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Form **990**

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2016

Open to Public Inspection

Department of the Treasury

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

▶ Do not enter social security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

For the 2016 calendar year, or tax year beginning 2016, and ending 20 16 January 1 D Employer identification number Check if applicable C Name of organization Action Center Inc Doing business as Address change 30-0246999 Number and street (or P O box if mail is not delivered to street address) Room/suite E Telephone number Name change 215-743-4884 Initial return 1434 Elbridge St City or town, state or province, country, and ZIP or foreign postal code Final return/terminated Amended return Philadelphia, PA 19149 G Gross receipts \$ F Name and address of principal officer H(a) Is this a group return for subordinates? Yes No Application pending H(b) Are all subordinates included? Yes No 1434 Elbridge St, Philadelphia, PA 19149 If "No," attach a list (see instructions) Tax-exempt status 501(c)(3) ☐ 501(c) (Website: ▶ energyjustice.net H(c) Group exemption number Form of organization Corporation Trust Association ☐ Other ► L Year of formation M State of legal domicile 2002 Part I Summary Briefly describe the organization's mission or most significant activities Promote social & environmental justice & democracy. Developing databases and providing educational materials to community activists that analyze and Activities & Governance assess the environmental impact of energy and waste facilities Supporting student environmental networks. Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 5 Total number of individuals employed in calendar year 2016 (Part V, line 2a) 10 Total number of volunteers (estimate if necessary) . 6 12 Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 Net unrelated business taxable income from Form 990-T, line 34 7b 0 **Current Year** Contributions and grants (Part VIII, line 1h) 328796 184740 Revenue Program service revenue (Part VIII, line 2g) 4807 5236 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 184 224 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e). 11 0 0 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 333787 190200 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 126003 80599 16a Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) ▶ 3160 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 145695 128915 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) 18 271698 209514 19 Revenue less expenses Subtract line 18 from line 12 62089 -19314 Beginning of Current Year End of Year 20 Q162132 Total assets (Part X, line 16) 145222 21 Total liabilities (Part X, line 26) O. 0 22 Net assets or fund balances Subtract line 21 from line 20 \$\\\162132 145222 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 Ne Sign CONFER, TREASURER -15-2017 ZAUI Here Type or prnt name and title Print/Type preparer's name Preparer's signature Date Paid Check | If self-employed **Preparer** Firm's EIN ▶ Firm's name **Use Only** Firm's address ▶ Phone no May the IRS discuss this return with the preparer shown above? (see instructions)

Yes No Form 990 (2016)



orm 99	0 (2016) Page
art l	
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission.
	Promote social & environmental justice & democracy.
	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 be expenses. Section 501(c)(3) and 501(c)(4) organizations 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 \$ 87547 including grants of \$) (Revenue \$ 172007)
	Energy Justice Network: assisted community groups fighting dirty facilities & proposals; supported zero-waste/anti-burn campaigns;
	maintained a dirty power plant database for the benefit of grassroots activists; published The Biomass Monitor and Energy
	Justice Now newsletters; supported the RReNEW Collective in Virginia.
4b	(Code.) (Expenses \$ 50052 including grants of \$) (Revenue \$ 40029)
	Shale Initiative: Supported activist house in Northeast PA as center for volunteers and interns to assist local people concerned about development of the shale fields and pipeline right-of-ways. Organized landowners group, held public forums and workshops
	Raised funds for support of residents affected by well contamination and pipelines. Presented Frack University.
4c	(Code:) (Expenses \$ 30722 including grants of \$) (Revenue \$ 60166)
	Student Environmental Action Coalition (SEAC): Supported Kentucky Student Environmental Coalition, which organized student
	summits, campus retreats and events, and days of action on environmental & democracy issues.
4d	Other program services (Describe in Schedule O.)
4-	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 168320

168320

Form 99				Page 3
Part I	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	√ ves	NO
2 3	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3	1	✓
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	4	√	
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	5	_ ·	1
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		1
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		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i> complete Schedule D, Part III	8		1
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	i	1
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		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			₹ <u></u>
	complete Schedule D, Part VI	11a		1
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		1
	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		1
	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 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.	11e		1
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		1
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 and XII is optional	12b		1
13 14 a	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States?	13 14a		1
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, Parts I and IV.	14b		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		1
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		1
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	18		1
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	 	<u>/</u>
		For	n 99 0	(2016)

Part	V Checklist of Required Schedules (continued)		ε	
		اــــ	Yes	No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		./_
21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	20b		
۲۱	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		1
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1
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]		
	employees? If "Yes," complete Schedule J	23		1
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		1
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		<u> </u>
	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), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	}		
L	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		/
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		✓
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 "Yes," complete Schedule L, Part II	26		✓
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, 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		1
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	* * *	5 A ;	***
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			1.2.5
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		/
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV			
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	28b		✓
G	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV .	28c		1
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		1
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		✓
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? If "Yes,"	31		✓
-	complete Schedule N, Part II	32		✓
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		✓
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,		}	
25~	or IV, and Part V, line 1	34	}	1
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	35a		<u> </u>
	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		✓
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		1	
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,		}	./
38	Part VI	37		√
50	19? Note. All Form 990 filers are required to complete Schedule O	38	1	
				(2016)

Part	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . 12		,	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		,	
С	reportable gaming (gambling) winnings to prize winners?	1c	1	ئىسە دە سىدا
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 11			,
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	/	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	*****		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		✓
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			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		1
b	If "Yes," enter the name of the foreign country:	70		
-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts	\$ ' - 8 ' //	.4	* **
	(FBAR).	2	, , , , , , , , , , , , , , , , , , , ,	· ~ .
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		1
þ	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	L	
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 charitable contributions?	6a		1
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	0a		
-	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	ŵ,	2 3	. 1
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	1		
	and services provided to the payor?	7a		1
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	ļ	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	10	>	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	wham. The	1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		✓
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	ļ	ļ
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			- · • '
0	sponsoring organization have excess business holdings at any time during the year?	8	 	
9 a	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 . 10a		6.	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . [10b]	-	ĺ	
11	Section 501(c)(12) organizations. Enter:			
a b	Gross income from members or shareholders	1		
-	against amounts due or received from them)	1		
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	Γ		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	L_		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		ļ
j.	Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which	,		
b	the organization is licensed to issue qualified health plans	1	1	ļ
С	Enter the amount of reserves on hand	1		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	 	
	If "Yes." has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O.	14b		

Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. Se			
Section	Check if Schedule O contains a response or note to any line in this Part VI	-	<u> </u>	14)
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 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 2	Enter the number of voting members included in line 1a, above, who are independent . 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		1
4 5 6 7a	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 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?	4 5 6		√ √ √
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		√
8 a	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following The governing body?			
ь 9	Each committee with authority to act on behalf of the governing body? 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.	8b 9	√	
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revent	ie C		
10a	g , , , , , , , , , , , , , , , , , , ,	10a	Yes	No /
b		10b		
11a	· · · · · · · · · · · · · · · · · · ·	11a	√	ļ
b 120	Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		(*) *
12a b	to the state of the	12b	V	1
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		1
14 15	Did the organization have a written document retention and destruction policy?	14	* * *	√
a b	The organization's CEO, Executive Director, or top management official	15a 15b	` ~2	1
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
b	with a taxable entity during the year?	16a		✓
	organization's exempt status with respect to such arrangements?	16b	* * *	
	on C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ Pennsylvania			
17 18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	501(c)(3)s	only)
19	Own website Another's website	erest	policy	, and
20	State the name, address, and telephone number of the person who possesses the organization's books and reconstruction and telephone number of the person who possesses the organization's books and reconstruction and telephone organization and reconstruction are the properties of the properties are the organization and telephone organization and reconstruction are the properties are the organization and telephone organizatio	ords	•	

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Part VII *Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

	ir any refate	u orga	anız	auo	in C	ompe	1188	ited any curren	it officer, director	i, or trustee	
	T			(0	C)						_
(A)	(B)	ĺ			ition			(D)	(E)	(F)	
Name and Title	Average					than o		Reportable	Reportable	Estimated	
	hours per	office	er and			or/trust		compensation	compensation from		
	week (list any hours for	Individual trustee or director	l _l	♀	6	립.H	7	from the	related organizations	other compensation	
	related	dire	l iii	Officer	er e	ghes (plo)	Former	organization	(W-2/1099-MISC)	from the	
	organizations below dotted	or a	Į į] `	Key employee	/ee cc	٦ [(W-2/1099-MISC)		organization and related	
	line)	trus	#)yee	ğ		ļ		organizations	
		l ee	Institutional trustee			Highest compensated employee	ĺ				
					L	ted					
(1) Frances Whittington	2			Ī				_			
Director		✓		<u> </u>	_		├	0	0		_(
(2) Julia Stone	2	,						_			
Director (2)	 	✓	-	-			}	0	0	 	_(
(3) Mike Ewall	23	1	ļ	l							
Director / top management official	 		-	-	┝	<u> </u>		7550	0		_(
(4) Traci Confer	22			,						1	
Treasurer / top financial official	 	_		✓.	_	-	_	12810	0		_(
(5) Karen Orr	.3			,			1				
Chair		✓	<u> </u>	✓	├—		├	0	0		_(
(6) Terry Nordbrock	.2			,	1]			
Secretary	 	✓	ļ	✓	<u> </u>		<u> </u>	0	0	<u> </u>	_(
(7)											
(8)	 	 	-	-	-		-	 			_
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Part	VII Section A. Officers, Directors, Trus	tees, Key E	mploy	/ees	s, aı	nd F	lighe	st C	ompensated E	mployees (c	ontin	ued)	
						C)			}				•
	(A)			ot ch		ition more	than o	one	(D)	(E)	Į	(F	7
	Name and title	Average	box, ı	unies	s pe	rson	is both	n an	Reportable	Reportable	,	Estim	
		hours per week (list any					or/trust	-	compensation from	compensation related	mon	amou oth	
		hours for	Individual trustee or director	Institutional trustee	Officer	Key employee	and F	Former	the	organizatio		compe	
		related organizations	vid	tr.	g	em em	o est	ner	organization (W-2/1099-MISC)	(W-2/1099-M	ISC)	from organi	
		below dotted	Q = 1	onal		용	e con	l	1000 111100)		1	and re	
		line)	uste	trus		PE	per		}		1	organiz	ations
		}	ď	stee			Highest compensated employee				j		
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(24)		}	1		}	}		}	1		}		
(OE)		 	ļ	-				├	}	 			
(25)		-						}			i		
1b	Sub-total	<u> </u>	L		L	I	l	<u> </u>	20200	 	-		
C	Total from continuation sheets to Part	 VIL Sectio	nΛ				•		20360	 	0		
d		•			•	•	•		20360	 	-		
2		t not limited			· ·		abou	2) 141		ora than \$16	10 00		
2	Total number of individuals (including bu reportable compensation from the organ		1 (0 ()	1026	: 1151	eu	auove	3) W	0	ore man pro	,00,	0 01	
	reportable compensation from the organ	Zution											Yes No
3	Did the organization list any former of	ficer direc	tor c	or tr	uste	ee.	kev e	emo	olovee, or bigh	iest comper	nsate		Tes No
J	employee on line 1a? If "Yes," complete							در				3	
4	For any individual listed on line 1a, is the							กล	nd other comp	nensation fro	m th		
7	organization and related organizations												
	individual		ω., φ					Ο,			000	4	
5	Did any person listed on line 1a receive of	or accrue co	ompe	nsat	hon	froi	n anv	, un	related organiz	ration or ind	ividus	1	
•	for services rendered to the organization											5	
Section	on B. Independent Contractors		' -										
1	Complete this table for your five highest	compensat	ed inc	dene	end	ent	contr	acto	ors that receive	ed more that	2 \$10	0 000 of	
•	compensation from the organization. Rep												n's tax
	year.							,		•		3	
	(A)							Γ-	(B)			(C)	
	Name and business add	fress							Description of s	ervices		Compensa	tion
								1					
								1					
								1					
								 					
								T					
2	Total number of independent contractor	ors (includir	na bu	ıt n	ot I	imit	ed to	th	ose listed abo	ove) who	3, 32		10, 120, 70
-	received more than \$100,000 of compens								0		, Š _e r (

Pai	rt VIII	'Statement of Reve							
		Check if Schedule C							
1						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Grants nounts	1a	Federated campaigns	s	1a	0				
Gra	b	Membership dues		1b	0				25
	C	Fundraising events		1c	0	}	•		
흁	d	Related organizations		1d	0				1
ns,	e	Government grants (cor	ntributions)	1e	0				*: '
utio er:	f	All other contributions, g and similar amounts not inc					į		1
ë 5	_			1f	184740				
Contributions, Gifts, Grants and Other Similar Amounts	g h	Noncash contributions include		-11 \$ -	0		.,,		Ž
	 ''	Total. Add lines 1a-1	<u> </u>	' 1	Business Code			**************************************	* 65
Program Service Revenue	2a	Contract organizing		}	900099				
Rev	b	Conference registratio	n fees		900099	170 1750	170 1750		
je Je	C	Speaker honoraria			900099	3041	3041	+	
Sen	d	Contract data entry			900099	275	275		
E	е								
ogr	f	All other program ser		ie [i i	
<u>-</u>	<u>g</u>	Total. Add lines 2a-2				5236	**************************************		
	3	Investment income and other similar amo		divide	nds, interest,		1		
	4	Income from investmen	•			224	-		224
	5	Royalties	t or tax-exen	npi bo	na proceeas				
	"	noyanies	(ı) Real	· ·	(II) Personal	4 450 387		*****	FE 9 ASSE 4
	6a	Gross rents	··		,,				
	b	Less rental expenses					140 Mars		
	С	Rental income or (loss)						Was to	
	d	Net rental income or (. •		I m + velikanisam ai in baqqaraqaq	t a more or well-tillian a mount felt sh	alar an a saranana a a alle y an
	7a	Gross amount from sales of	(ı) Securiti	es	(ii) Other	*		· · ·	
		assets other than inventory				, ,			
	b	Less cost or other basis and sales expenses				-		1 6 N	
	С	Gain or (loss)					<	,	\$ *· ;
	d	Net gain or (loss) .					A		* *************************************
	-			·					
Other Revenue	8a	events (not including \$							
Œ		of contributions reporte							I
He.				⊢					,
ō	b	Less: direct expenses Net income or (loss) fi		b_					
		Gross income from ga	ming activit	res.	vents . 🕨				ļ
	b	Less direct expenses		b					[
	С	Net income or (loss) fi		L	ities .				
	10a	Gross sales of in returns and allowance	ventory, le	ess a					
	b	Less cost of goods s		b					
	С	Net income or (loss) fr	om sales o		ntory >				
		Miscellaneous Ri			Business Code				
	11a								
	ь			[
	С	A.II							
	ď	All other revenue .		L					
	12	Total. Add lines 11a- Total revenue. See in			💆				
	·	. J. dai 16 venue. 366 III	SHUCHORS	• •	· · · · ·	190200	5236	0	224 Form 990 (2016)

Part IX Statement of Functional Expenses

Sectio	n 501(c)(3) and 501(c)(4) organizations must con			ns must complete co	olumn (A)
	Check if Schedule O contains a respon			,	<u> </u>
	t include amounts reported on lines 6b, 7b, , 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 domestic organizations and domestic governments. See Part IV. line 21	0	0		
2	Grants and other assistance to domestic individuals See Part IV, line 22	0	0		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0	0		
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	20360	0 8957		1587
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	20300	0397		
7 8	Other salaries and wages Pension plan accruals and contributions (include	52802	48051	3988	763
9	section 401(k) and 403(b) employer contributions) Other employee benefits	0	0	0	0
10 11	Payroll taxes	7465	5816	 	240
a b	Management	0 26063	0 25862	0 201	0
c d	Accounting	5900 1775	0 1775	0	0
e f 9	Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column	0	0	0	0
12	(A) amount, list line 11g expenses on Schedule O.) Advertising and promotion	60033 128	55455 128	4578 0	0
13 14	Office expenses	6278 3053	3084 3053	 	571 0
15 16	Royaltres	0 15337	0 6200		0
17 18	Travel	7603	7306	297	0
19 20	Conferences, conventions, and meetings	3249	2944	305	
21 22	Payments to affiliates	0	. 0	0	C
23 24	Insurance	0	0	0	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	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.)				
a b c					
d e 25	All other expenses Total functional expenses. Add lines 1 through 24e	210044	168632	38253	3160
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here following SOP 98-2 (ASC 958-720)	2 10044	100032	30233	3100

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year Cash-non-interest-bearing . . Savings and temporary cash investments Pledges and grants receivable, net . . . Accounts receivable, net ol Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . n Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L . Notes and loans receivable, net . . Inventories for sale or use . Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or ð, other basis Complete Part VI of Schedule D 10a Less accumulated depreciation b 10b 10c Investments—publicly traded securities Investments—other securities, See Part IV, line 11 Investments-program-related. See Part IV, line 11. Intangible assets Other assets See Part IV, line 11 . . . Total assets. Add lines 1 through 15 (must equal line 34) Accounts payable and accrued expenses Grants pavable. Deferred revenue Tax-exempt bond liabilities . ol Escrow or custodial account liability. Complete Part IV of Schedule D. n Loans and other payables to current and former officers, directors, Liabilities trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties 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 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here Fund Balances complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets . Temporarily restricted net assets Permanently restricted net assets . . Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34. Assets or Capital stock or trust principal, or current funds . . . Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds . Ret Total net assets or fund balances Total liabilities and net assets/fund balances .

Form 990 (2016)

Page	12

Par	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI			<u> </u>	. 🗆
1	Total revenue (must equal Part VIII, column (A), line 12)	1		1	90200
2	Total expenses (must equal Part IX, column (A), line 25)	2		2	10044
3	Revenue less expenses Subtract line 2 from line 1	3			19844
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		1	62132
5	Net unrealized gains (losses) on investments	5	<u> </u>		0
6	Donated services and use of facilities	6			0
7	Investment expenses	7			0
8	Prior period adjustments	8			2930
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10	L	1	45217
Par	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u>· · · </u>	<u> </u>	, .	, 📙
				Yes	No
1	Accounting method used to prepare the Form 990. 🗸 Cash 🔲 Accrual 🔲 Other			\$ 10	17.72
	If the organization changed its method of accounting from a prior year or checked "Other," ex	olain	ın	w ,	100
	Schedule O		804	\$ 2 m	. ¥
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a	1	1 7 2
	If "Yes," check a box below to indicate whether the financial statements for the year were comp	olled	or [* * * * * * * * * * * * * * * * * * *	11. 2
	reviewed on a separate basis, consolidated basis, or both		2 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		
	Separate basis Consolidated basis Both consolidated and separate basis			× 2.	1 750
b	Were the organization's financial statements audited by an independent accountant?		. 2b	 	Į. V .,
	If "Yes," check a box below to indicate whether the financial statements for the year were audite	d on	a 🏸	100	13.27
	separate basis, consolidated basis, or both:				1 3
	Separate basis Consolidated basis Both consolidated and separate basis				1 1 8 3
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over the country and salestics of an independent assume		<u>^</u> (1	
	of the audit, review, or compilation of its financial statements and selection of an independent accounts.				√
	If the organization changed either its oversight process or selection process during the tax year, ex Schedule O	piain	in		* 200
_		e L			1
За	As a result of a federal award, was the organization required to undergo an audit or audits as set	ιοπη	1		
	the Single Audit Act and OMB Circular A-133?	 	· 3a		-
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a			1	
	required addit or addits, explain why in schedule of and describe any steps taken to undergo such a	Juito.	Foi	<u> </u>	1

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Open to Public Inspection

Employer identification number

_	on Center Inc		·				46999
_	rt I Reason for Public Cha						ons
	organization is not a private found				•	•	
1	_	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).					
2	A school described in section		· ·			• •	
3			=""				(iii) Entartha
4	A medical research organizat hospital's name, city, and sta	•	onjunction with a nost	onai desc	inbed in S	ection 170(b)(1)(A)((iii). Enter the
5		*************	college or university	owned o	r operate	nd by a government	al unit described in
•	section 170(b)(1)(A)(iv). (Con		concide of diliversity	OWING O	Operate	a by a government	ar anic described in
6	A federal, state, or local gove		mental unit described	ın sectio	on 170(b)	(1)(A)(v).	
7							n the general public
	described in section 170(b)(1				Ū		
8	A community trust described	in section 170(b)(1)(A)(vi). (Complete I	Part II.)			
9	r				erated in	conjunction with a la	and-grant college
	or university or a non-land-gr						
	university						
10	An organization that normally receipts from activities related	receives. (1) mor	re than 331/3% of its si	upport fro	om contrib	outions, membership	p fees, and gross
	support from gross investmen	nt income and un	related business taxal	ble incom	ne (less se	ection 511 tax) from	businesses
	acquired by the organization						
11	An organization organized an	•	-	-		• • • •	
12							
	of one or more publicly supp Check the box in lines 12a thr						
_		=		-	_		_
а	Type I. A supporting orgation the supported organization	-	-	-			
	supporting organization					ric directors or trust	ccs or title
b		-				upported organizati	on(s), by having
_	control or management of	•					
	organization(s) You must				•		•
c	c Type III functionally inte	grated. A suppor	ting organization opei	rated in c	onnection	n with, and function	ally integrated with,
	its supported organization	n(s) (see instructio	ons) You must comp	lete Part	IV, Secti	ons A, D, and E.	
d	,			•			
	that is not functionally inte						id an attentiveness
	requirement (see instruction	•					
е							e II, Type III
	functionally integrated, or		ctionally integrated sup	oporting	organizati	ion.	
ľ	f Enter the number of supportedg Provide the following information	•	 norted organization(s)		•	•	٠ ــــــــــــــــــــــــــــــــــــ
=	(i) Name of supported organization	(ii) EIN	(iii) Type of organization		organization	(v) Amount of monetary	(vi) Amount of
	(y trains of deppertus a gameator	(,	(described on lines 1-10	listed in you	ur governing	support (see	other support (see
			above (see instructions))	docu	ment?	instructions)	instructions)
				Yes	No		
A)							
B)				1	ļ		
				<u> </u>	ļ		
C)		İ]]		
			 				ļ
D)		1		1			
		 		 	 		
E)		1		1	}		
					 	 	

18

instructions

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (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) 2012 **(b)** 2013 (c) 2014 (d) 2015 (e) 2016 (f) Total Gifts. grants, contributions, membership fees received (Do not include any "unusual grants") 114988 173222 276057 328796 184740 1077803 revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3. . . 114988 173222 276057 328796 184740 1077803 The portion of total contributions by (other each person governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 46676 Public support. Subtract line 5 from line 4 1031127 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2012 **(b)** 2013 (c) 2014 (d) 2015 (e) 2016 (f) Total 7 Amounts from line 4 114988 173222 276057 328796 184740 1077803 Gross income from interest, dividends. payments received on securities loans. rents, royalties and income from similar sources . 284 137 184 224 908 Net income from unrelated business activities, whether or not the business is regularly carried on 0 0 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 4.807 5001 11 Total support. Add lines 7 through 10 1083712 12 Gross receipts from related activities, etc. (see instructions) 12 5236 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 organization, check this box and stop here ▶ □ Section C. Computation of Public Support Percentage Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)) . . 95 % Public support percentage from 2015 Schedule A. Part II, line 14 74 % 15 15 331/3% support test - 2016. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . ▶ ☑ 331/3% support test - 2015. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization . 17a 10%-facts-and-circumstances test - 2016. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization **▶** □ 10%-facts-and-circumstances test-2015. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

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

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

OMB No 1545-0047

2016

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ. ▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

If the organization answered "Yes," on 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," on 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

	organization answered "Yes ee separate instructions), tl	s," on Form 990, Part IV, line 5 (Proxy hen	Tax) (see separate	e instructions) or Form 9	90-EZ, Part V, line 35c (Proxy
	ection 501(c)(4), (5), or (6) orga	anizations Complete Part III			
Name	of organization			Employer ic	lentification number
Action	Center Inc				30-0246999
Part		e organization is exempt unde			
1	Provide a description of definition of "political car	f the organization's direct and inc	direct political ca	mpaign activities in Pa	art IV. (see instructions for
_	•	, ,		_	Φ
2		y expenditures (see instructions) .			D
3 Part		cal campaign activities (see instructed organization is exempt under the companies of the c		-1/01	
1					<u> </u>
2		excise tax incurred by the organiza excise tax incurred by organization			\$
3		excise tax incurred by organization ed a section 4955 tax, did it file For	-		
ە 4a	Was a correction made?		•		Yes No
ча b	If "Yes," describe in Part				Lifes Lino
		e organization is exempt unde	er section 501/	c) except section 50	01(c)(3)
1		ly expended by the filing organiz			01(0)(0).
•	activities	· · · · · · · · · · · · · · · · · · ·		, . >	\$
2		filing organization's funds contrib			4
_	527 exempt function acti				\$
3	•	expenditures. Add lines 1 and 2	Enter here and	on Form 1120-POL	Ψ
-	line 17b	•			\$
4	Did the filing organization	n file Form 1120-POL for this year?			Yes No
5		ses and employer identification nur		ection 527 political oraș	
·	organization made payme	ents. For each organization listed,	enter the amount	paid from the filing orga	anization's funds. Also enter
		ontributions received that were proj			
		fund or a political action committee			
	(a) Name	(b) Address	(a) CINI	(d) Amount and from	(a) Amount of political
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's	(e) Amount of political contributions received and
				funds If none, enter -0-	promptly and directly delivered to a separate
					political organization If
					none, enter -0-
(1)					
\'' <i>'</i>					
(2)	-				
·-/					
(3)					
<u>,</u>					
(4)					
(5)	_				
				L	
(6)					
ι-,		1		l	Į.

JUI 1EUI	0 0 0 0 1 1 1 1 2 2 0 0 0	990-62) 2010					rage Z
	sec	nplete if the organizatition 501(h)).					
A C		the filing organization tame, address, EIN, exp					oup member's
3 C	heck 🕨 🗌 if	the filing organization of	checked box A a	and "limited cont	rol" provisions a	ipply.	
	'n	Limits on Lo he term "expenditures"	bbying Expenditu means amounts)	(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbyii	ng expenditures to influence	ce public opinion	grass roots lobby	ing)	0	
b	=	ng expenditures to influence				1888	
c	Total lobby	ng expenditures (add lines	1a and 1b)			1888	
d	Other exem	ot purpose expenditures .				207840	
е		t purpose expenditures (a		d)		209728	
f	-	ontaxable amount Enter		•	table in both		·
	columns.			•	•	41946	
	If the amount	on line 1e, column (a) or (b)	is: The lobbying	nontaxable amount	t is:	\$ 7 V 3 * * 4 *	*
	Not over \$500			ount on line 1e			
1		0 but not over \$1,000,000		15% of the excess	over \$500,000		
		00 but not over \$1,500,000					
		00 but not over \$17,000,000					
1	Over \$17,000,0		\$1,000,000	376 OF THE EXCESS O	Ver \$1,300,000		
		nontaxable amount (enter				40400	* * 9 - * 9
g		e 1g from line 1a. If zero or	•			10486	
h :		e 1f from line 1c. If zero or		• •	. ,	0	
! !			•	1h or line 1: did	, ,	flo Form 4720	
J		in amount other than zer ection 4911 tax for this yea		in or line ii, did	i the organization	nie Form 4720	☐ Yes ☐ No
	(Some org	anizations that made a s	Year Averaging F section 501(h) ele ne separate instr	ction do not have	e to complete all	of the five colum	ns below.
		Lobbyi	ng Expenditures	During 4-Year Av	veraging Period		
	-	vear (or fiscal year ginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total
2a	Lobbying no	ontaxable amount	38677	43441	54340	41946	178404
b		eiling amount e 2a, column (e))					267605
С	Total lobby	ng expenditures	124	275	2892	1888	5179
d		nontaxable amount	9669	10860	13585	10486	44600
е		ceiling amount e 2d, column (e))					66901
f	Grassroots	obbying expenditures	124	0	0	0	124
						Schedule C (Forn	n 990 or 990-EZ) 2016

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.

2016

OMB No 1545-0047

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ.
► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

name of the organization		Employer identification number
Action Center Inc		30-2468999
Part VI Section A Line 9 Names & Addresses of board members who cannot be reached	at organization	n's mailing address
Frances Whittington, 713-B East 24th St, Chester PA 19013	Julia Ston	e, 916 S 46th St, Philadelphia PA 19143
Karen Orr, 2546 SW 14th Drive, Gainesville, FL 32608	Terry Nordhro	ock, 2602 E Helen St, Tucson AZ 85716
Tallet On / 2010 On 1141 Dillo, Odinostillo, 12 G2000	Teny Morabit	SCK, 2001 L Fieldt St, 1003011 AL 83710
Part VI Section A Line 11h describe the process if any used by the organization to revi	ou this Come Of	20
Part VI Section A Line 11b describe the process, if any, used by the organization to revi	ew this Form 9:	30.
When a draft of the 990 is done, it is forwarded to the board members for review. If any	corrections or	modifications are suggested after
the 990 is filed, then an amendment is filed, along with corrections provided by the account	ountant.	
Part VI Section C Line 19 Describe in Schedule O whether (and if so, how) the organizat	ion made its go	verning documents, conflict of interest
policy, and financial statements available to the public during the tax year.		
Records are available for viewing at the office upon request or can be emailed to the re-	guestor or obta	ined via GuideStar.org.
Part IX 11g Expenses		
44.4 (D) Field and property 07007		
11g1 (B) Field organizers - 27337		
11g2 (B) Research - 3000		
11g3 (B) Database development - 4242		
11g3 (C) Database development - 2828		
11g4 (B) Newsletter - 7620		
11g5 (C) Payroll agent - 1749		
1199 107 rayion agent - 1149		
11g6 (B) Court Transcription - 13256	·	