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### **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-0047

Do not enter Social Security numbers on this form as it may be made public.

Open to Public

201k	Depa	rtment of	the Treasury	1	ot enter Social Secu rmation about Form	•		-		•			n to Public spection	
<u></u>			ue Service	lendar year, or tax		10/1/201			ending		/31/20		респоп	
RD.			applicable	C Name of organization		IN ACTION, INC		, and e				fication nur	nber	
c== 1		Address		Doing Business A		IN ACTION, INC				o	ci ideiii			
అ ¦	=		_					86-0558130						
TWARK DATE AUG	\	Name ch	ange	7729 E GREEN\			1			E Telephone number				
اسع	I	nitial reti	ım	City or town		State		ZIP code		(480) 882	_0800			
130 I	П	Terminat	ed	SCOTTSDALE		AZ		85260		(400) 002	-0000			_
ا تعد				Foreign country n	name Foreign	province/state/county		Foreign posta					4507	
S. 1		Amended	d return							G Gross r	eceipts \$		450,9	181
		Application	on pending	F Name and address of principal officer H(a) is this				s a group retu	n for subo	rdinates?	Yes X	No		
				JERRY BOWMA	N 7729 E GREENV	AY RD, SCOTTS	SDALE,	AZ 85260	H(b) Are	all subordin	ates inclu	ded?	Yes	No
<u>'c</u> ' '	ı T	ax-exem	pt status	X 501(c)(3)	501(c) ( ) <b>&lt;</b>	(insert no ) 4	947(a)(1) d	or 527	lf "N	No," attach a	list (see	instructions	)	
	_	_	<del>`</del>							. > 7210				
		Vebsite						1		up exemptio				
			rganization	X Corporation	Trust Associ	ation Other ►		L Ye	ar of format	tion 198	6 <b>M</b>	State of lega	il domicile	ΑZ
	Part I Summary  1 Briefly describe the organization's mission or most significant activities. ORPHANAGES/SCHOLARSH													
		1		_		-					DLARS	HIPS FO	R THE NEEL	DΥ
	ž				G AND PROPERTY	MANAGEMENT	SERVIC	ES FOR L	OW INC	OME				
	Ē		FAMILI	ES/INDIVIDUALS	/NEEDY/ELDERLY									
	Governance	2	Check t	his box ▶ if	the organization dis	continued its ope	rations o	or disposed	l of more	than 25%	6 of its	net asset	s.	
	ဖိ	3	Number	r of voting membe	ers of the governing	oody (Part VI, line	a 1a) .   .				3			3
	Activities &	4	Number	of independent v	oting members of th	e governing body	(Part V	/I, line 1b) .			4			3
	Ę.	5	Total nu	ımber of ındivıdua	als employed in cale	ndar year 2013 (E	ad V, tir	ne 2a)			5			1
	₹.	6			rs (estimate if neces			. `. ار			6			
	Ac	7a	Total ur	related business	revenue from Rart V	III, column (C), lii	ne 12	<b>დ</b> ≬			7a			_
		b				ome from Form 990-T, line 3414					7b			_
					(v)	AUG I 3				Prior Year		Cu	rrent Year	
	Φ	8	Contribi	utions and grants	(Part VIII, line 1h)			7 <del>1</del> 56/			0			(
	Revenue	9	Progran	n service revenue	(Part VIII, line 2g)	Ai	TIT	. لمست		1,3	66,239		450,9	<del>8</del> 1
	ě	10	Investm	gram service revenue (Part VIII, line 2d) stment income (Part VIII, column (A), lines 3, 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0							0			_(
	~	11	Other re	evenue (Part VIII,	column (A), lines 🗓	6d <del>, 8c</del> , 9c, 10c, a	nd 11e)	)			0			C
		12	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)				1,366,239		Ĺ.	450,9	<del>8</del> 1			
		13	Grants	and similar amour	nts paid (Part IX, col	umn (A), lines 1-	3)				0			(
		14	Benefits	s paid to or for me	mbers (Part IX, colu	mn (A), line 4)					0			(
	S	15	Salanes	, other compensation	on, employee benefits	(Part IX, column (	A), lines	5–10)			79,367		19,8	393
	Expenses	16a	Profess	ional fundraising f	fees (Part IX, columi	n (A), line 11e)					0			(
	ĝ	b	Total fu	ndraising expense	es (Part IX, column (	D), line 25) ▶		0	)					
	ũ	17	Other e	xpenses (Part IX,	column (A), lines 11	a-11d, 11f-24e)				1,2	83,894		430,2	25
-1	5	18	Total ex	penses Add lines	s 13–17 (must equal	Part IX, column	(A), line	25)		1,3	63,261		450,1	
	t Assets or	19	Revenu	e less expenses	Subtract line 18 from	n line 12					2,978			363
0	) o 8								Beginni	ng of Curre	nt Year	Er	nd of Year	
re	alan ala	20	Total as	sets (Part X, line	16)					1,4	66,547		1,465,6	355
	A B	21		-	ne 26)					1,1	40,000		1,138,2	<u> 45</u>
<u>ر</u> ي	Ret /				ces Subtract line 21	from line 20			<u></u>	3	<u> 26,547</u>	<u> </u>	327,4	110
Ť.		rt II		natgre Block					<del></del>					
(C)					examined this return, incli							ge		
(n.	ano	beller, it	is true, corre		laration of preparer (other	than officer) is based (	on all infor	mation of which	n preparer	nas any kno	wieage		<del></del>	
	Sig	n		Signature of officer								8/15/20	14	
6	Hei	re						055		Date	t .			
$\mathcal{Q}$	)			CURT CLUFF	- d & d =			OFF	ICER					
W.	)		Pan	Type or print name ar ht/Type preparer's name		Preparer's signature			Date				ΓIN	
	Pai	ч		io rype preparer a nam	•	/ icparci s signature		_	Date		Check	X f [ [	114	
		u :pare:	, <u> TI</u> M	OTHY LIGGET		1	1		8/1	5/2014	self-emp		1367144	
		e Only		n's name ► TIMO	THY H LIGGET CP	Α -	17			Firm's EIN	· _			_
	USI	J JIII	y		N GILBERT RD G1		5234			Phone no		558-1121		
•	Mari	, the IF						`			700-		1,, [7]	_
					the preparer shown		uctions	<del>) .   .   .</del>	· _ ·	<u> </u>				No
	For	Paper	work Red	luction Act Notice	, see the separate in	structions.							Form 990 (20	113

Form 9	90 (2013)	PARTNERS IN ACT		_		86-	0558130	Page 2
Pa	rt III	Statement of Progra Check if Schedule O	am Service Accor contains a respon	mplishments ase or note to any I	ine in this Part III .			
1	ORPHAN	escribe the organization's IAGES/SCHOLARSHIPS WINCOME FAMILIES/IN	FOR THE NEEDY,	CL DEDLY	SING AND PROPER			
2	the prior If "Yes,"	rganization undertake an Form 990 or 990-EZ? describe these new servio	es on Schedule O.				Yes	X No
3	services	rganization cease conduct  describe these changes of		cant changes in how		ram	Yes	X No
4	expense the total	the organization's progra s Section 501(c)(3) and 5 expenses, and revenue, it	01(c)(4) organization any, for each progra	ns are required to repart am service reported.	ort the amount of gra	nts and allocatio	ns to others,	
4a		) (Expense	RSHIPS/AFFORDAB			) (Revenue \$	450,	981 )
4b	(Code:	) (Expense	es \$	ıncluding grants of	f \$	) (Revenue \$		)
4c	(Code:	) (Expense	es \$	including grants of	f \$	) (Revenue \$		)
						·		
4d 4e	(Expense	ogram services. (Describe es \$ gram service expenses	in Schedule O )  ☐ including grants of  ▶	\$ 447,032	0)(Revenue \$		0)	

art	V 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	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	١.		
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
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	١,		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	4		X
5	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		Х
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	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes,"			
-	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
-	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt			
	negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
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	10		Х
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			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete	<b></b>		,
	Schedule D, Part VI	11a		Х
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	11b		Χ
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	11c		Х
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	11d		
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
Ť	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	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
L	Schedule D, Parts XI and XII	12a		X
D	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes,"			.,
13	and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b		X
	Did the organization maintain an office, employees, or agents outside of the United States?	13		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	14a		Х
-	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, Parts I and IV	14b		v
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	145		_ X
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	- <del>`</del>		
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
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 (see instructions)	17		Х
8	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	18		Х
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	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV Checklist of Required Schedules (continued)

			168	NO
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			, , , , , , , , , , , , , , , , , , ,
22	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II  Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States	21		X
	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			١.,
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K. If "No," go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<del>  ^</del>
	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		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
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? If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If so, complete Schedule L, Part II	26	х	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	120		
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
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? If "Yes," complete Schedule L, Part IV  A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	28a		Х
D	Schedule L, Part IV	28b		х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	205		_
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I			
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?	31		Х
~-	If "Yes," complete Schedule N, Part II	32		x
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? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.	34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled		_	
	entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		х
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? If "Yes," complete Schedule R, Part	_		
20	VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19° <b>Note</b> . All Form 990 filers are required to complete Schedule O	00		
	10. Note: All 1 offit 330 filets are required to complete outleddie o	38	<u>X</u>	(2013)
		COLIN	550	(2013)

Form 99		58130	F	age 5
Part				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		<u> </u>
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	<u>)</u>		116
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	0		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	1.	_	
	gaming (gambling) winnings to prize winners?	1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1111		
	Statements, filed for the calendar year ending with or within the year covered by this return 2a	1]	Æ.	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	<u> </u>
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	, , ,		, W.
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			1
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		<u> </u>
b	If "Yes," enter the name of the foreign country. ▶		-A.	8
	See instructions for filing requirements for FinCen Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? .	5b		Х
С	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 as chantable contributions?	6a		X
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).		7. A.	<b>7</b> ."
	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		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	ļ		
	required to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year	」 ´`	22.	
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	<u> </u>	X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	ļ	X
_	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7</b> g		<u> </u>
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		↓
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			ľ
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring	1_	.32	
	organization, have excess business holdings at any time during the year?	8	ļ	
	Sponsoring organizations maintaining donor advised funds.	111		<b>L</b>
	Did the organization make any taxable distributions under section 4966?	9a	<u> </u>	<del> </del>
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	<u> </u>	1.8
	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12	$\dashv$		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  [10b]	-	- AS	3,4
	Section 501(c)(12) organizations. Enter			
	Gross income from embers or shareholders	-	<b>1</b> 7	
	Gross income from other sources (Do not net amounts due or paid to other sources		] ;	1
	against amounts due or received from them.)	<b>-</b>   ^	-	
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12a	<del> </del> -	,
		-110 (	×	
	Section 501(c)(29) qualified nonprofit health insurance issuers.  Is the organization licensed to issue qualified health plans in more than one state?	<u> </u>	<u> </u>	+
	Note. See the instructions for additional information the organization must report on Schedule O.	13a		- VA
	11010. Occide mediations for additional information the organization must report of soffedule O.	12.3	. 🤝	4 %**

Enter the amount of reserves the organization is required to maintain by the states in which

Did the organization receive any payments for indoor tanning services during the tax year?

If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

the organization is licensed to issue qualified health plans.

Enter the amount of reserves on hand . . . . . . . . . . . . . . . .

b

13b

13c

Par	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for	a "No"		age <b>o</b>
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S.			ons.
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sect	ion 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 . 1a 3			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent  1b 3	4		3.2°
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?	2		
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?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	_	Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		Х
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?	7a	_X_	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	l		
_	stockholders, or persons other than the governing body?	7b	X	-
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following: The governing body?	8a	~~~	
a b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached	05		
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		x
Sect	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue (		)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	Х	
b	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?	10b	Х	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?.	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
13	describe in Schedule O how this was done	12c	<u> X</u>	Y
14	Did the organization have a written whistleblower policy?	13 14	Х	^-
15	Did the process for determining compensation of the following persons include a review and approval by	14	_^_	<u> </u>
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	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	,	> 8	1
	with a taxable entity during the year?	16a		×
b	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		***	l
	the organization's exempt status with respect to such arrangements?	16b		
Sect	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► AZ			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3	)s only	<b>/</b> )	
	available for public inspection. Indicate how you made these available. Check all that apply.			
10	X Own website Another's website Upon request Other (explain in Schedule O)  Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest pol	ov		
19	financial statements available to the public during the tax year	cy, an	u	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the			

organization: ► JERRY BOWMAN (480) 882-0800

7729 E GREENWAY RD, SCOTTSDALE, AZ 85260

, ,						
Form 990 (2013)	PARTNERS IN ACTION, INC				86-05581	30 Page <b>7</b>
Part VII	Compensation of Officers, Dire	ctors, Truste	es, Key Employees, H	lighest Comp	ensated	
	Employees, and Independent C					<del></del>
	Check if Schedule O contains a re		<del></del>		· ·	📙
Section A.	Officers, Directors, Trustees, Key E	mployees, and	Highest Compensated E	mployees		
<b>1a</b> Complete forganization's	his table for all persons required to be l tax year	isted Report co	mpensation for the calend	ar year ending v	vith or within the	
	of the organization's <b>current</b> officers, di			rganizations), re	gardless of amo	unt
•	on Enter -0- in columns (D), (E), and (I		•			
	of the organization's current key emplo					
	organization's five current highest con reportable compensation (Box 5 of Fori					iyee)
	and any related organizations	III VV-2 and/or be	5x 7 011 01111 1000-141100)	or more than \$1	oo,ooo nom me	
• List all	of the organization's <b>former</b> officers, ke		•	mployees who r	eceived more tha	an
• List all	of the organization's former directors of	or trustees that	received, in the capacity a	is a former direc	tor or trustee of	the
organization,	more than \$10,000 of reportable compe	ensation from the	e organization and any rela	ated organizatio	ns	
	n the following order individual trustees employees, and former such persons	or directors, ins	titutional trustees, officers	, key employees	s, highest	
Check the	s box if neither the organization nor any	related organiz	ation compensated any cu	urrent officer, dir	ector, or trustee	
	· · · · · · · · · · · · · · · · · · ·		(C)			
	(4)	(D)	Position	(5)	45)	( <del>-</del> )
	(A) Name and Title	(B) Average	(do not check more than one box, unless person is both an	(D) Reportable	(E) Reportable	(F) Estimated
		hours per week (list any	officer and a director/trustee)	compensation from	compensation from related	amount of
		hours for	Former Highest employ Key em Officer Institut Individu	the	organizations	other compensation
		related organizations	Former Highest or employee Key empl Officer Institution Individual or directo	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the
		organizations	X =   Y     D   R Q	(W-2/1099-MISC)		organization

Position  (A)  (B)  (do not check more than one that one than one that one than one than one than one than one than one that one than one that one than one that one than one that one than one than one that one than one that one than one that one						an ee)	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of	
	week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) JERRY BOWMAN	40 00									
DIRECTOR/OFFICER	5 00	Х		X	L	Х		12,000		
(2) CURT CLUFF	5 00									
DIRECTOR/OFFICER	5 00	X		Х						
(3) HEATHER HANKS	20 00									
KEY EMPLOYEE	10 00	X	<u> </u>	X				6,000		
(4)										
(5)										
(6)						-				
(7)										
(8)										
(10)									-	
(11)							-			
(12)									·	
(13)								-		
(14)					-				- "	

	(A) Name and title	(B) Average hours per week (list any	(do r box, office	not ch unles	Pos eck s pe	c) ition more rson irecto	than o	ne an ee)	(D) Reportable compensation from	(E) Reportable compensation from related	Esti	(F) Imated Sount of
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	composition from the compositi	ensation m the nization related nizations
(15)												
(16)												
(17)			,					-				<u> </u>
(18)												
(19)												
(20)												
(21)											···-	<del></del>
(22)												
(23)												
(24)								_				
(25)												
1b c d	Total from continuation sheets to Part VII, So Total (add lines 1b and 1c)		· ·				J	<b>&gt; &gt; &gt;</b>	18,000 0 18,000	0		0 0
2	Total number of individuals (including but not lir reportable compensation from the organization		ted a		e) v 0	vho	recei	ved	more than \$100	,000 of		-
3	Did the organization list any <b>former</b> officer, dire employee on line 1a? <i>If "Yes," complete Sched</i>				oye	e, o	r high	nes	t compensated		3 Y	es No
4	For any individual listed on line 1a, is the sum of the organization and related organizations great individual.									'n	4	X
5	Did any person listed on line 1a receive or accr for services rendered to the organization? If "Ye									ıdual	5	
Sect	ion B. Independent Contractors	50, 00,11,51010 00	77000		101	540	ii per	3011	<u>'                                      </u>		<u> </u>	X
1	Complete this table for your five highest compe compensation from the organization. Report co year	nsated independ mpensation for t	dent o	ont	act dar	ors yea	that r	ece	eived more than swith or within the	\$100,000 of e organization's t	ax	
	(A) Name and business addr	ress							(B) Description of serv	rices C	(C) compensa	ition
									···-			0
		<del></del> -										0
												0
												0
2	Total number of independent contractors (included more than \$100,000 of compensation from the		ed to ►	tho	se li	stec	abo 0	ve)	who received			-

Total revenue. See instructions

Form 990 (2013) Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII. . (C) (D) (B) Total revenue Related or Unrelated Revenue exempt business excluded from function revenue tax under sections revenue 512-514 Federated campaigns 1a 1a Grants and Other Similar Amounts Membership dues 1b 0 Fundraising events 1c 0 Contributions, Gifts, d Related organizations 1d 0 Government grants (contributions) 1e All other contributions, gifts, grants, and similar amounts not included above 1f Noncash contributions included in lines 1a-1f. Total. Add lines 1a-1f **Business Code** Program Service Revenue PUBLIC SUPPORT/PROGRAM SERVICES 531390 43,934 43,934 ORPHANAGES/SCHOLARSHIPS 624100 407,047 407,047 0 0 All other program service revenue 0 Total. Add lines 2a-2f 450.981 Investment income (including dividends, interest, and other similar amounts) Income from investment of tax-exempt bond proceeds 0 5 0 Royalties (ı) Real (II) Personal 6a Gross rents b Less rental expenses Rental income or (loss) d Net rental income or (loss) (i) Securities (II) Other 7a Gross amount from sales of assets other than inventory 0 0 Less: cost or other basis and sales expenses 0 Gain or (loss) 0 d Net gain or (loss) 0 Other Revenue 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 b Less direct expenses 0 c Net income or (loss) from fundraising events 9a Gross income from gaming activities See Part IV, line 19 0 Less direct expenses b 0 Net income or (loss) from gaming activities 0 10a Gross sales of inventory, less returns and allowances Less cost of goods sold Net income or (loss) from sales of inventory O Miscellaneous Revenue **Business Code** 11a b 0 All other revenue 0 Total. Add lines 11a-11d 0

450,981

450,981

	t X Statement of Functional Expenses				
Secti	on 501(c)(3) and 501(c)(4) organizations must complete all	columns All other o	<u>rganızatıons must c</u>	complete column (A	) <u> </u>
	Check if Schedule O contains a response or note	to any line in this Pa	art IX		
	not include amounts reported on lines 6b, 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		•	# 1	* * * * * * * * * * * * * * * * * * *
	organizations in the United States See Part IV, line 21	0			149
2	Grants and other assistance to individuals in the		· ·		<b>4</b> *
	United States See Part IV, line 22	0			
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors,				
	trustees, and key employees	18,000	18,000		
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	0			
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	0			
9	Other employee benefits	0			
10	Payroll taxes	1,893	1,893		
11	Fees for services (non-employees)				
а	Management	0			
b	Legal	0			
C	Accounting .	1,850	1,850		
d	Lobbying	0			
е	Professional fundraising services See Part IV, line 17	0		¥ :	
f	Investment management fees	0			
g	Other (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O)	0			
12	Advertising and promotion	0	- <u>-</u>		
13	Office expenses	0			
14	Information technology	0			
15	Royalties	0			
16	Occupancy .	3,462	3,462		
17	Travel .	3,402	3,402		
18	Payments of travel or entertainment expenses				•
4.0	for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	0			
20	Interest .	0			
21 22	Payments to affiliates Depreciation, depletion, and amortization	0			
23	Insurance	0	0	0	0
24	Other expenses Itemize expenses not covered			<b>8</b> · <b>8</b> · <b>9</b>	
	above (List miscellaneous expenses in line 24e If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O)				
а	OTHER PROGRAM DISTRIBUTIONS	11,378	11,378	* * * * *	* · · // / · · · · · · · · · · · · · · ·
b	MANAGEMENT/GENERAL	3,086		3,086	
C	ORPHANGES SCHOLARSHIPS	407,047	407,047	0,000	
d		0	107,047		-
е	All other expenses	0			
25	Total functional expenses. Add lines 1 through 24e	450,118	447,032	3,086	0
26	Joint costs. Complete this line only if the			5,300	
	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation Check here				
	following SOP 98-2 (ASC 958-720)				

86-0558130

PARTNERS IN ACTION, INC.

Pa	art X	Balance Sheet				
		Check if Schedule O contains a response or	note to any line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing		1,392	1	1,180
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net		0	3	0
	4	Accounts receivable, net		0	4	0
	5	Loans and other receivables from current and f	ormer officers, directors,			
		trustees, key employees, and highest compens Complete Part II of Schedule L	ated employees		5	***
S	6	Loans and other receivables from other disqualified pers 4958(f)(1)), persons described in section 4958(c)(3)(B), a sponsoring organizations of section 501(c)(9) voluntary organizations (see instructions). Complete Part II of School	and contributing employers and employees' beneficiary	***	6	, , , , , , , , , , , , , , , , , , ,
Assets	7	Notes and loans receivable, net		0	7	0
As	8	Inventories for sale or use			8	-
	9	Prepaid expenses and deferred charges		9		
	10a	Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D.	10a 0			***
	ь	Less accumulated depreciation	10b 0		10c	† ' o
	11	Investments—publicly traded securities	3	0	11	0
	12	Investments—other securities See Part IV, line	: 11	0	12	0
	13	Investments—program-related See Part IV, Im		0	13	0
	14	Intangible assets		0	14	0
	15	Other assets See Part IV, line 11		1,465,155	15	1,464,475
	16	Total assets. Add lines 1 through 15 (must equ	ıal lıne 34)	1,466,547	16	1,465,655
	17	Accounts payable and accrued expenses			17	1,245
	18	Grants payable		18		
	19	Deferred revenue .		19		
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete	Part IV of Schedule D		21	
es	22	Loans and other payables to current and forme	r officers, directors,			\\$ ' .
Liabilities	-	trustees, key employees, highest compensated		*		
iab		disqualified persons Complete Part II of Sched		1,140,000	22	1,137,000
_	23	Secured mortgages and notes payable to unrel	-	0	23	0
	24	Unsecured notes and loans payable to unrelate		0	24	0
	25	Other liabilities (including federal income tax, p.				
		parties, and other liabilities not included on line	s 17-24) Complete			
	20	Part X of Schedule D	• •	0	25	0
	26	Total liabilities. Add lines 17 through 25		1,140,000	26	1,138,245
seou		Organizations that follow SFAS 117 (ASC 95 complete lines 27 through 29, and lines 33 a		\$ 3. 2 *		
<u>a</u>	27	Unrestricted net assets .		326,547	27	327,410
ä	28	Temporarily restricted net assets .	•		28	
pur	29	Permanently restricted net assets			29	
orF		Organizations that do not follow SFAS 117 (ASC958) complete lines 30 through 34.	check here and	*		•
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds		- h m	30	A
188	31	Paid-in or capital surplus, or land, building, or e	quipment fund		31	
et /	32	Retained earnings, endowment, accumulated in	ncome, or other funds		32	
ž	33	Total net assets or fund balances		326,547	33	327,410
	34	Total liabilities and net assets/fund balances		1,466,547	34	1,465,655

1,465,655

Form 9	990 (2013) PARTNERS IN ACTION, INC	8	6-0558130	Paç	ge 12
Part	Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI			.	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		450	0,981
2	Total expenses (must equal Part IX, column (A), line 25)	2		450	0,118
3	Revenue less expenses Subtract line 2 from line 1	3			863
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		326	5,547
5	Net unrealized gains (losses) on investments .	5	·		
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8	···		
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10		327	7,410
Part	Financial Statements and Reporting			ſ	_
	Check if Schedule O contains a response or note to any line in this Part XII				
4	Accounting method used to prepare the Form 990 Cash X Accrual Other			Yes	No
1	If the organization changed its method of accounting from a prior year or checked "Other," explain in		—   <u>``</u>		
	Schedule O				* :
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		<i>ẫ .</i> 2a	х	1 2
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or		Za "	· 2.	
	reviewed on a separate basis, consolidated basis, or both			٠ ٧٠٠	
	X Separate basis Consolidated basis Both consolidated and separate basis		;	\$	۲.
			×	*	
b	Were the organization's financial statements audited by an independent accountant?		2b		<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a			¥	
	separate basis, consolidated basis, or both		<b>.</b>		
	Separate basis Consolidated basis Both consolidated and separate basis				l., !
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight	of	<u> </u>		
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	X	L
	If the organization changed either its oversight process or selection process during the tax year, explain in			***	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
_	Schedule O		Š	1	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?		3a	-	<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				1
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		Щ_
			Form	990	(2013)

#### SCHEDULE A (Form 990 or 990-EZ)

### **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service Name of the organization

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Employer identification number

PARTNE	RS IN ACTION	N, INC.						L	86-0	558130		
Part I			arity Status (All org						structio	ns.		
. —		•	tion because it is: (For		_		•	•				
1 닏			ches, or association of			in section	n 170(b)(	(1)(A)(i).				
2 📙			n 170(b)(1)(A)(ii). (Atta									
3 📙		-	ospital service organiza									
4 📙		search organizat me, city, and sta	tion operated in conjunte:	ction with	a hospital	l describe	d in secti	on 170(b)	(1)(A)(iii)	. Enter 1	the	
5	=	· · · · · · · · · · · · · · · · · · ·	the benefit of a college Complete Part II.)	e or univer	sity owne	d or opera	ated by a	governmei	ntal unit o	describe	ed	
6 🗌	A federal, sta	ate, or local gove	ernment or government	tal unit des	scribed in	section 1	70(b)(1)(	A)(v).				
7 X	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			in section 170(b)(1)(A		mplete Pa	rt 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 organizat	ion organized ar	nd operated exclusively	to test fo	r public sa	ifety See	section !	509(a)(4).				
e	purposes of 509(a)(3). Cha Type  By checking persons other	one or more pub neck the box tha I b T this box, I certify er than foundatio	that the organization in managers and other	cations des supporting e III–Functi is not cont	scribed in g organiza tionally int trolled dire	section 50 ation and o egrated ectly or inc	09(a)(1) o complete d	r section 5 lines 11e t ype III–No one or mo	609(a)(2). hrough 1 on-function ore disqua	. See <b>se</b> 1h onally in alified	tegrate	ed
_		section 509(a)(2			50	_						
f	-	ation received a , check this box	written determination	from the I	RS that it	ıs a Type	ı, ıype ii,	or Type II	I support	ing		Γ-
g	•	•	he organization accept	ted any di	ft or contri	 bution fro	many of t	the		• •		L_
3	following per		o organization accept	, 9.			,					
			or indirectly controls, e	ither alone	e or togeth	er with pe	ersons de	scribed in	(II)		Yes	No
			erning body of the sup			?				11g(ı)		
		-	person described in (i)				•			11g(II)		
			y of a person described		· ·					11g(in)		l
<u>h</u>			tion about the support			( ) 5 )				1		
	e of supported anization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	in col (i) li	organization sted in your document?	the organ col (i)	ou notify nization in of your port?	organizat	s the ion in col zed in the S ?	(VII) Am	ount of m support	onetary
				Yes	No	Yes	No	Yes	No			
(A)												-
(B)											-	
(C)												
(D)												
(E)						-						
Total							`					

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

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

	ion A. Public Support		<del>-</del>				
Cale	ndar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	ınclude any "unusual grants ")	791,533	971,711	601,572	1,366,239	450,981	4,182,036
2	Tax revenues levied for the organization's						
	benefit and either paid to or expended on						
	ıts behalf						0
3	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						0
4	Total. Add lines 1 through 3	791,533	971,711	601,572	1,366,239	450,981	4,182,036
5	The portion of total contributions by each		•		. 4		
	person (other than a governmental unit		*			*	
	or publicly supported organization)		*	, ,		Ť	
	included on line 1 that exceeds 2%		*	٠.٠ ، }		\$ 150 m	
	of the amount shown on line 11,		,	<i>*</i> .	,	<b>,</b> , ,	
_	column (f)				, <i>*</i>		1 100 000
6	Public support. Subtract line 5 from line 4 ion B. Total Support		ž	*	* *	*	4,182,036
	ndar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Amounts from line 4						
7 8	Gross income from interest, dividends,	791,533	971,711	601,572	1,366,239	450,981	4,182,036
0	payments received on securities loans,						
	rents, royalties and income from similar						
	sources	2,250,850	2,542,080				4,792,930
9	Net income from unrelated business	2,230,030	2,042,000				4,132,330
J	activities, whether or not the business is					İ	
	regularly carried on						0
10	Other income Do not include gain or						<u>_</u>
	loss from the sale of capital assets						
	(Explain in Part IV )						0
11	Total support. Add lines 7 through 10	ν					8,974,966
12	Gross receipts from related activities, etc (se	e instructions)				12	
13	First five years. If the Form 990 is for the org	ganızatıon's first	, second, third,	fourth, or fifth t	ax year as a se	ection 501(c)(3)	
	organization, check this box and stop here						▶ 📗
Sect	ion C. Computation of Public Support	Percentage					
14	Public support percentage for 2013 (line 6, co			lumn (f))		14	46 60%
15	Public support percentage from 2012 Schedu					15	33 75%
16a	33 1/3% support test—2013. If the organizat				14 is 33 1/3% (	or more, check t	
	and stop here. The organization qualifies as						► X
b	33 1/3% support test—2012. If the organizat				l line 15 is 33 1	/3% or more, ch	
	box and stop here. The organization qualifies	•	•				▶ []
17a	10%-facts-and-circumstances test—2013.						
	is 10% or more, and if the organization meets				•		n
	Part IV how the organization meets the "facts	-and-circumsta	nces" test The	organization qu	ualifies as a pul	blicly supported	_
	organization						▶□
b	10%-facts-and-circumstances test—2012.						
	15 is 10% or more, and if the organization me						ain in
	Part IV how the organization meets the "facts	-and-circumsta	nces" test. The	organization qu	ualities as a pul	DIICIY	
	supported organization						▶∟
18	Private foundation. If the organization did no	ot check a box of	on line 13, 16a,	16b, 17a, or 17	b, check this b	ox and see	
	instructions .						▶

### Part III Support Schedule for Organizations Described in Section 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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees	·					
	received (Do not include any "unusual grants")						0
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	·			-		0
3	Gross receipts from activities that are not an unrelated trade or business under section 513						0
4	Tax revenues levied for the organization's						0
7	benefit and either paid to or expended on						
	its behalf						0
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge	_					0
6	Total. Add lines 1 through 5	0	0	0	0	0	0
7a	Amounts included on lines 1, 2, and 3						0
b	received from disqualified persons Amounts included on lines 2 and 3 received						0
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						0
С	Add lines 7a and 7b .	0	0	0	0	0	0
8	Public support (Subtract line 7c from	,		·		Ĩ	
	line 6)						0
	tion B. Total Support ndar year (or fiscal year beginning in)	(a) 2000	(h) 2010	(a) 2014	(4) 0040	(-) 0040	
Cale	ndar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6	0	0	0	0	0	0
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties and income from similar sources						0
b	Unrelated business taxable income (less						0
-	section 511 taxes) from businesses						
	acquired after June 30, 1975						0
С	Add lines 10a and 10b	0	0	0	0	0	0
11	Net income from unrelated business						
	activities not included in line 10b, whether						
42	or not the business is regularly carried on .						0
12	Other income Do not include gain or loss from the sale of capital assets						
	(Explain in Part IV )						0
13	Total support. (Add lines 9, 10c, 11,			-			<u>~</u>
	and 12)	0	0	0	0	0	0
14	First five years. If the Form 990 is for the organization		nd, third, fourth, e	or fifth tax year a	s a section 501(d	:)(3)	
	organization, check this box and stop here		· · · · · · ·		<u> </u>	•	<u>.</u> . ▶
<u>Sec</u>	tion C. Computation of Public Support						
15	Public support percentage for 2013 (line 8, column	•	e 13, column (f))	• • • • •		15	0.00%
16	Public support percentage from 2012 Schedule A,			<del></del> :	•	16	0.00%
	tion D. Computation of Investment Inco			(A)	<del></del>	47	0.000
17 18	Investment income percentage for 2013 (line 10c, or Investment income percentage from 2012 Schedul		•	mn (t))		17	0 00%
10 19a	33 1/3% support tests—2013. If the organization			and line 15 is mo	ore than 33 1/20/	and line 17 is	0 00%
	not more than 33 1/3%, check this box and <b>stop h</b>						▶ □
b	33 1/3% support tests—2012. If the organization						
	line 18 is not more than 33 1/3%, check this box ar						▶ □
20	Private foundation. If the organization did not che	ck a box on line	14, 19a, or 19b,	check this box ar	nd see instruction	ns	▶□

## SCHEDULE D (Form 990)

**Supplemental Financial Statements** 

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

20**13** 

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Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization Employer identification number PARTNERS IN ACTION, INC 86-0558130 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 Total number at end of year 1 2 Aggregate contributions to (during year) 3 Aggregate grants from (during year) 4 Aggregate value at end of year 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? Yes No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can 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? Yes 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 education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 2 Complete lines 2a through 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 Tax Year а Total number of conservation easements 2a Total acreage restricted by conservation easements 2b b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization 3 during the tax year Number of states where property subject to conservation easement is located 4 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 7 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, 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 (ASC 958), 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 XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), 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 \$ \_\_\_\_\_ 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 (ASC 958) relating to these items Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

0

0

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))

0

0

0

Leasehold improvements

Equipment

Other

d

0 0 0 0 0 0

Complete if the organization a		990, Part IV, line 11	o. See Form 9	990, Part X, line 12
(a) Description of security or category (including name of security)	(b) Book value		(c) Method of valuat or end-of-year mark	
(1) Financial derivatives		0		<del></del>
(2) Closely-held equity interests		0		
(3) Other				
(A)				
(B)				
(C)				
(D)				<del></del>
(E)				
(F)				
(G)				
(H) Total (Column (b) must equal Form 990, Part X, col (B) line 12)	7	0		<b>≯</b> ∉
Part VIII Investments—Program Rela	ted	<u> </u>		<del></del>
Complete if the organization a		990, Part IV, line 11	c. See Form 9	990, Part X, line 13.
(a) Description of investment	(b) Book value		(c) Method of valuat or end-of-year mark	
(1)				
(2)				
(3)	·			
(4)			<del></del>	
(5)				<del></del>
(6)				
<u>(7)</u> (8)				
(9)				
Total (Column (b) must equal Form 990, Part X, col (B) line 13)		0		*
Part IX Other Assets.	<del></del>			
Complete if the organization a	nswered "Yes" to Form	990, Part IV, line 116	d See Form 9	90, Part X, line 15.
	(a) Description			(b) Book value
(1) OTHER ASSETS AND INVESTMENTS				1,464,475
_(2)	<del> </del>			
(3)		·		·
(4)				<del></del>
(5)		<del> </del>		
(6)				<u></u>
	· · · · · · · · · · · · · · · · · · ·			
(9)				
Total. (Column (b) must equal Form 990, Part X, c	ol (B) line 15)	<u>-</u>	<b>•</b>	1,464,475
Part X Other Liabilities.		<del></del>		1,101,110
Complete if the organization a line 25.	nswered "Yes" to Form	990, Part IV, line 110	e or 11f. See	Form 990, Part X,
1. (a) Description of liability	(b) Book value	, » *, ·	<b>?</b>	# # *b *
(1) Federal income taxes		0		
(2)			. Y	****
(3)			* * *	
(4)			\$	
(5)				
(6)			*	
(7)		,	*, *,	
(8)		$\dashv$	•	
(9) Total. (Column (b) must equal Form 990, Part X, col (B) line 25)		<b>─</b>		
Liability for uncertain tax positions In Part XIII, provi	de the text of the feetnets to	the organization's financia		A

#### **SCHEDULE L** (Form 990 or 990-EZ)

**Transactions With Interested Persons** 

➤ Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

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

➤ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www irs.gov/form990.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

	or the organization							Emp	loyer la	enunca	นอก ทเ	ımber		
	NERS IN ACTION, IN								55 <u>813</u> (	<u> </u>				
Part	Excess Benefit Complete if the	t Transactions organization a	(section 501(c nswered "Yes"	)(3) a on Fo	nd section orm 990, F	n 501(c)(4) Part IV, line	organ 25a o	zations only) r 25b, or Form 9	990-EZ	., Part	V, lın	e 40b		
4	(a) Name of discussion		(b) Relationship be	etween	disqualified	person and		(-) D	nption of transaction				(d) Cor	rected?
1	(a) Name of disqualifi	ed person		organız	ation			(c) Description	on or train	isaction			Yes	No
(1)				_	,									
(2)														
(3)														
(4)								-						
(5)								··-·						
(6)														L
2	Enter the amount of	tax incurred by	the organizatio	n mai	nagers or	disqualified	d perso	ons during the y	ear					
	under section 4958		•							+	▶ \$			
3	Enter the amount of	tax, if any, on li	ne 2, above, re	ımbur	rsed by the	e organızat	ion			-	▶ \$			
Part				on Ea	rm 000 E	7 Dort V I	no 20	or Form 000			oe			
	organization re						1116 30	a or Form 990,	Partiv	, ime	26, OI	ii the		
		1		_		, o, o. <u>22</u>			γ		<del></del> –			
(a) N	lame of interested person	(b) Relationship with organization	(c) Purpose of loan		Loan to or om the	(e) Origir principal an		(f) Balance due	(g) In (	default?		proved ard or		ritten ment?
		, with organization	57.152.17		anization?	principal an						nittee?	agree	Hent,
				То	From				Yes	No	Yes	No	Yes	No
(1) (	CURTIS CLUFF	FORMER DIR	LOAN REPAY		X	1 20	0,000	1,137,000	<del></del>	X	X	"	X	NO
(2)	301(110 02011	I GRANER BIR	LOTATILITATI		<del>  ^</del>	1,20	0,000	1,107,000	+	<del>  ^-</del>	<u> </u>		_	
(3)									+					<b></b>
(4)								· · · · · · · · · · · · · · · · · · ·		<del> </del>		<u> </u>		
(5)												1		
(6)	<del>.</del>							***	1					
(7)									<b>—</b>					
(8)			·											
(9)														
(10)														
Total							▶ \$	1,137,000						
Part	Grants or Ass	istance Benefit	ting Interested	Pers	ons.									
	Complete if the	organization ai	nswered "Yes"	on Fo	orm 990, F	Part IV, line	27							
(a)	) Name of interested person		ship between interes and the organization		(c) Amount	of assistance	(	d) Type of assistant	æ	(6	) Purpo	ose of a	ssistand	:e
(1)	_								-					
(2)						-								
(3)														
(4)														
(5)														
(6)														
(7)	,													
(8)			<del></del>							<u> </u>				
(9)			<del></del>											

Part IV	Business Transactions Involving Complete of the organization answers	ng Interested Persons. wered "Yes" on Form 990,	Part IV, line 28a, 28b	, or 28c.		
	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organiz rever	anng of zation's nues?
					Yes	No
(1)						
(2)				-		
(3)	•				_	_
<u>(4)</u> <u>(5)</u>						<u> </u>
(6)						<u> </u>
(7)						
(8)						
(9)						
(10)	0		_			
Part V	Supplemental Information Provide additional information for	responses to questions or	Schedule L (see ins	tructions).		
						••
	······					
				••••		
			· <del>-</del>		<b></b>	
				••		

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

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

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

► Attach to Form 990 or 990-EZ.

Department of the Treasury Internal Revenue Service

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the Organization	Employer Identification number
PARTNERS IN ACTION, INC	86-0558130
Form 990, Part VI, Section B, Line 11B BOD REVIEW 990 BEFORE IRS FILING	
Form 990, Part VI, Section B, Line 12C WEEKLY MEETINGS COMPLIANCE/CONFLICTS OF IN	TEREST
Form 990, Part VI, Section B, Line 15B PAID COMP APPROVED OFFICERS/BOD	
Form 990, Part VI, Section C, Line 19 IRS/PARENT WEBSITE	
Form 990, AFFILIATES NOW FILING SEPARATE 990, SEE 990HB ATTACHMENT	
·	
······································	
*	

# Part X, Line 15 (990) - Other Assets

		1,465,155	1,464,475
		Beginning	End
1_	OTHER ASSETS AND INVESTMENTS	1,465,155	1,464,475
2		1	
3			······································
4			

## Form 1128

(Rev January 2008)
Department of the Treasury
Internal Revenue Service

## Application To Adopt, Change, or Retain a Tax Year

► See separate instructions.

OMB No 1545-0134

Attachment

Sequence No 148

Р	art I General Information	
	Important: All filers must complete Part I and sign below See instructions	T
	Name of filer (if a joint return is filed, also enter spouse's name) (see instructions)	Filer's identifying number
	PARTNERS IN ACTION, INC	86-0558130
ı	Number, street, and room or suite no. (if a P.O. box, see instructions)	Service Center where income tax return will be filed
or Print	7729 E GREENWAY RD	OGDEN, UTAH
e or	City or town, state, and ZIP code	Filer's area code and telephone number/Fax number
Туре	SCOTTSDALE, AZ 85260  Name of applicant, if different than the filer (see instructions)	(480) 882-0800 / (480) 882-0808  Applicant's identifying number (see instructions)
_	Traine or applicant, if different than the filer (see instructions)	Applicant's identifying number (see instructions)
	Name of person to contact (if not the applicant or filer, attach a power of attorney)	Contact person's area code and telephone number/Fax number /
•	Check the appropriate box(es) to indicate the type of applicant (see	instructions).
	Individual Cooperative (sec. 1381(a))	Passive foreign investment company (PFIC)
	Partnership Controlled foreign corporation (CFC) (sec. 957)	(sec 1297)
	Estate Foreign sales corporation (FSC) or Interest-charge	Other foreign corporation
	Domestic corporation domestic international sales corporation (IC-DISC)	X Tax-exempt organization
	S corporation Specified foreign corporation (SFC) (sec 898)	Homeowners Association (sec. 528)
	Personal service 10/50 corporation (sec. 904(d)(2)(E))	
	corporation (PSC) Trust	Other (Specify entity and applicable Code section)
3		ECEMBER 31 , 20 13
	<del></del>	
<b>5</b> OF	State the nature of the applicant's business or principal source of income. RPHANAGES/SCHOLARSHIPS/PROPERTY MANAGEMENT FOR THE NEEDY	,
	Signature—All Filers (See Who Must Sign	in the instructions.)
Unc	der penalties of perjury, I declare that I have examined this application, 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 filer) is based on all information of	which preparer has any knowledge.
A	∬ , Filer*	Preparer (other than filer)
- [	1.4 V	
	MY 8/15/2014	8/15/2014
	Signature and date S	Signature of individual repairing the application and date
Cι	JRTIS CLUFF - DIRECTOR/OFFICER TIMOTHY  Name and title (print or type)	LIGGET
	Hame and that (print of type)	Name of individual preparing the application

Par	t II Automatic Approval Request (see instructions)		
	dentify the revenue procedure under which this automatic approval request is filed REV PRO	C 85-5	8
Sec	tion A—Corporations (Other Than S Corporations or Personal Service Corporations) (Rev. Proc. 2006-45, or its successor)		
1	Is the applicant a corporation (including a homeowners association (section 528)) that is requesting a change in	Yes	No
•	tax year <b>and</b> is not precluded from using the automatic approval rules under section 4 of Rev. Proc. 2006-45		
	(or its successor)? (see instructions).		
2	Does the corporation intend to elect to be an S corporation for the tax year immediately following the short period?		
_	If "Yes" and the corporation is electing to change to a permitted tax year, file Form 1128 as an attachment to Form 2553.		
3	Is the applicant a corporation requesting a concurrent change for a CFC, FSC or IC-DISC? (see instructions)		2
	tion B — Partnerships, S Corporations, Personal Service Corporations (PSCs), and Trusts (Rev. Proc.	<del>                                     </del>	
	2006-46, or its successor)	1	
4	Is the applicant a partnership, S corporation, PSC, or trust that is requesting a tax year and is not precluded from		۱
	using the automatic approval rules under section 4 of Rev. Proc. 2006-46 (or its successor)? (see instructions)		
5	Is the partnership, S corporation, PSC, or trust requesting to change to its required tax year or a partnership, S	"	
	corporation, or PSC that wants to change to a 52-53 week tax year ending with reference to such tax year?		
6	Is the partnership, S corporation, or PSC (other than a member of a tiered structure) requesting a tax year that		
	coincides with its natural business year described in section 4 01(2) of Rev. Proc 2006-46 (or its successor)?	,	*
	Attach a statement showing gross receipts for the most recent 47 months (See instructions for information	٠	
	required to be submitted)		
7	Is the S corporation requesting an ownership tax year? (see instructions)		
8	Is the applicant a partnership requesting a concurrent change pursuant to section 6 09 of Rev. Proc. 2006-45	-% a.	
	(or its successor) or section 5.04(8) of Rev Proc. 2002-39 (or its successor)? (see instructions)	#%	
Sec	tion C—Individuals (Rev. Proc. 2003-62, or its successor) (see instructions)		*
9	Is the applicant an individual requesting a change from a fiscal year to a calendar year?	7 -	
Sec	tion D—Tax-Exempt Organizations (Rev. Proc. 76-10 or 85-58) (see instructions)	. %	
10	Is the applicant a tax-exempt organization requesting a change?	X	
Par	Ruling Request (All applicants requesting a ruling must complete Section A and any other section applies to the entity. See instructions.) (Rev. Proc. 2002-39, or its successor)	n that	
Sec	tion A—General Information	Yes	No
1	Is the applicant a partnership, S corporation, personal service corporation, or trust that is under examination	1.00	1
	by the IRS, before an appeals office, or a Federal court?		X
	If "Yes," see the instructions for information that must be included on an attached explanation		*
2	Has the applicant changed its annual accounting period at any time within the most recent 48-month period		
	ending with the last month of the requested tax year?		X
	If "Yes" and a letter ruling was issued granting approval to make the change, attach a copy of the letter ruling,		
	or if not available, an explanation including the date approval was granted. If a letter ruling was not issued,		Ι,
	indicate when and explain how the change was implemented		
3	Within the most recent 48-month period, has any accounting period application been withdrawn, not perfected,		
-	denied, or not implemented?		×
	If "Yes," attach an explanation	<b>—</b>	*
4-			<del>                                     </del>
4a	Is the applicant requesting to establish a business purpose under section 5 02(1) of Rev. Proc. 2002-39 (or its successor)?		,
		-	<u>X</u>
	If "Yes," attach an explanation of the legal basis supporting the requested tax year (see instructions)	*	, ,
b	If your business purpose is based on one of the natural business year tests under section 5.03, check the applicable box.		*
			*
	Annual business cycle test Seasonal business test 25-percent gross receipts test		
	Attach a statement showing gross receipts from sales and services (and inventory cost if applicable) for the test		
	period (see instructions)	<u> </u>	
5	Enter the taxable income or (loss) for the 3 tax years immediately preceding the year of change and for the short		
	period. If necessary, estimate the amount for the short period		
	Short period \$ 863 First preceding year \$ 2,978		
	Second preceding year \$ -7,081 Third preceding year \$ 85,712		
	Note: Individuals, enter adjusted gross income. Partnerships and S corporations, enter ordinary income.		
		1	1
	Section 501(c) organizations, enter unrelated business taxable income. Estates, enter adjusted total income.		1
	Section 501(c) organizations, enter unrelated business taxable income.  All other applicants, enter taxable income before net operating loss deduction and special deductions		

6	Corporations only, enter the losses or credits, if any, that were generated or that expired in the short period:	Y	es	No
0	Generated Expiring	- 1	1	
	Net operating loss \$ \$	\$	*	
	Capital loss \$		*	*
	Unused credits \$ \$	,	,	
7	Enter the amount of deferral, if any, resulting from the change (see section 5.05(1), (2), (3) and 6.01(7) of	\$	>	
•	Rev. Proc. 2002-39, or its successor)		-	4
8a	Is the applicant a U.S. shareholder in a CFC?	<b>-</b>		X
-	If "Yes," attach a statement for each CFC providing the name, address, identifying number, tax year, the			7
	percentage of total combined voting power of the applicant, and the amount of income included in the gross		٠	*
	income of the applicant under section 951 for the 3 tax years immediately before the short period and for the			*
	short period		^ \	8
	·	_ [-		
D	Will each CFC concurrently change its tax year?	╸┝		
	If "Yes" to line 8b, go to Part II, line 3.			1
	If "No," attach a statement explaining why the CFC will not be conforming to the tax year requested by the U S			34
	shareholder	-		
9a	Is the applicant a U.S. shareholder in a PFIC as defined in section 1297?			X
	percentage of interest owned by the applicant, and the amount of distributions or ordinary earnings and net	ŀ		
	capital gain from the PFIC included in the income of the applicant.		*	,
b	Did the applicant elect under section 1295 to treat the PFIC as a qualified electing fund?	▶ -		X
	Is the applicant a member of a partnership, a beneficiary of a trust or estate, a shareholder of an S corporation,		*	
	a shareholder of an IC-DISC, or a shareholder of an FSC?		- 1	X
	If "Yes," attach a statement providing the name, address, identifying number, type of entity (partnership, trust,			
	estate, S corporation, IC-DISC, or FSC), tax year, percentage of interest in capital and profits, or percentage of			*
	interest of each IC-DISC or FSC and the amount of income received from each entity for the first preceding year			
	and for the short period. Indicate the percentage of gross income of the applicant represented by each amount.			
b	Will any partnership concurrently change its tax year to conform with the tax year requested? .	▶ [_		
<u> </u>	If "Yes" to line 10b, has any Form 1128 been filed for such partnership?			
11	Does the applicant or any related entity currently have any accounting method, tax year, ruling, or technical	_		
	advice request pending with the IRS National Office?	▶ ∟		<u> X</u>
	If "Yes," attach a statement explaining the type of request (method, tax year, etc.) and the specific issues			
	involved in each request.			
12		<b>&gt;</b>		
13	Does the applicant request a conference of right (in person or by telephone) with the IRS National Office, if the		-	
44	IRS proposes to disapprove the application?	<b>&gt;</b>	<u> </u>	
14 Soot	Enter amount of user fee attached to this application (see instructions)			
<u> 3ect</u> 15	on B—Corporations (other than S corporations and controlled foreign corporations) (see instructions)  Enter the date of incorporation ▶			
			Yes	N.
16a	Does the corporation intend to elect to be an S corporation for the tax year immediately following the short	ַ ∟	res	No
la.	period?			
D	If "No" to line 16b, attach an explanation.	<b>-</b>		
17	Is the corporation a member of an affiliated group filing a consolidated return?			-
''	If "Yes," attach a statement providing (a) the name, address, identifying number used on the consolidated	-	-	
	return, tax year, and Service Center where the applicant files the return; (b) the name, address, and identifying	*		4
	number of each member of the affiliated group, <b>(c)</b> the taxable income (loss) of each member for the 3 years	*		
	immediately before the short period and for the short period; and (d) the name of the parent corporation		1	
182	Personal service corporations (PSCs): Attach a statement providing each shareholder's name, type of entity	$\neg \vdash$		
108	(individual, partnership, corporation, etc.), address, identifying number, tax year, percentage of ownership, and		l	
	amount of income received from the PSC for the first preceding year and the short period.	-	ļ	
h	If the PSC is using a tax year other than the required tax year, indicate how it obtained its tax year			
	Grandfathered (attach copy of letter ruling)  Section 444 election (date of election )			
	Letter ruling (date of letter ruling (attach copy))			

Form 1128 (Rev 1-2008)

PARTNERS IN ACTION, INC.

86-0558130

Page 3

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	128 (Rev 1-2008) PARTNERS IN ACTION, INC. 86-055813	0 F	Page 4
Section	on C—S Corporations (see instructions)		
19	Enter the date of the S corporation election	Yes	No
20	Is any shareholder applying for a corresponding change in tax year?		<u> </u>
	If "Yes," each shareholder requesting a corresponding change in tax year must file a separate Form 1128 to get	, ) /	
	advance approval to change its tax year.		'
21	If the corporation is using a tax year other than the required tax year, indicate how it obtained its tax year		
	Grandfathered (attach copy of letter ruling)  Section 444 election (date of election)		İ
	Letter ruling (date of letter ruling (attach copy))		,
22	Attach a statement providing each shareholder's name, type of shareholder (individual, estate, qualified	7	
	subchapter S Trust, electing small business trust, other trust, or exempt organization), address, identifying	×	
	number, tax year, percentage of ownership, and the amount of income each shareholder received from the S		
	corporation for the first preceding year and for the short period.	* :	
Section	on D—Partnerships (see instructions)	<u> </u>	
23	Enter the date the partnership's business began.	Yes	No
24	Is any partner applying for a corresponding change in tax year?	+	<del> </del>
25	Attach a statement providing each partner's name, type of partner (individual, partnership, estate, trust,		ı -
	corporation, S corporation, IC-DISC, etc.), address, identifying number, tax year, and the percentage of		*
	interest in capital and profits		-
26	Is any partner a shareholder of a PSC as defined in Regulations section 1.441-3(c)?	<del></del>	L
20	If "Yes," attach a statement providing the name, address, identifying number, tax year, percentage of interest		<del>                                     </del>
	in capital and profits, and the amount of income received from each PSC for the first preceding year and for the		2
	short period.		
27	If the partnership is using a tax year other than the required tax year, indicate how it obtained its tax year	┨ 銭	1
21	Grandfathered (attach copy of letter ruling)  Section 444 election (date of election )	- *	
		*	ļ
	Letter ruling (date of letter ruling (attach copy))		<u> </u>
	on E—Controlled Foreign Corporations (CFC)	T &	<del> </del>
28	Attach a statement for each U.S. shareholder (as defined in section 951(b)) providing the name, address,		, v
	identifying number, tax year, percentage of total value and percentage of total voting power, and the amount	,	
	of income included in gross income under section 951 for the 3 tax years immediately before the short period		
	and for the short period		
	on F—Tax-Exempt Organizations		
29	Type of organization	Yes	No
30	Date of organization. ▶ 1986	<b>」</b> 』゜	
31	Code section under which the organization is exempt.   501C3		
_ 32	Is the organization required to file an annual return on Form 990, 1120-C, 990-PF, 990-T, 1120-H, or 1120-POL?	X	<u> </u>
33	Enter the date the tax exemption was granted.   1986 Attach a copy of the letter ruling granting	*	
	exemption. If a copy of the letter ruling is not available, attach an explanation.		- ~
34	If the organization is a private foundation, is the foundation terminating its status under section 507?		<u> </u>
	on G—Estates		
35	Enter the date the estate was created		
36 a	Attach a statement providing the name, identifying number, address, and tax year of each beneficiary and each personal and tax to a first a statement providing the name, identifying number, address, and tax year of each beneficiary and each personal accordance to the statement of the statement providing the name, identifying number, address, and tax year of each beneficiary and each personal accordance to the statement providing the name, identifying number, address, and tax year of each beneficiary and each personal accordance to the statement providing the name, identifying number, address, and tax year of each beneficiary and each personal accordance to the statement providing the name, identifying number, address, and tax year of each beneficiary and each personal accordance to the statement providing the name of the statement providing the name of the statement providing the s	on who	
	is an interested party of any portion of the estate		
þ	Based on the adjusted total income of the estate entered in Part III, Section A, line 5, attach a statement showing the		
	distribution deduction and the taxable amounts distributed to each beneficiary for the 2 tax years immediately before	the	
	short period and for the short period.		

If the applicant is a passive foreign investment company, attach a statement providing each U.S. shareholder's name,

Section H—Passive Foreign Investment Companies

address, identifying number, and percentage of interest owned.

Form 1128, Page 4, Line 33 – DOCUMENTS ON FILE WITH THE IRS, PARENT GROUP EXEMPTION 7210  $\,$ 

Department of the Treasury

Application for Extension of Time To File an **Exempt Organization Return** 

OMB No 1545-1709

(Rev January 2014) Internal Revenue Service

► File a separate application for each return. Information about Form 8868 and its instructions is at www.irs.gov/form8868.

<ul> <li>If you are</li> </ul>	e filing for an Automatic 3-Month Extension e filing for an Additional (Not Automatic) 3- inplete Part II unless you have already been	-Month Ex	tension, complete only Part II (on	-			<b>►</b> X	
a corporatio 8868 to requ Return for T	filing (e-file). You can electronically file Form required to file Form 990-T), or an addition uest an extension of time to file any of the formsfers Associated With Certain Personal I For more details on the electronic filing of	nal (not aut irms listed i Benefit Cor	omatic) 3-month extension of time. ` in Part I or Part II with the exception ntracts, which must be sent to the IR	You can elect of Form 8870 S in paper foi	ronica ), Info	ally file irmatior (see	Form 1	
Part I	Automatic 3-Month Extension of 1	Time. Only	y submit original (no copies nee	ded)				
Part I only . All other cor	on required to file Form 990-T and requesting the control of the c				exte			
Type or Name of exempt organization or other filer, see instructions Employer ide								
• -								
print	Number, street, and room or suite no If a P.O	hov see in	hox see instructions		86-0558130 Social security number (SSN)			
File by the due date for	*					niber (S	511)	
filing your	City, town or post office, state, and ZIP code. For a foreign address, see instructions							
return See Instructions Instruction In								
	eturn code for the return that this application	ıs for (file	a separate application for each retui	rn)			01	
Application		Return	Application				Return	
Is For		Code	Is For				Code	
Form 990 or Form 990-EZ		01	Form 990-T (corporation)				07	
Form 990-BL		02	Form 1041-A				08	
Form 4720 (individual)		03	Form 4720 (other than individual)			09		
Form 990-PF		04	Form 5227			10		
Form 990-T (sec 401(a) or 408(a) trust)		05	Form 6069				11	
Form 990-T (trust other than above)		06	Form 8870				12	
Telephone No ► (480) 882-0800 Fax No. ► (480) 882-0808  If the organization does not have an office or place of business in the United States, check this box								
nonrefundable credits. See instructions						\$	0	
	nonrefundable credits See instructions  If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and							
	• •					\$	0	
			your payment with this form, if required, by using			•		
	PS (Electronic Federal Tax Payment System		•	2311B	3с	\$	0	
Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for								

payment instructions.