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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

OMB No 1545-0047

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 10-01-2011 and ending 09-30-2012

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Terminated

☐ Amended return

☐ Application pending

C Name of organization

WSOS COMMUNITY ACTION COMMISSION INC

Doing Business As

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

109 SOUTH FRONT STREET

Room/suite

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

FREMONT, OH 43420

F Name and address of principal officer

RUTHANN HOUSE

109 SOUTH FRONT STREET

FREMONT, OH 43420

H(a) Is this a group return for affiliates?

☐ Yes ☒ No

H(b) Are all affiliates included?

☐ Yes ☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number

I Tax-exempt status

☒ 501(c)(3) ☐ 501(c) () ☐ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website:

WWW WSOS ORG

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation

1965

M State of legal domicile

OH

Part I

Summary

Activities & Governance	<div>1</div> <div>Briefly describe the organization's mission or most significant activities</div> <div>TO PROVIDE FINANCIAL AND OTHER ASSISTANCE TO COMMUNITIES AND COMMUNITY ORGANIZATIONS FOR THE BENEFIT OF RESIDENTS WITHIN THE WSOS AREA</div>																	
	<div>2</div> <div>Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets</div>																	
	<table><tr><td><div>3</div><div>Number of voting members of the governing body (Part VI, line 1a)</div></td><td><div>3</div></td><td><div>28</div></td></tr><tr><td><div>4</div><div>Number of independent voting members of the governing body (Part VI, line 1b)</div></td><td><div>4</div></td><td><div>28</div></td></tr><tr><td><div>5</div><div>Total number of individuals employed in calendar year 2011 (Part V, line 2a)</div></td><td><div>5</div></td><td><div>487</div></td></tr><tr><td><div>6</div><div>Total number of volunteers (estimate if necessary)</div></td><td><div>6</div></td><td><div>1,800</div></td></tr><tr><td><div>7a</div><div>Total unrelated business revenue from Part VIII, column (C), line 12</div></td><td><div>7a</div></td><td><div>-55,148</div></td></tr><tr><td><div>7b</div><div>Net unrelated business taxable income from Form 990-T, line 34</div></td><td><div>7b</div></td><td><div>-55,148</div></td></tr></table>	<div>3</div> <div>Number of voting members of the governing body (Part VI, line 1a)</div>	<div>3</div>	<div>28</div>	<div>4</div> <div>Number of independent voting members of the governing body (Part VI, line 1b)</div>	<div>4</div>	<div>28</div>	<div>5</div> <div>Total number of individuals employed in calendar year 2011 (Part V, line 2a)</div>	<div>5</div>	<div>487</div>	<div>6</div> <div>Total number of volunteers (estimate if necessary)</div>	<div>6</div>	<div>1,800</div>	<div>7a</div> <div>Total unrelated business revenue from Part VIII, column (C), line 12</div>	<div>7a</div>	<div>-55,148</div>	<div>7b</div> <div>Net unrelated business taxable income from Form 990-T, line 34</div>	<div>7b</div>
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Revenue	<div>8</div> <div>Contributions and grants (Part VIII, line 1h)</div>	<div>Prior Year</div> <div>23,790,519</div>	<div>Current Year</div> <div>25,527,945</div>															
	<div>9</div> <div>Program service revenue (Part VIII, line 2g)</div>	<div>4,330,584</div>	<div>4,407,647</div>															
	<div>10</div> <div>Investment income (Part VIII, column (A), lines 3, 4, and 7d)</div>	<div>484,405</div>	<div>396,006</div>															
	<div>11</div> <div>Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)</div>	<div>-14,722</div>	<div>-52,246</div>															
	<div>12</div> <div>Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)</div>	<div>28,590,786</div>	<div>30,279,352</div>															
Expenses	<div>13</div> <div>Grants and similar amounts paid (Part IX, column (A), lines 1–3)</div>	<div>7,112,607</div>	<div>4,945,076</div>															
	<div>14</div> <div>Benefits paid to or for members (Part IX, column (A), line 4)</div>	<div>0</div>	<div>0</div>															
	<div>15</div> <div>Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)</div>	<div>13,924,356</div>	<div>12,679,268</div>															
	<div>16a</div> <div>Professional fundraising fees (Part IX, column (A), line 11e)</div>	<div>0</div>	<div>0</div>															
	<div>b</div> <div>Total fundraising expenses (Part IX, column (D), line 25)</div>	<div>7,324</div>																
Net Assets or Fund Balances	<div>17</div> <div>Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)</div>	<div>7,059,511</div>	<div>13,105,158</div>															
	<div>18</div> <div>Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)</div>	<div>28,096,474</div>	<div>30,729,502</div>															
	<div>19</div> <div>Revenue less expenses Subtract line 18 from line 12</div>	<div>494,312</div>	<div>-450,150</div>															
		<div>Beginning of Current Year</div>	<div>End of Year</div>															
	<div>20</div> <div>Total assets (Part X, line 16)</div>	<div>14,469,816</div>	<div>13,805,209</div>															
	<div>21</div> <div>Total liabilities (Part X, line 26)</div>	<div>8,517,902</div>	<div>8,250,154</div>															
	<div>22</div> <div>Net assets or fund balances Subtract line 21 from line 20</div>	<div>5,951,914</div>	<div>5,555,055</div>															

Part II

Signature Block

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

RUTHANN HOUSE PRESIDENT/CEO

2013-08-09

Date

Paid Preparer's Use Only

Preparer's signature

JOHN HEMMING

Firm's name (or yours if self-employed), address, and ZIP + 4

WIPFLI LLP
PO BOX 8700
MADISON, WI 537088700

Date

2013-08-09

Check if self-employed

☐

Preparer's taxpayer identification number (see instructions)

P00856805

EIN

39-0758449

Phone no

(608) 274-1980

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2011)

Part III

Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

1

Briefly describe the organization’s mission

WSOS IS DEDICATED TO CREATING OPPORTUNITIES THAT WILL HELP OUR COMMUNITY AND ALL OF ITS MEMBERS BUILD A BETTER FUTURE WE HELP INDIVIDUALS AND FAMILIES TO ACQUIRE THE SKILLS AND KNOWLEDGE TO BECOME SELF SUFFICIENT AND TO MORE FULLY PARTICIPATE IN OUR COMMUNITY WE ACHIEVE THIS BY DEVELOPING PROJECTS AND PARTNERSHIPS THAT ALLOW PEOPLE TO HELP THEMSELVES

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

If “Yes,” describe these new services on Schedule O

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

If “Yes,” describe these changes on Schedule O

4

Describe the organization’s program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a	(Code) (Expenses \$ 17,580,122 including grants of \$ 978,349) (Revenue \$ 1,112,070)
	CHILD DEVELOPMENT - HEAD START IS A COMPREHENSIVE CHLD DEVELOPMENT PROGRAM WHICH SERVES OVER 1,000 PRESCHOOL CHILDREN AGES 3-5 AND THEIR FAMILIES THE PROGRAM SUPPORTS THE CHILD'S SOCIAL, EMOTIONAL, COGNITIVE, AND PHYSICAL ENVIRONMENT IN A DEVELOPMENTALLY APPROPRIATE ENVIRONMENT THE GOAL IS TO PREPARE CHILDREN FOR KINDERGARTEN AND ENGAGE PARENTS IN THEIR CHILD'S LEARNING SUMMER AND AFTER-SCHOOL PROGRAMS PROVIDE MORE THAN 200 YOUTH IN GRADES K-12 WITH OPPORTUNITIES TO ENHANCE THEIR ACADEMIC PERFORMANCE SERVICES INCLUDE ACTIVITIES IN NUTRITION, RECREATION, TUTORING, HOMEWORK ASSISTANCE, AND PARENT INVOLVEMENT
4b	(Code) (Expenses \$ 2,744,133 including grants of \$ 1,339,702) (Revenue \$ 1,305,766)
	COMMUNITY DEVELOPMENT - SERVING RURAL OHIO COMMUNITIES FOR 30 YEARS, THE OHIO RURAL COMMUNITY ASSISTANCE PROGRAM (RCAP) PROVIDES FREE AND LOW-COST SERVICES TO HELP RURAL COMMUNITIES ADDRESS THEIR DRINKING WATER AND WASTEWATER TREATMENT NEEDS EACH YEAR, WE SERVE OVER 100 COMMUNITIES IN OHIO AND LEVERAGE MILLIONS OF DOLLARS FOR WATER AND SEWER PROJECTS OUR FIELD AGENTS ASSIST COMMUNITIES WITH PROJECT DEVELOPMENT AND CAPACITY BUILDING OHIO RCAP IS PART OF THE GREAT LAKES RCAP NETWORK, AND RECEIVES FUNDING FROM A NUMBER OF FEDERAL PROGRAMS AS WELL AS OHIO EPA AND THE OHIO WATER DEVELOPMENT AUTHORITY TO PROVIDE TECHNICAL ASSISTANCE TO COMMUNITIES UNDER 10,000 POPULATION, INCLUDING HOMEOWNER ASSOCIATIONS AND MOBILE HOME PARKS IN ADDITION, COMMUNITY DEVELOPMENT SERVICES PROVIDE COMMUNITY PLANNING AND ECONOMIC DEVELOPMENT SERVICES TO SMALL COMMUNITIES AND SMALL BUSINESSES, AND GRANT WRITING AND ADMINISTRATIVE SERVICES TO LOCAL GOVERNMENTS
4c	(Code) (Expenses \$ 6,445,129 including grants of \$ 2,533,154) (Revenue \$ 1,822,981)
	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 NEARLY 400 FAMILIES
	(Code) (Expenses \$ 2,668,183 including grants of \$ 230,791) (Revenue \$ 164,509)
	SENIORS PROGRAMMING - PROVIDED 54,000 CONGREGATE AND HOME DELIVERED MEALS TO OVER 700 SENIORS, OVER 1300 HEALTH ASSESSMENTS, CONSISTING OF BLOOD PRESSURE, WEIGHT, AND/OR GLUCOSE LEVELS, SOCIALIZATION ACTIVITIES SUCH AS WII BOWLING FOR ALMOST 1,000 RESIDENTS TRANSPORTATION WAS PROVIDED FOR OVER 5,700 MEDICAL TRIPS, MORE THAN 2,800 TRIPS FOR EDUCATIONAL DESTINATIONS, AND ALMOST 5,800 RIDES TO WORK IN THE SAME PERIOD, OVER 30,000 TRIPS SPANNING SANDUSKY COUNTY AND THE STATE OF OHIO WERE COMPLETED, COORDINATION WITH OTHER COMMUNITY AGENCIES AND TRANSIT COMPANIES IN THE REGION WERE ACCOMPLISHED, AND AN EXPANDED YOUTH EXPERIENCE TRAINING PROGRAM HAS BEEN FACILITATED
	(Code) (Expenses \$ 6,871 including grants of \$ 0) (Revenue \$ 2,321)
	FAMILY DEVELOPMENT ADULT AND YOUTH - TO PROVIDE ADULTS AND YOUTH WITH EDUCATION, TRAINING, AND THE ACQUISITION OF A PART-TIME, FULL-TIME, PERMANENT, AND TEMPORARY EMPLOYMENT DURING THE YEAR WE RECEIVED BEST PRACTICE AWARDS FOR OUR MARINE MECHANICS SKILLS FOR LIFE AND WATER OPERATORS SKILLS FOR LIFE PROGRAMS IN ADDITION TO A BEST PRACTICE AWARD FOR THE SILIGAN TRANSITION CENTER EMERGENCY FOOD AND SHELTER PROGRAMS PROVIDED ASSISTANCE TO NEARLY 3,000 FAMILIES
4d	Other program services (Describe in Schedule O)
	(Expenses \$ 2,675,054 including grants of \$ 230,791) (Revenue \$ 166,830)
4e	Total program service expenses \$ 29,444,438

Part IV Checklist of Required Schedules

		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.	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	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.		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II.	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III.		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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.		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.		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.		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.		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V.		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Part I.		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 U S? If "Yes," complete Schedule F, Part II and IV.		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 U S? If "Yes," complete Schedule F, Part III and IV.	Yes	
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I.		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III.		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H.		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements.		

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25</i>	24a		No
b	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? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34	Yes	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a		No
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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

<div>Part V</div>			Statements Regarding Other IRS Filings and Tax Compliance					
Check if Schedule O contains a response to any question in this Part V								
					Yes	No		
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.				1a	281		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.				1b	0		
c	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 Statements filed for the calendar year ending with or within the year covered by this return.				2a	487		
b	If at least one is reported on line 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 (see instructions).				2b	Yes		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?				3a	Yes		
b	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 or securities account)?				4a			No
b	If "Yes," enter the name of the foreign country: See instructions for 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			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?				5b			No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?				5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?				6a			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?				6b			
7	Organizations that may receive deductible contributions under section 170(c).							
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?				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.				7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?				7e			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?				7f			No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?				7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?				7h			
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?				8			
9	Sponsoring organizations maintaining donor advised funds.							
a	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							
a	Initiation fees and capital contributions included on Part VIII, line 12.				10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.				10b			
11	Section 501(c)(12) organizations. Enter							
a	Gross income from members or shareholders.				11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).				11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?				12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.				12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.							
a	Is the organization licensed to issue qualified health plans in more than one state? Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state.				13a			
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.				13b			
c	Enter the aggregate amount of reserves on hand.				13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?				14a			No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.				14b			

Part VI

Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.
Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
1b	Enter the number of voting members included in line 1a, above, who are independent		
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?		No
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?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	Yes	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		No
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	The governing body?	Yes	
8b	Each committee with authority to act on behalf of the governing body?	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		No

Section B. Policies

(This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		No
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	Yes	
11b	Describe in Schedule O the process, if any, used by the organization to review the Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	Yes	
12b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	Yes	
13	Did the organization have a written whistleblower policy?	Yes	
14	Did the organization have a written document retention and destruction policy?	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official	Yes	
15b	Other officers or key employees of the organization	Yes	
	If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		No
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed	OH
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request	
19	Describe in Schedule O whether (and if so, how), the organization made 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

Check if Schedule O contains a response to any question in this Part VII

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

☐ Check this box if neither the organization nor any related organizations compensated any current or former officer, director, or trustee

[illegible]

Part VII

1b	Sub-Total	▼			
c	Total from continuation sheets to Part VII, Section A	▼			
d	Total (add lines 1b and 1c)	▼	289,059	0	61,411

2	Total number of individuals (including but not limited to those listed in Item 1) who received more than \$100,000 of 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? <i>If "Yes," complete Schedule J for such individual</i>	3	No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4	No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	No

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. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
THE GORDON LUMBER CO 1515 CROGHAN ST FREMONT, OH 43420	CONSTRUCTION	769,045
COLEMAN PROFESSIONAL SERVICES INC 5982 RHODES RD KENT, OH 44240	CONSTRUCTION	499,698
GORDON FOOD SERVICE INC 333 50TH STREET SW GRAND RAPIDS, MI 49501	SENIOR HOME FOOD DELIVERY	309,510
APPLIED ENERGY PRODUCTS INC 4255 KROPF AVE SW CANTON, OH 44706	CONSTRUCTION	134,978
CUSTOM STAFFING INC PO BOX 5275 LIMA, OH 45802	STAFFING SERVICES	125,128
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 6		

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a35,114				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e25,357,529				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f135,302				
	g	Noncash contributions included in lines 1a-1f \$ 803,933					
	h	Total. Add lines 1a-1f					
Program Service Revenue			Business Code				
	2a	WEATHERIZATION	236000	994,685	994,685		
	b	FOOD DELIVERY	624200	862,459	862,459		
	c	HOUSING	236000	828,297	828,297		
	d	CHILD CARE	611600	802,458	802,458		
	e	TRANSPORTATION	480000	474,121	474,121		
	f	All other program service revenue		445,627	445,627		
	g	Total. Add lines 2a-2f		4,407,647			
Other Revenue	3	Investment income (including dividends, interest and other similar amounts)		368,814			368,814
	4	Income from investment of tax-exempt bond proceeds . .					
	5	Royalties					
	6a	(i) Real					
		(ii) Personal					
		Gross rents	117,141				
	b	Less rental expenses	111,145				
	c	Rental income or (loss)	5,996				
	d	Net rental income or (loss)		5,996		3,094	2,902
	7a	(i) Securities					
		(ii) Other					
		Gross amount from sales of assets other than inventory	519,463				
	b	Less cost or other basis and sales expenses	492,271				
	c	Gain or (loss)	27,192				
	d	Net gain or (loss)		27,192			27,192
	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18					
a							
b							
b	Less direct expenses	b					
c	Net income or (loss) from fundraising events . .						
9a	Gross income from gaming activities See Part IV, line 19						
a							
b							
b	Less direct expenses	b					
c	Net income or (loss) from gaming activities . .						
10a	Gross sales of inventory, less returns and allowances						
a							
b							
	Gross sales of inventory, less returns and allowances	a88,262					
b	Less cost of goods sold . . .	b146,504					
c	Net income or (loss) from sales of inventory . .		-58,242		-58,242		
Miscellaneous Revenue		Business Code					
11a							
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d						
12	Total revenue. See Instructions		30,279,352	4,407,647	-55,148	398,908	

Part IX Statement of Functional Expenses

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

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

Check if Schedule O contains a response to any question in this Part IX

Do 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 United States See Part IV, line 21	1,339,702	1,339,702		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	3,374,583	3,374,583		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	230,791	230,791		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	362,414	85,218	277,196	
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	8,453,731	8,441,147	12,584	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	506,860	502,948	3,912	
9	Other employee benefits	2,622,629	2,541,972	80,657	
10	Payroll taxes	733,634	705,109	28,525	
11	Fees for services (non-employees)				
a	Management				
b	Legal	25,736	23,162	2,574	
c	Accounting	68,534	62,355	6,179	
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees	8,020	8,020		
g	Other	7,309,545	7,302,635	6,910	
12	Advertising and promotion	58,171	40,442	17,729	
13	Office expenses	1,494,474	1,322,737	171,737	
14	Information technology				
15	Royalties				
16	Occupancy	1,163,077	1,068,877	94,200	
17	Travel	963,028	943,277	19,751	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	222,529	217,688	4,841	
20	Interest	78,361	78,361		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	364,554	364,554		
23	Insurance	141,720	99,130	42,590	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	BAD DEBT	497,615		497,615	
b	PARTICIPANT COSTS	165,996	165,996		
c	REPORTABLE IN-KIND	16,305	16,305		
d					
e					
f	All other expenses	527,493	509,429	10,740	7,324
25	Total functional expenses. Add lines 1 through 24f	30,729,502	29,444,438	1,277,740	7,324
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X

Balance Sheet

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			1,210	1	900
	2	Savings and temporary cash investments			1,809,854	2	1,795,756
	3	Pledges and grants receivable, net			2,608,754	3	2,046,049
	4	Accounts receivable, net			656,158	4	774,591
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L				5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L				6	
	7	Notes and loans receivable, net			4,457,748	7	4,543,172
	8	Inventories for sale or use			41,337	8	41,035
	9	Prepaid expenses and deferred charges			226,208	9	282,332
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	6,725,498			
	b	Less: accumulated depreciation	10b	4,184,406	2,665,505	10c	2,541,092
	11	Investments—publicly traded securities			1,093,047	11	761,374
	12	Investments—other securities. See Part IV, line 11				12	
	13	Investments—program-related. See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			909,995	15	1,018,908
16	Total assets. Add lines 1 through 15 (must equal line 34)			14,469,816	16	13,805,209	
Liabilities	17	Accounts payable and accrued expenses			1,853,242	17	2,000,774
	18	Grants payable				18	
	19	Deferred revenue			1,437,649	19	1,112,398
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D				21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties			4,361,383	23	4,267,672
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D			865,628	25	869,310
	26	Total liabilities. Add lines 17 through 25			8,517,902	26	8,250,154
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets			4,609,298	27	4,747,483
	28	Temporarily restricted net assets			1,342,616	28	807,572
	29	Permanently restricted net assets				29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other funds				32	
	33	Total net assets or fund balances			5,951,914	33	5,555,055
	34	Total liabilities and net assets/fund balances			14,469,816	34	13,805,209

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	30,279,352
2	Total expenses (must equal Part IX, column (A), line 25)	2	30,729,502
3	Revenue less expenses Subtract line 2 from line 1	3	-450,150
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5,951,914
5	Other changes in net assets or fund balances (explain in Schedule O)	5	53,291
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	5,555,055

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		No
b	Were the organization's financial statements audited by an independent accountant?	Yes	
c	If "Yes," to 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis		
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?	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	Yes	

Additional Data

Software ID:
Software Version:
EIN: 34-0975934
Name: WSOS COMMUNITY ACTION COMMISSION INC

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services					
(Code)	(Expenses \$	2,668,183	including grants of \$	230,791) (Revenue \$ 164,509)
SENIORS PROGRAMMING - PROVIDED 54,000 CONGREGATE AND HOME DELIVERED MEALS TO OVER 700 SENIORS, OVER 1300 HEALTH ASSESSMENTS, CONSISTING OF BLOOD PRESSURE, WEIGHT, AND/OR GLUCOSE LEVELS, SOCIALIZATION ACTIVITIES SUCH AS WII BOWLING FOR ALMOST 1,000 RESIDENTS TRANSPORTATION WAS PROVIDED FOR OVER 5,700 MEDICAL TRIPS, MORE THAN 2,800 TRIPS FOR EDUCATIONAL DESTINATIONS, AND ALMOST 5,800 RIDES TO WORK IN THE SAME PERIOD, OVER 30,000 TRIPS SPANNING SANDUSKY COUNTY AND THE STATE OF OHIO WERE COMPLETED, COORDINATION WITH OTHER COMMUNITY AGENCIES AND TRANSIT COMPANIES IN THE REGION WERE ACCOMPLISHED, AND AN EXPANDED YOUTH EXPERIENCE TRAINING PROGRAM HAS BEEN FACILITATED					
(Code)	(Expenses \$	6,871	including grants of \$	0) (Revenue \$ 2,321)
FAMILY DEVELOPMENT ADULT AND YOUTH - TO PROVIDE ADULTS AND YOUTH WITH EDUCATION, TRAINING, AND THE ACQUISITION OF A PART-TIME, FULL-TIME, PERMANENT, AND TEMPORARY EMPLOYMENT DURING THE YEAR WE RECEIVED BEST PRACTICE AWARDS FOR OUR MARINE MECHANICS SKILLS FOR LIFE AND WATER OPERATORS SKILLS FOR LIFE PROGRAMS IN ADDITION TO A BEST PRACTICE AWARD FOR THE SILIGAN TRANSITION CENTER EMERGENCY FOOD AND SHELTER PROGRAMS PROVIDED ASSISTANCE TO NEARLY 3,000 FAMILIES					

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
CARMEN BELTRAN BOARD MEMBER	1 00	X						0	0	0
KATHY BURKIN BOARD MEMBER	1 00	X						0	0	0
JENNIFER BUXTON BOARD MEMBER	1 00	X						0	0	0
MATT DAMSCHRODER BOARD MEMBER	1 00	X						0	0	0
MISTY DESELMS BOARD MEMBER	1 00	X						0	0	0
KELLEE DOWNARD BOARD MEMBER	1 00	X						0	0	0
JIM FAILS BOARD MEMBER	1 00	X						0	0	0
RICHARD FOCHT BOARD MEMBER	1 00	X						0	0	0
ALAN FOSNAUGH BOARD MEMBER	1 00	X						0	0	0
BEVERLY HEMMERLY-LAKE BOARD MEMBER	1 00	X						0	0	0
JENNIFER JABRI BOARD MEMBER	1 00	X						0	0	0
DEAN KING BOARD MEMBER	1 00	X						0	0	0
DAN LISKAI BOARD MEMBER	1 00	X						0	0	0
BARBARA MARLEY BOARD MEMBER	1 00	X						0	0	0
KEN PRIDDY BOARD MEMBER	1 00	X						0	0	0
DIANE ROSIAR BOARD MEMBER	1 00	X						0	0	0
JIM SASS BOARD MEMBER	1 00	X						0	0	0
DAVID SAUBER BOARD MEMBER	1 00	X						0	0	0
PAUL SMITH BOARD MEMBER	1 00	X						0	0	0
MARK STAHL BOARD MEMBER	1 00	X						0	0	0
ROBERT VALLE BOARD MEMBER	1 00	X						0	0	0
JENNIFER WAGNER BOARD MEMBER	1 00	X						0	0	0
CRYSTAL WALKER BOARD MEMBER	1 00	X						0	0	0
JEANIE WEBER BOARD MEMBER	1 00	X						0	0	0
TAMMIE WOLFELT BOARD MEMBER	1 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MEL BROWNING CHAIR	1 00	X		X				0	0	0
PAUL HARRISON VICE CHAIRPERSON	1 00	X		X				0	0	0
CHRIS GALVIN SECRETARY/TREASURER	1 00	X		X				0	0	0
NEIL MCCABE PRESIDENT/CEO	38 00			X				99,152	0	14,715
RUTHANN HOUSE VICE PRESIDENT	20 00			X				99,172	0	17,088
DAVID KIPPLEN VP OF FINANCE	38 00			X				90,735	0	29,608

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

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.

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

OMB No 1545-0047

2011

Open to Public
Inspection

Name of the organization WSOS COMMUNITY ACTION COMMISSION INC	Employer identification number 34-0975934
--	--

Part I

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

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

- 1

☐

A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)
- 3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☒

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 10

☐

An organization organized and operated exclusively to test for public safety See**section 509(a)(4).**
- 11

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other
- e

☐

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f

☐

If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box
- g

☐

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i)

a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?

(ii)

a family member of a person described in (i) above?

(iii)

a 35% controlled entity of a person described in (i) or (ii) above?
- h

☐

Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar 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.")	21,096,379	23,379,101	24,861,749	23,790,519	25,527,945	118,655,693
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	21,096,379	23,379,101	24,861,749	23,790,519	25,527,945	118,655,693
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						118,655,693

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	21,096,379	23,379,101	24,861,749	23,790,519	25,527,945	118,655,693
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	254,423	325,119	357,515	399,530	425,809	1,762,396
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 Total support (Add lines 7 through 10)						120,418,089

12 Gross receipts from related activities, etc (See instructions)

1216,084,732

13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f))	14	98 540 %
15 Public Support Percentage for 2010 Schedule A, Part II, line 14	15	88 420 %

16a 33 1/3% support test—2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support test—2010. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization

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

Part IIIPart III

Support Schedule for Organizations Described in IRC 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar 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.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
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 through 5						
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						
c Add lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6.)						

Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts 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 June 30, 1975						
c 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 organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage			
15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15		
16 Public support percentage from 2010 Schedule A, Part III, line 15	16		

Section D. Computation of Investment Income Percentage			
17 Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))	17		
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18		
19a 33 1/3% support tests—2011. 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			
b 33 1/3% support tests—2010. 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			
20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions			

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

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

▶ **Complete if the organization is described below.**

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

OMB No 1545-0047

2011

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If the organization answered “Yes,” to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- 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 990-EZ, Part VI, line 47 (Lobbying Activities), then

- 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

If the organization answered “Yes,” to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35c (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization WSOS COMMUNITY ACTION COMMISSION INC	Employer identification number 34-0975934
--	--

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities on behalf of or in opposition to candidates for public office in Part IV
- 2 Political expenditures ▶ \$
- 3 Volunteer hours

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No
- 4a Was a correction made? ☐ Yes ☐ No
- b If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c) except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities ▶ \$
- 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ \$
- 4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

Part II-A

Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A

Check

☐

if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B

Check

☐

if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing Organization's Totals	(b) Affiliated Group Totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)		17,000													
c Total lobbying expenditures (add lines 1a and 1b)		17,000													
d Other exempt purpose expenditures		30,712,502													
e Total exempt purpose expenditures (add lines 1c and 1d)		30,729,502													
f Lobbying nontaxable amount Enter the amount from the following table in both columns		1,000,000													
<table><tr><td>If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table>		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		
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														
g Grassroots nontaxable amount (enter 25% of line 1f)		250,000													
h Subtract line 1g from line 1a If zero or less, enter -0-		0													
i Subtract line 1f from line 1c If zero or less, enter -0-		0													
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No													

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 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
2a Lobbying non-taxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
c Total lobbying expenditures	15,000	28,000	18,500	17,000	78,500
d Grassroots non-taxable amount	250,000	250,000	250,000	250,000	1,000,000
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
f Grassroots lobbying expenditures					

Part II-B

Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

		(a)		(b)
		Yes	No	Amount
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 referendum, through the use of			
a	Volunteers?			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c	Media advertisements?			
d	Mailings to members, legislators, or the public?			
e	Publications, or published or broadcast statements?			
f	Grants to other organizations for lobbying purposes?			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i	Other activities? If "Yes," describe in Part IV			
j	Total lines 1c through 1i			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3		

Part III-B

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	2a	
a	Current year		
b	Carryover from last year		
c	Total		
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 (see instructions)	5	

Part IV

Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i. Also, complete this part for any additional information.

Identifier	Return Reference	Explanation
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SCHEDULE D

(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b**
▶ **Attach to Form 990. ▶ See separate instructions.**

OMB No 1545-0047

2011

Open to Public
Inspection

Name of the organization
WSOS COMMUNITY ACTION COMMISSION INC

Employer identification number

34-0975934

Part I

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

Part II

Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1

Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or pleasure)☐ Preservation of an historically importantly land area☐ Protection of natural habitat☐ Preservation of a certified historic structure☐ Preservation of open space

2

Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _____

4

Number of states where property subject to conservation easement is located ▶ _____

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6

Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶ _____

7

Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9

In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a

If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1▶ \$ _____

(ii) Assets included in Form 990, Part X▶ \$ _____

2

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a

Revenues included in Form 990, Part VIII, line 1▶ \$ _____

b

Assets included in Form 990, Part X▶ \$ _____

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

Cat No 52283D

Schedule D (Form 990) 2011

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3

Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

a

☐ Public exhibition

d

☐ Loan or exchange programs

b

☐ Scholarly research

e

☐ Other

c

☐ Preservation for future generations

4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV and complete the following table

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a	Beginning of year balance				
b	Contributions				
c	Investment earnings or losses				
d	Grants or scholarships				
e	Other expenditures for facilities and programs				
f	Administrative expenses				
g	End of year balance				

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶

c

Term endowment ▶

3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i)

unrelated organizations

3a(i)

☐ Yes

☐ No

(ii)

related organizations

3a(ii)

☐

☐

b

If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

3b

☐

☐

4

Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		138,763		138,763
b Buildings		3,750,819	2,062,557	1,688,262
c Leasehold improvements		77,867	66,720	11,147
d Equipment		597,218	559,537	37,681
e Other		2,160,831	1,495,592	665,239
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				2,541,092

Part XI

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	30,279,352
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	30,729,502
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-450,150
4	Net unrealized gains (losses) on investments	4	65,259
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-11,968
9	Total adjustments (net) Add lines 4 - 8	9	53,291
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-396,859

Part XII

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	31,075,417
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	65,259
b	Donated services and use of facilities	2b	458,977
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	279,849
e	Add lines 2a through 2d	2e	804,085
3	Subtract line 2e from line 1	3	30,271,332
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	8,020
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	8,020
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	30,279,352

Part XIII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	31,463,406
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	458,977
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	282,947
e	Add lines 2a through 2d	2e	741,924
3	Subtract line 2e from line 1	3	30,721,482
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	8,020
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	8,020
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	30,729,502

Part XIV

Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Identifier	Return Reference	Explanation
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	WSOS IS REQUIRED TO ASSESS WHETHER IT IS MORE LIKELY THAN NOT THAT A TAX POSITION WILL BE SUSTAINED UPON EXAMINATION ON THE TECHNICAL MERITS OF THE POSITION ASSUMING THE TAXING AUTHORITY HAS FULL KNOWLEDGE OF ALL INFORMATION. IF THE TAX POSITION DOES NOT MEET THE MORE LIKELY THAN NOT RECOGNITION THRESHOLD, THE BENEFIT OF THAT POSITION IS NOT RECOGNIZED IN THE FINANCIAL STATEMENTS. WSOS HAS DETERMINED THERE ARE NO AMOUNTS TO RECORD AS ASSETS OR LIABILITIES RELATED TO UNCERTAIN TAX POSITIONS. FEDERAL RETURNS FOR THE TAX YEARS 2008 AND BEYOND REMAIN SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE.
PART XI, LINE 8 - OTHER ADJUSTMENTS		INDIAN TRACE ADJUSTMENTS -8,750 DEPRECIATION EXPENSE DIFFERENCE BOOK TO TAX -3,218 TOTAL TO SCHEDULE D, PART XI, LINE 8 -11,968
PART XII, LINE 2D - OTHER ADJUSTMENTS		RENTAL EXPENSE 111,145 SIGN SHOP EXPENSE 146,504 INDIAN TRACE HOUSING REVENUE 22,200
PART XIII, LINE 2D - OTHER ADJUSTMENTS		RENTAL EXPENSE 111,145 SIGN SHOP EXPENSE 146,504 INDIAN TRACE HOUSING EXPENSE 22,080 DEPRECIATION EXPENSE DIFFERENCE BOOK TO TAX 3,218

1

3 Enter total number of other organizations or entities ►

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 Part V if additional space is needed.

[illegible]

Part IV Foreign Forms

- 1

Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)*

☐

Yes

☒

No
- 2

Did the organization have an interest in a foreign trust during the tax year? *If " Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)*

☐

Yes

☒

No
- 3

Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)*

☐

Yes

☒

No
- 4

Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)*

☐

Yes

☒

No
- 5

Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)*

☐

Yes

☒

No
- 6

Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).*

☐

Yes

☒

No

Additional Data

Software ID:
Software Version:
EIN: 34-0975934
Name: WSOS COMMUNITY ACTION COMMISSION INC

Part V Supplemental Information
Complete this part to provide the information (see instructions) required in Part I, line 2, and any additional information.

Name of the organization
WSOS COMMUNITY ACTION COMMISSION INC

Employer identification number
34-0975934

Part I General Information on Grants and Assistance

- 1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No
- 2

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) ILLINOIS COMMUNITY ACTION ASSOCIATION 3435 LIBERTY DR SPRINGFIELD,IL 62704	37-0956949	501(C)(3)	190,644				GREAT LAKES RCAP NETWORK FUNDING
(2) COMMUNITY ACTION KENTUCKY INC101 BURCH COURT FRANKFORT,KY 40601	61-0865554	501(C)(3)	192,694				GREAT LAKES RCAP NETWORK FUNDING
(3) WEST VIRGINIA COMMUNTIY ACTION DIRECTORS ASSOCIATION2 HALE ST STE 100 CHARLESTON,WV 25301	55-0601592	501(C)(3)	199,305				GREAT LAKES RCAP NETWORK FUNDING
(4) WISCONSIN COMMUNITY ACTION PROGRAM ASSOCIATION 1310 MENDOTA ST STE 107 MADISON,WI 53714	39-1209035	501(C)(3)	195,406				GREAT LAKES RCAP NETWORK FUNDING
(5) MICHIGAN COMMUNITY ACTION AGENCYOFFICE PARK WEST 516 S CREYTS RD STE A LANSING,MI 48917	61-0865554	501(C)(3)	194,694				GREAT LAKES RCAP NETWORK FUNDING
(6) INDIANA COMMUNITY ACTION ASSOCIATION 1845 W 18TH STREET INDIANAPOLIS,IN 46202	35-1267319	501(C)(3)	211,789				GREAT LAKES RCAP NETWORK FUNDING
(7) OTTAWA CO TRANSITIONAL HOUSING PO BOX 93 PORT CLINTON,OH 43452	34-1744958	501(C)(3)	136,920				HUD TRANSITIONAL HOUSING SERVICES
(8) HHWP CAC122 JEFFERSON STREET FINDLAY,OH 45840	34-0979444	501(C)(3)	18,250				OHIO HARDEST HIT FUNDS

Part III

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) WEATHERIZATION ASSISTANCE	372		879,953	FMV	MATERIALS FOR THE WEATHERIZATION OF HOMES
(2) EMERGENCY ASSISTANCE	2600	1,516,281		FMV	
(3) FOOD ASSISTANCE	1700		978,349	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.

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 PROGRAMATIC MONITORING IS CONDUCTED DURING ONSITE VISITS FISCAL MONITORING IS COMPLETED ANNUALLY VIA DESK AUDITS

Software ID:

Software Version:

EIN: 34-0975934

Name: WSOS COMMUNITY ACTION COMMISSION INC

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ILLINOIS COMMUNITY ACTION ASSOCIATION3435 LIBERTY DR SPRINGFIELD,IL 62704	37-0956949	501(C)(3)	190,644				GREAT LAKES RCAP NETWORK FUNDING
COMMUNITY ACTION KENTUCKY INC101 BURCH COURT FRANKFORT,KY 40601	61-0865554	501(C)(3)	192,694				GREAT LAKES RCAP NETWORK FUNDING

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WEST VIRGINIA COMMUNTIY ACTION DIRECTORS ASSOCIATION2 HALE ST STE 100 CHARLESTON, WV 25301	55- 0601592	501(C)(3)	199,305				GREAT LAKES RCAP NETWORK FUNDING
WISCONSIN COMMUNITY ACTION PROGRAM ASSOCIATION1310 MENDOTA ST STE 107 MADISON, WI 53714	39- 1209035	501(C)(3)	195,406				GREAT LAKES RCAP NETWORK FUNDING

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MICHIGAN COMMUNITY ACTION AGENCY OFFICE PARK WEST 516 S CREYTS RD STE A LANSING, MI 48917	61-0865554	501(C)(3)	194,694				GREAT LAKES RCAP NETWORK FUNDING
INDIANA COMMUNITY ACTION ASSOCIATION 1845 W 18TH STREET INDIANAPOLIS, IN 46202	35-1267319	501(C)(3)	211,789				GREAT LAKES RCAP NETWORK FUNDING

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OTTAWA CO TRANSITIONAL HOUSINGPO BOX 93 PORT CLINTON, OH 43452	34- 1744958	501(C)(3)	136,920				HUD TRANSITIONAL HOUSING SERVICES
HHWP CAC122 JEFFERSON STREET FINDLAY, OH 45840	34- 0979444	501(C)(3)	18,250				OHIO HARDEST HIT FUNDS

SCHEDULE M
(Form 990)

NonCash Contributions

OMB No 1545-0047

2011

Open to Public Inspection

►Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30.
► Attach to Form 990.

Name of the organization
WSOS COMMUNITY ACTION COMMISSION INC

Employer identification number
34-0975934

Part I

Types of Property

	(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 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 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory	X	1	280,775	COMMODITY VALUE
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► (WEATHERIZATION)	X	2	506,853	FAIR MARKET VALUE
26 Other ► (SUPPLIES)	X	326	16,305	FAIR MARKET VALUE
27 Other ► ()				
28 Other ► ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

30a

Yes

No

b If "Yes," describe the arrangement in Part II

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

31

Yes

No

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?

32a

Yes

No

b If "Yes," describe in Part II

33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II

33

Yes

No

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat No 51227J

Schedule M (Form 990) 2011

Part III

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	Return Reference	Explanation
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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 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
WSOS COMMUNITY ACTION COMMISSION INC**Employer identification number**

34-0975934

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 4	APPROVED BY LAW CHANGES TO CHANGE ARTICLE I TO READ, NAME, PRINCIPAL SERVICE AREA, REGISTERED AGENT OF CORPORATION, AND FISCAL YEAR. ADDITIONALLY ADDED SECTION 1.03 TO READ: THE PRIMARY SERVICE AREA SHALL BE THE STATE OF OHIO.
	FORM 990, PART VI, SECTION B, LINE 11	THE 990 IS PRESENTED TO THE BOARD'S FINANCE COMMITTEE FOR REVIEW AND RECOMMENDATION TO THE FULL BOARD FOR APPROVAL. THE 990 IS POSTED ELECTRONICALLY FOR THE BOARD MEMBERS TO REVIEW.
	FORM 990, PART VI, SECTION B, LINE 12C	BOARD MEMBERS DISCLOSE CONFLICTS AS THEY ARISE AND CONFLICTS ARE REVIEWED ANNUALLY. SHOULD A CONFLICT ARISE THE BOARD MEMBER WILL ABSTAIN FROM VOTING ON THAT PARTICULAR MATTER.
	FORM 990, PART VI, SECTION B, LINE 15	COMPARABILITY STUDIES ARE USED TO DETERMINE APPROPRIATE COMPENSATION LEVELS OF STAFF.
	FORM 990, PART VI, SECTION C, LINE 19	UPON REQUEST
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED GAINS ON INVESTMENTS 65,259 INDIAN TRACE ADJUSTMENTS -8,750 DEPRECIATION EXPENSE DIFFERENCE BOOK TO TAX -3,218 TOTAL TO FORM 990, PART XI, LINE 5 53,291
	FORM 990, PART XII, LINE 2C	PROCESS FOR OVERSIGHT OF AUDIT AND SELECTION OF INDEPENDENT ACCOUNTANT EVERY THREE YEARS, SIX-EIGHT REQUESTS FOR PROPOSALS 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. THIS PROCESS HAS NOT CHANGED FROM PRIOR YEARS.

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
WSOS COMMUNITY ACTION COMMISSION INC

Employer identification number
34-0975934

Part I

Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II

Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
(1) STRIVER FINANCIAL SERVICES INC 109 S FRONT STREET FREEMONT, OH 434200590 26-1309508	INACTIVE	OH	501(C)(3)	LINE 7	WSOS COMMUNITY ACTION COMMISSION INC	Yes	

Part III

Identification of Related Organizations Taxable as a Partnership

(Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(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, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) INDIAN TRACE HOUSING COMPANY LLC 109 SOUTH FRONT STREET FREMONT, OH 43420 41-2280183	HOUSING	OH	WSOS COMMUNITY ACTION COMMISSION	RELATED	937	552,042		No		Yes		0 990 %
(2) LAURELHURST LLC 229 HUBER VILLAGE BLVD SUITE 100 WESTERVILLE, OH 43081 34-1896792	HOUSING	OH	LAURELHURST HOUSING CORP	RELATED	-64	128		No		Yes		0 050 %
(3) LEEWOOD PLACE LLC 229 HUBER VILLAGE BLVD SUITE 100 WESTERVILLE, OH 43081 34-1950186	HOUSING	OH	LEEWOOD PLACE HOUSING CORP	RELATED	-192	682		No		Yes		0 100 %
(4) TREMONT GREENE LLC 229 HUBER VILLAGE BLVD SUITE 100 WESTERVILLE, OH 43081 27-0004356	HOUSING	OH	TREMONT GREENE HOUSING CORP	RELATED	-93	487		No		Yes		0 050 %
(5) PORT CLINTON POINTE LTD CO MILLENNIA HOUSING MANAGEMENT LTD 8111 ROCKSIDE ROAD SUITE 200 VALLEY VIEW, OH 44125 20-2464203	HOUSING	OH	PORT CLINTON POINTE HOUSING CORP CO WSOS COMMUNITY ACTION COMMISSION	RELATED	-129	92,956		No		Yes		0 050 %
(6) LAKE TOWNE SENIOR VILLAGE LLC 9349 WATERSTONE BLVD CINCINNATI, OH 45249 20-5976598	HOUSING	OH	LAKE TOWNE HOUSING CORPORATION	RELATED	-131	39,113		No		Yes		0 051 %
(7) LAUREL GREENE LLC 229 HUBER VILLAGE BLVD SUITE 100 WESTERVILLE, OH 43081 27-0004336	HOUSING	OH	LAUREL GREENE HOUSING CORPORATION	RELATED	-143	777		No			No	0 080 %

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust

(Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(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
(1) LEEWOOD PLACE HOUSING CORP 109 SOUTH FRONT STREET FREMONT, OH 43420 32-0042301	HOUSING	OH	WSOS COMMUNITY ACTION COMMISSION INC	C	-169	-1,892	75 000 %
(2) LAURELHURST HOUSING CORP 109 SOUTH FRONT STREET FREMONT, OH 43420 76-0719784	HOUSING	OH	WSOS COMMUNITY ACTION COMMISSION INC	C	-35	-658	75 000 %
(3) LAUREL GREENE HOUSING CORP 109 SOUTH FRONT STREET FREMONT, OH 43420 52-2420668	HOUSING	OH	WSOS COMMUNITY ACTION COMMISSION INC	C	-121	-1,038	75 000 %
(4) TREMONT GREENE HOUSING CORP 109 SOUTH FRONT STREET FREMONT, OH 43420 75-3140453	HOUSING	OH	WSOS COMMUNITY ACTION COMMISSION INC	C	-77	-644	75 000 %
(5) PORT CLINTON POINTE HOUSING CORP 109 SOUTH FRONT STREET FREMONT, OH 43420 20-8344391	HOUSING	OH	WSOS COMMUNITY ACTION COMMISSION INC	C	-107	-496	75 000 %
(6) LAKE TOWNE HOUSING CORP 109 SOUTH FRONT STREET FREMONT, OH 43420 20-8344235	HOUSING	OH	WSOS COMMUNITY ACTION COMMISSION INC	C	-116	-58	75 000 %

Part V

Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III or IV

1

During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a

Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity

b

Gift, grant, or capital contribution to related organization(s)

c

Gift, grant, or capital contribution from related organization(s)

d

Loans or loan guarantees to or for related organization(s)

e

Loans or loan guarantees by related organization(s)

f

Sale of assets to related organization(s)

g

Purchase of assets from related organization(s)

h

Exchange of assets with related organization(s)

i

Lease of facilities, equipment, or other assets to related organization(s)

j

Lease of facilities, equipment, or other assets from related organization(s)

k

Performance of services or membership or fundraising solicitations for related organization(s)

l

Performance of services or membership or fundraising solicitations by related organization(s)

m

Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

n

Sharing of paid employees with related organization(s)

o

Reimbursement paid to related organization(s) for expenses

p

Reimbursement paid by related organization(s) for expenses

q

Other transfer of cash or property to related organization(s)

r

Other transfer of cash or property from related organization(s)

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

Schedule R (Form 990) 2011

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.

[illegible]

Part VII

Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation	
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Software ID:

Software Version:

EIN: 34-0975934

Name: WSOS COMMUNITY ACTION COMMISSION INC

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

(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, unrelated, excluded from tax under sections 512-514)	(f) Share of total income (\$)	(g) Share of end- of-year assets (\$)	(h) Disproportionate allocations?		(i) Code V- UBI amount on Box 20 of K-1 (\$)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
INDIAN TRACE HOUSING COMPANY LLC 109 SOUTH FRONT STREET FREEMONT, OH 43420 41-2280183	HOUSING	OH	WSOS COMMUNITY ACTION COMMISSION	RELATED	937	552,042		No		Yes		0 990 %
LAURELHURST LLC 229 HUBER VILLAGE BLVD SUITE 100 WESTERVILLE, OH 43081 34-1896792	HOUSING	OH	LAURELHURST HOUSING CORP	RELATED	-64	128		No		Yes		0 050 %
LEEWOOD PLACE LLC 229 HUBER VILLAGE BLVD SUITE 100 WESTERVILLE, OH 43081 34-1950186	HOUSING	OH	LEEWOOD PLACE HOUSING CORP	RELATED	-192	682		No		Yes		0 100 %
TREMONT GREENE LLC 229 HUBER VILLAGE BLVD SUITE 100 WESTERVILLE, OH 43081 27-0004356	HOUSING	OH	TREMONT GREENE HOUSING CORP	RELATED	-93	487		No		Yes		0 050 %
PORT CLINTON POINTE LTD CO MILLENNIA HOUSING MANAGEMENT LTD 8111 ROCKSIDE ROAD SUITE 200 VALLEY VIEW, OH 44125 20-2464203	HOUSING	OH	PORT CLINTON POINTE HOUSING CORP CO WSOS COMMUNITY ACTION COMMISSION	RELATED	-129	92,956		No		Yes		0 050 %
LAKE TOWNE SENIOR VILLAGE LLC 9349 WATERSTONE BLVD CINCINNATI, OH 45249 20-5976598	HOUSING	OH	LAKE TOWNE HOUSING CORPORATION	RELATED	-131	39,113		No		Yes		0 051 %
LAUREL GREENE LLC 229 HUBER VILLAGE BLVD SUITE 100 WESTERVILLE, OH 43081 27-0004336	HOUSING	OH	LAUREL GREENE HOUSING CORPORATION	RELATED	-143	777		No			No	0 080 %