or i ype	e iii supi	porting				Γ
		-		on accepted any gift or contrib	ution from	n anv of	the follo	wing ne	reone?				L
g		•	•	itrols, either alone or together v		•		• .			i	Yes	No
		• •	-	the supported organization?	······ poro	0.10 000		()			11g(i)		
		(ii) A family member		•							11g(ii)		
				escribed in (i) or (ii) above?							11g(iii)		
h		•		e supported organization(s)							<u> </u>		
	(i)	Name of supported	(ii) EIN	(iii) Type of organization	(iv) is t	he organ-	(v) D	ıd you	(vi) l	s the	(vii)	Amour	nt of
		organization		(described on lines 1-9	ızatıon	ın col	notif	y the	organiz	ation in	St	pport	
				above or IRC section	(i) listed	ın your	organiz	zation in	col	(i)			
				(see instructions))	gove	rning	∞l (i)	of your	orga	nızed			
					docur	nent?	sup	port?	ın the	US?]		
		****			Yes	No	Yes	No	Yes	No			
(A)													
								<u> </u>					
(B)					1	1							
					<u> </u>				ļ				
(C)						1			İ				
					-				ļ				
(D)						-							
(E)		•			-								
(=)													
			3	About 1			-						
Tota	a l			c } 1	:					,			

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or Form 990-EZ.

Schedule A (Form 990 or 990-EZ) 2011

Schedule A (Form 990 or 990-EZ) 2011 ACTION FOR SOLIDARITY INC 65-0752133

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

•	• •					
	(Complete only if	you checked the box on line 5, 7,	or 8 of Part I or if the organization	n failed to qualify under I	Part III	If the organization
	fails to qualify un	ider the tests listed below, please	complete Part III)			

Sect	tion A. Public Support						<u> </u>	.
Caler	ndar year (or fiscal year beginning in)	•	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received (Do not							
	include any "unusual grants ")		14971.	70500.	54349.	10860.	78208.	228888.
2	Tax revenues levied for the organization's							
	benefit and either paid to or expended on							
	its behalf							
3	The value of services or facilities							
	furnished by a governmental unit to the							
	organization without charge							
4	Total. Add lines 1 through 3		14971.	70500.	54349.	10860.	78208.	228888.
	The portion of total contributions by each		1	,	, , , , , ,	1		
_	person (other than a governmental unit			,]	!	-	
	or publicly supported organization)		1		,	P P		
	included on line 1 that exceeds 2% of		ı	ı	,		l ı	
	the amount shown on line 11,			' ±		ı	 	
	column (f)		,	*	!	,		
6	Public support. Subtract line 5 from line	4						228888.
	tion B. Total Support				7			220000.
	ndar year (or fiscal year beginning in)	_	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
	Amounts from line 4		14971.	70500.	54349.	10860.	78208.	228888.
	Gross income from interest, dividends,		11371	, , , , , , ,	0 10 10 .	10000.	102001	220000.
Ū	payments received on securities loans,							
	rents, royalties and income from similar							
	• •							
	Net income from unrelated business	•						
9]					
	activities, whether or not the business is							
40	regularly carried on	•				 	_,	
10	Other income Do not include gain or							
	loss from the sale of capital assets							
	(Explain in Part IV)				, , , , , , , , , , , , , , , , , , , ,			228888.
	Total support. Add lines 7 through 10 .	/	<u></u>			han a management of the set	12	220000.
	Gross receipts from related activities, etc	-	· ·				L:=1	
13	First five years. If the Form 990 is for the	_	anization's first, se	econa, tnira, iou	rtn, or nittn tax ye	ear as a section	501(0)(3)	. □
500	organization, check this box and stop her tion C. Computation of Public St		ort Porcentae			<u> </u>	<u></u>	
	Public support percentage for 2011 (line 6			·	- (f)		14 1	00.00 %
					' (')) · · · ·	•		00.00 %
	Public support percentage from 2010 Sch 33 1/3% support test - 2011. If the organ				3 and line 14 is	33 1/3% or mor	·	
104	• • • • • • • • • • • • • • • • • • • •					33 1/3 /8 OF ITION	e, check this box	` ▶ 🛚
_	and stop here The organization qualifies					15 10 22 1/20/ 0	r mara, chack th	
D	33 1/3% support test - 2010. If the organ				or roa, and line	15 15 33 1/376 0	i more, check in	
47-	and stop here. The organization qualifies				hav en lina 12-1	Go or 16h ood	ino 14	•
17a	10% facts-and-circumstances test - 201		-					
	is 10% or more, and if the organization me					=		
	in Part IV how the organization meets the	тас	ts-and-circumstan	ces" test line o	rganization quali	nes as a publici	у ѕирропеа	, n
	organization							▶ [
b	10%-facts-and-circumstances test - 20°		_					
	15 is 10% or more, and if the organization					•		
	Explain in Part IV how the organization me		the "facts-and-circ	cumstances" tes	st. The organizat	ion qualifies as a	a publicly	_
	supported organization							▶ [_
18	Private foundation. If the organization di	d no	t check a box on li	ne 13, 16a, 16b	o, 17a, or 17b, ch	eck this box and	d see	_
	instructions .		<u> </u>	<u></u>	••			. ▶
						Schedu	le A (Form 990	or 990-EZ) 2011

Sched	ule A (Form 990 or 990-EZ) 2011						Page 3
P _. a	rt III Support Schedule for Orga (Complete only if you checked the lift the organization fails to qualify up	box on line 9 of I	Part I or if the or	ganization failed	to qualify unde	r Part II	
Sect	ion A. Public Support		, ,				
Calend	dar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	ınclude any "unusual grants ")	14971.	70500.	58349.	10860.		154680.
2	Gross receipts from admissions, merchan-						
	dise sold or services performed, or facilities						
	furnished in any activity that is related to						
3	the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business						
4	under section 513						
	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 through 5 .	14971.	70500.	58349.	10860.		154680.
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
	Public support (Subtract line 7c from line 6)	. , , , , ,			*		154680.
	ion B. Total Support		thinks a minima and many 1.5	in va -		- motorial in and	31
	dar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9	Amounts from line 6	14971.	70500.	58349.	10860.	(0, 20.1	154680.
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 June 30,1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business					<u> </u>	
	activities not included in line 10b, whether					1	
	or not the business is regularly carried on						
12			***************************************				
_	loss from the sale of capital assets						
	(Explain in Part IV)					İ	
13	Total support. (Add lines 9, 10c, 11, and 12)	14971.	70500.	58349.	10860.		154680.
14	First five years. If the Form 990 is for the org			L		n 501(c)(3)	
	organization, check this box and stop here				,		. ▶ 🖺
Secti	ion C. Computation of Public Suppo	ort Percenta	ae				<u> </u>
15	Public support percentage for 2011 (line 8, col			nn (f))		15 1	.00.00 %
16	Public support percentage from 2010 Schedul		-				00.00 %
	ion D. Computation of Investment In			<u> </u>		<u> </u>	
17	Investment income percentage for 2011 (line			3. column (f))		17	0.00 %
18	Investment income percentage from 2010 Sch		-			18	0.00 %
	33 1/3 % support tests - 2011. If the organiza			ne 14, and line 15	is more than ?		
	not more than 33 1/3 %, check this box and st						▶ 🏻
h	33 1/3 % support tests - 2010. If the organiza	=	-	· · · · · · · · ·			
-	is not more than 33 1/3 %, check this box and						. • П
20	Private foundation. If the organization did no	•	•	•	•	ŭ	
BCA			\$990 A\$ 3	· · · · · · · · · · · · · · · · · · ·			or 990-EZ) 2011

Name: ACTION FOR SOLIDARITY INC

ID: 65-0752133

Description: OTHER EXPENSES

Type	Amount
Type FUNDS TRANSFERED TO UNDERPIVELEDGED	53,483.
CONTRACTED LABOR	53,483. 1,808.
BANK CHARGES	42.
DANK CHARGES	42.
LICENCE AND PERMITS	70.
OFFICE EXPENSES	500.
TAXES	404.
17850	101:
Tatal	56,307.
Total	
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