

# Return of Organization Exempt From Income Tax

**2004**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements.

**A For the 2004 calendar year**

**B** Check if applicable

- Address change
- Name change
- Initial return
- Final return
- Amended return
- Application pending

Please use IRS label or print or type See Specific Instructions.

13461 \*\*\*\*\*AUTO\*\*3-DIGIT 441  
OHIO CITIZEN ACTION  
614 W SUPERIOR AVE STE 1200  
CLEVELAND OH 44113-1386

P 6 I  
B 44 R S

**D** Employer identification number

34:1208942

**E** Telephone number

(216) 861-5200

**F** Accounting method:  Cash  Accrual

Other (specify) ▶

**G** Website: www.ohiocitizen.org

**J** Organization type (check only one)  501(c) (4) (insert no)  4947(a)(1) or  527

**K** Check here  if the organization's gross receipts are normally not more than \$25,000 The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data **Some states require a complete return.**

**H** and **I** are not applicable to section 527 organizations

**H(a)** Is this a group return for affiliates?  Yes  No

**H(b)** If "Yes," enter number of affiliates ▶  Yes  No

**H(c)** Are all affiliates included?  Yes  No (if "No," attach a list See instructions)

**H(d)** Is this a separate return filed by an organization covered by a group ruling?  Yes  No

**I** Group Exemption Number ▶

**M** Check  if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF)

**L** Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 ▶

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See page 18 of the instructions.)

|  |   |      |           |           |  |
|--|---|------|-----------|-----------|--|
| Revenue  | <b>1</b> Contributions, gifts, grants, and similar amounts received:                              |      |           |           |  |
|  | <b>a</b> Direct public support  | 1a   | 15,449    |           |  |
|  | <b>b</b> Indirect public support  | 1b   |           |           |  |
|  | <b>c</b> Government contributions (grants)  | 1c   |           |           |  |
|  | <b>d</b> Total (add lines 1a through 1c) (cash \$ _____ noncash \$ _____)                         | 1d   |           | 15,449    |  |
|  | <b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93) | 2    |           | 110,500   |  |
|  | <b>3</b> Membership dues and assessments  | 3    |           | 1,677,595 |  |
|  | <b>4</b> Interest on savings and temporary cash investments                                       | 4    |           | 300       |  |
|  | <b>5</b> Dividends and interest from securities   | 5    |           |           |  |
|  | <b>6a</b> Gross rents   | 6a   |           |           |  |
|  | <b>b</b> Less: rental expenses  | 6b   |           |           |  |
|  | <b>c</b> Net rental income or (loss) (subtract line 6b from line 6a)                              | 6c   |           |           |  |
| <b>7</b> Other investment income (describe ▶)  | 7   |      |           |           |  |
| <b>8a</b> Gross amount from sales of assets other than inventory   | (A) Securities  |      |           |           |  |
|  | (B) Other   |      |           |           |  |
|  | <b>8a</b>   |      |           |           |  |
|  | <b>8b</b>   |      |           |           |  |
| <b>c</b> Gain or (loss) (attach schedule)  | 8c  | 3161 |           |           |  |
| <b>d</b> Net gain or (loss) (combine line 8c, columns (A) and (B))   | 8d  |      | 3161      |           |  |
| <b>9</b> Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/> |   |      |           |           |  |
| <b>a</b> Gross revenue (not including \$ _____ of contributions reported on line 1a)                                       | 9a  |      |           |           |  |
| <b>b</b> Less: direct expenses other than fundraising expenses   | 9b  |      |           |           |  |
| <b>c</b> Net income or (loss) from special events (subtract line 9b from line 9a)  | 9c  |      |           |           |  |
| <b>10a</b> Gross sales of inventory, less returns and allowances   | 10a   |      |           |           |  |
| <b>b</b> Less: cost of goods sold  | 10b   |      |           |           |  |
| <b>c</b> Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)                | 10c   |      |           |           |  |
| <b>11</b> Other revenue (from Part VII, line 103)  | 11  |      | 60,404    |           |  |
| <b>12</b> Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)   | 12  |      | 1,867,409 |           |  |
| Expenses   | <b>13</b> Program services (from line 44, column (B))   | 13   | 1,128,410 |           |  |
|  | <b>14</b> Management and general (from line 44, column (C))                                       | 14   | 300,878   |           |  |
|  | <b>15</b> Fundraising (from line 44, column (D))  | 15   | 403,838   |           |  |
|  | <b>16</b> Payments to affiliates (attach schedule)  | 16   | -0-       |           |  |
|  | <b>17</b> Total expenses (add lines 13 and 14, column (A))  | 17   |           | 1,833,126 |  |
| Net Assets   | <b>18</b> Excess or (deficit) for the year (subtract line 17 from line 12)                        | 18   |           | 34,283    |  |
|  | <b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))             | 19   |           | <219,468> |  |
|  | <b>20</b> Other changes in net assets or fund balances (attach explanation)                       | 20   |           |           |  |
|  | <b>21</b> Net assets or fund balances at end of year (combine lines 18, 19, and 20)               | 21   |           | <185,185> |  |

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**Part II Statement of Functional Expenses**

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See page 22 of the instructions.)

| Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I. |   | (A) Total | (B) Program services | (C) Management and general | (D) Fundraising |
|---|---|-----------|----------------------|----------------------------|-----------------|
| 22  | Grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____)   | 22        |                      |                            |                 |
| 23  | Specific assistance to individuals (attach schedule)  | 23        |                      |                            |                 |
| 24  | Benefits paid to or for members (attach schedule)   | 24        |                      |                            |                 |
| 25  | Compensation of officers, directors, etc.   | 25        | 22,850               | 17,137                     | 5,713           |
| 26  | Other salaries and wages  | 26        | 1,145,517            | 744,586                    | 171,828         |
| 27  | Pension plan contributions  | 27        |                      |                            | 229,103         |
| 28  | Other employee benefits   | 28        | 90,889               | 59,078                     | 13,633          |
| 29  | Payroll taxes   | 29        | 111,176              | 72,265                     | 18,178          |
| 30  | Professional fundraising fees   | 30        | 57,913               |                            | 16,676          |
| 31  | Accounting fees   | 31        | 6,675                |                            | 57,913          |
| 32  | Legal fees  | 32        |                      | 6,675                      |                 |
| 33  | Supplies + misc. operating  | 33        | 25,236               | 16,211                     | 3,748           |
| 34  | Telephone   | 34        | 38,311               | 24,902                     | 5,277           |
| 35  | Postage and shipping  | 35        | 4,640                | 3,016                      | 766             |
| 36  | Occupancy   | 36        | 36,626               | 23,807                     | 928             |
| 37  | Equipment rental and maintenance  | 37        | 9,889                | 6,428                      | 732             |
| 38  | Printing and publications   | 38        | 8,062                | 5,241                      | 732             |
| 39  | Travel  | 39        | 70,095               | 52,571                     | 1,483           |
| 40  | Conferences, conventions, and meetings  | 40        | 15,305               | 11,479                     | 1,978           |
| 41  | Interest  | 41        | 70,317               | 58,388                     | 14,833          |
| 42  | Depreciation, depletion, etc. (attach schedule)   | 42        | 16,864               | 11,824                     | 2,333           |
| 43  | Other expenses not covered above (itemize): a   | 43a       |                      |                            |                 |
|   | b Advertising   | 43b       | 42,792               | 32,094                     | 10,698          |
|   | c Insurance   | 43c       | 11,821               | 5,152                      | 1,717           |
|   | d Bank Charges  | 43d       | 32,477               | 21,110                     | 4,872           |
|   | e Membership Communication  | 43e       | 15,671               | 15,671                     |                 |
| 44  | Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15. | 44        | 1,833,126            | 1,128,410                  | 300,878         |
|   |   |           |                      |                            | 403,838         |

**Joint Costs.** Check  if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No  
 If "Yes," enter (i) the aggregate amount of these joint costs \$ 1,287,374; (ii) the amount allocated to Program services \$ 798,172; (iii) the amount allocated to Management and general \$ 205,980, and (iv) the amount allocated to Fundraising \$ 283,222.

**Part III Statement of Program Service Accomplishments** (See page 25 of the instructions.)

| What is the organization's primary exempt purpose? ▶   | Program Service Expenses<br>(Required for 501(c)(3) and (4) orgs. and 4947(a)(1) trusts, but optional for others.) |
|--|--|
| a Environmental: Public education, organizing and lobbying on environmental and public health issues including toxic chemical exposures, chemical accidents, air pollution and nuclear safety.<br>(Grants and allocations \$ ) | 1,006,169  |
| b Campaign Finance: support for campaign finance reform efforts, public access to information, and issues related to election procedures.<br>(Grants and allocations \$ )  | 22,226   |
| c Consumer: Advocacy for fair utility rates and consumer protection.<br>(Grants and allocations \$ )   | 100,015  |
| d<br>(Grants and allocations \$ )  |  |
| e Other program services (attach schedule) (Grants and allocations \$ )  |  |
| f Total of Program Service Expenses (should equal line 44, column (B), Program services).  | 1,128,410  |

**Part IV Balance Sheets** (See page 25 of the instructions.)

**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

|  |  | (A)<br>Beginning of year                                   |           | (B)<br>End of year |
|--|--|--|-----------|--------------------|
| Assets   | 45 Cash—non-interest-bearing   | 6629   | 45        | 7042               |
|  | 46 Savings and temporary cash investments  |  | 46        |                    |
|  | 47a Accounts receivable  | 531  | 17,325    | 531                |
|  | b Less: allowance for doubtful accounts  |  | 47c       |                    |
|  | 48a Pledges receivable   | 126,733  | 82,987    | 126,733            |
|  | b Less: allowance for doubtful accounts  |  | 48c       |                    |
|  | 49 Grants receivable   |  | 49        |                    |
|  | 50 Receivables from officers, directors, trustees, and key employees (attach schedule)   |  | 50        |                    |
|  | 51a Other notes and loans receivable (attach schedule)   | 51a  |           |                    |
|  | b Less: allowance for doubtful accounts  | 51b  |           | 51c                |
|  | 52 Inventories for sale or use   |  | 52        |                    |
|  | 53 Prepaid expenses and deferred charges   | 18,431   | 53        | 18,115             |
|  | 54 Investments—securities (attach schedule)  | <input type="checkbox"/> Cost <input type="checkbox"/> FMV | 54        |                    |
|  | 55a Investments—land, buildings, and equipment: basis  | 55a  |           |                    |
|  | b Less: accumulated depreciation (attach schedule)   | 55b  |           | 55c                |
| 56 Investments—other (attach schedule)   |  | 56   |           |                    |
| 57a Land, buildings, and equipment: basis  | 245,820  |  |           |                    |
| b Less: accumulated depreciation (attach schedule)   | 210,757  | 26,406   | 35,063    |                    |
| 58 Other assets (describe <u>Deposits</u> )  |  | 2798   | 58        | 4342               |
| 59 <b>Total assets</b> (add lines 45 through 58) (must equal line 74)  |  | 154,576  | 59        | 193,826            |
| Liabilities  | 60 Accounts payable and accrued expenses   | 344,044  | 60        | 330,240            |
|  | 61 Grants payable  |  | 61        |                    |
|  | 62 Deferred revenue  |  | 62        |                    |
|  | 63 Loans from officers, directors, trustees, and key employees (attach schedule)   | 10,000   | 63        | 19,771             |
|  | 64a Tax-exempt bond liabilities (attach schedule)  |  | 64a       |                    |
|  | b Mortgages and other notes payable (attach schedule)  | 20,000   | 64b       | 29,000             |
|  | 65 Other liabilities (describe <u>        </u> )   |  | 65        |                    |
| 66 <b>Total liabilities</b> (add lines 60 through 65)  |  | 374,044  | 66        | 379,011            |
| Net Assets or Fund Balances  | Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74. |  |           |                    |
|  | 67 Unrestricted  | <219,468>  | 67        | <185,185>          |
|  | 68 Temporarily restricted  |  | 68        |                    |
|  | 69 Permanently restricted  |  | 69        |                    |
|  | Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.                         |  |           |                    |
|  | 70 Capital stock, trust principal, or current funds  |  | 70        |                    |
|  | 71 Paid-in or capital surplus, or land, building, and equipment fund   |  | 71        |                    |
|  | 72 Retained earnings, endowment, accumulated income, or other funds  |  | 72        |                    |
| 73 <b>Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21) | <219,468>  | 73   | <185,185> |                    |
| 74 <b>Total liabilities and net assets / fund balances</b> (add lines 66 and 73)   | 154,576  | 74   | 193,826   |                    |

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

**Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return** (See page 27 of the instructions.)

**Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return**

**a** Total revenue, gains, and other support per audited financial statements . . . ▶ **a** 1,867,409

**b** Amounts included on line **a** but not on line 12, Form 990:

(1) Net unrealized gains on investments . . . \$ \_\_\_\_\_

(2) Donated services and use of facilities \$ \_\_\_\_\_

(3) Recoveries of prior year grants . . . \$ \_\_\_\_\_

(4) Other (specify):  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 Add amounts on lines (1) through (4) ▶ **b** \_\_\_\_\_

**c** Line **a** minus line **b** . . . . . ▶ **c** 1,867,409

**d** Amounts included on line 12, Form 990 but not on line **a**:

(1) Investment expenses not included on line 6b, Form 990 . . . \$ \_\_\_\_\_

(2) Other (specify):  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 Add amounts on lines (1) and (2) ▶ **d** \_\_\_\_\_

**e** Total revenue per line 12, Form 990 (line **c** plus line **d**). . . . . ▶ **e** 1,867,409

**a** Total expenses and losses per audited financial statements . . . ▶ **a** 1,833,126

**b** Amounts included on line **a** but not on line 17, Form 990:

(1) Donated services and use of facilities \$ \_\_\_\_\_

(2) Prior year adjustments reported on line 20, Form 990 . . . . . \$ \_\_\_\_\_

(3) Losses reported on line 20, Form 990 . . . \$ \_\_\_\_\_

(4) Other (specify):  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 Add amounts on lines (1) through (4) ▶ **b** \_\_\_\_\_

**c** Line **a** minus line **b** . . . . . ▶ **c** 1,833,126

**d** Amounts included on line 17, Form 990 but not on line **a**:

(1) Investment expenses not included on line 6b, Form 990 . . . \$ \_\_\_\_\_

(2) Other (specify):  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 Add amounts on lines (1) and (2) ▶ **d** \_\_\_\_\_

**e** Total expenses per line 17, Form 990 (line **c** plus line **d**). . . . . ▶ **e** 1,833,126

**Part V List of Officers, Directors, Trustees, and Key Employees** (List each one even if not compensated; see page 27 of the instructions)

| (A) Name and address   | (B) Title and average hours per week devoted to position | (C) Compensation (if not paid, enter -0-) | (D) Contributions to employee benefit plans & deferred compensation | (E) Expense account and other allowances |
|--|--|---|---|--|
| Alexandra Buchanan<br>614 W. Superior Ave.<br>#1240<br>Cleveland, OH 44113 | EXEC DIR<br>20 HRS                                       | 22,850                                    | -0-   | -0-                                      |
| See attached list of Board of Directors who serve without compensation.    |  |   |   |  |
|  |  |   |   |  |
|  |  |   |   |  |
|  |  |   |   |  |
|  |  |   |   |  |
|  |  |   |   |  |
|  |  |   |   |  |
|  |  |   |   |  |
|  |  |   |   |  |

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations?  Yes  No  
 If "Yes," attach schedule—see page 28 of the instructions.

Part VI Other Information (See page 28 of the instructions.)

|     |   | Yes                                 | No                                  |
|-----|---|-------------------------------------|-------------------------------------|
| 76  | Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity.   |                                     | <input checked="" type="checkbox"/> |
| 77  | Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.   |                                     | <input checked="" type="checkbox"/> |
| 78a | Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?  |                                     | <input checked="" type="checkbox"/> |
| 78b | If "Yes," has it filed a tax return on Form 990-T for this year?  | N/A                                 |                                     |
| 79  | Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement   |                                     | <input checked="" type="checkbox"/> |
| 80a | Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?   |                                     | <input checked="" type="checkbox"/> |
| b   | If "Yes," enter the name of the organization _____ and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.   |                                     |                                     |
| 81a | Enter direct and indirect political expenditures. See line 81 instructions  | 81a                                 | 0                                   |
| 81b | Did the organization file Form 1120-POL for this year?  | N/A                                 |                                     |
| 82a | Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?   |                                     | <input checked="" type="checkbox"/> |
| b   | If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)  | 82b                                 | N/A                                 |
| 83a | Did the organization comply with the public inspection requirements for returns and exemption applications?   | <input checked="" type="checkbox"/> |                                     |
| 83b | Did the organization comply with the disclosure requirements relating to quid pro quo contributions?  | <input checked="" type="checkbox"/> |                                     |
| 84a | Did the organization solicit any contributions or gifts that were not tax deductible?   | <input checked="" type="checkbox"/> |                                     |
| b   | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?   | <input checked="" type="checkbox"/> |                                     |
| 85  | 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?   | <input checked="" type="checkbox"/> |                                     |
| b   | Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.                  | <input checked="" type="checkbox"/> |                                     |
| c   | Dues, assessments, and similar amounts from members.  | 85c                                 | N/A                                 |
| d   | Section 162(e) lobbying and political expenditures.   | 85d                                 | S                                   |
| e   | Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices.   | 85e                                 | S                                   |
| f   | Taxable amount of lobbying and political expenditures (line 85d less 85e).  | 85f                                 | S                                   |
| g   | Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?   | 85g                                 | N/A                                 |
| h   | If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?                              | 85h                                 | N/A                                 |
| 86  | 501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12.   | 86a                                 | N/A                                 |
| b   | Gross receipts, included on line 12, for public use of club facilities  | 86b                                 |                                     |
| 87  | 501(c)(12) orgs. Enter: a Gross income from members or shareholders   | 87a                                 | S                                   |
| b   | Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)   | 87b                                 | S                                   |
| 88  | At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX. | 88                                  | <input checked="" type="checkbox"/> |
| 89a | 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under section 4911 _____; section 4912 _____; section 4955 _____  |                                     |                                     |
| b   | 501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction          |                                     | <input checked="" type="checkbox"/> |
| c   | Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958   |                                     | N/A                                 |
| d   | Enter: Amount of tax on line 89c, above, reimbursed by the organization   |                                     | N/A                                 |
| 90a | List the states with which a copy of this return is filed   |                                     |                                     |
| b   | Number of employees employed in the pay period that includes March 12, 2004 (See instructions.)   | 90b                                 | 86                                  |
| 91  | The books are in care of Ohio Citizen Action Telephone no. (216) 861-5000 Located at 614 W. Superior Ave #1200, Cleve, OH ZIP + 4 44113   |                                     |                                     |
| 92  | Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year  | 92                                  | <input type="checkbox"/>            |

**Part VII Analysis of Income-Producing Activities** (See page 33 of the instructions.)

**Note:** Enter gross amounts unless otherwise indicated.

|  | Unrelated business income |               | Excluded by section 512, 513, or 514 |               | (E)<br>Related or<br>exempt function<br>income |
|--|---------------------------|---------------|--------------------------------------|---------------|--|
|  | (A)<br>Business code      | (B)<br>Amount | (C)<br>Exclusion code                | (D)<br>Amount |  |
| 93 Program service revenue:                                  |                           |               |                                      |               |  |
| a Contract Organizations                                     |                           |               |                                      |               | 110,500  |
| b Public Education Services                                  |                           |               |                                      |               |  |
| c  |                           |               |                                      |               |  |
| d  |                           |               |                                      |               |  |
| e  |                           |               |                                      |               |  |
| f Medicare/Medicaid payments                                 |                           |               |                                      |               |  |
| g Fees and contracts from government agencies                |                           |               |                                      |               |  |
| 94 Membership dues and assessments                           |                           |               |                                      |               | 1,677,595                                      |
| 95 Interest on savings and temporary cash investments        |                           |               | 14                                   | 300           |  |
| 96 Dividends and interest from securities                    |                           |               |                                      |               |  |
| 97 Net rental income or (loss) from real estate:             |                           |               |                                      |               |  |
| a debt-financed property                                     |                           |               |                                      |               |  |
| b not debt-financed property                                 |                           |               |                                      |               |  |
| 98 Net rental income or (loss) from personal property        |                           |               |                                      |               |  |
| 99 Other investment income                                   |                           |               |                                      |               |  |
| 100 Gain or (loss) from sales of assets other than inventory |                           |               | 18                                   | 3161          |  |
| 101 Net income or (loss) from special events                 |                           |               |                                      |               |  |
| 102 Gross profit or (loss) from sales of inventory           |                           |               |                                      |               |  |
| 103 Other revenue: a Lawsuit Settlements                     |                           |               |                                      |               | 10,000   |
| b Negotiated Accounts Payable                                |                           |               |                                      |               | 50,404   |
| c write-off and forgiveness                                  |                           |               |                                      |               |  |
| d of debt  |                           |               |                                      |               |  |
| e  |                           |               |                                      |               |  |
| 104 Subtotal (add columns (B), (D), and (E))                 |                           |               |                                      | 3461          | 1,848,499                                      |
| 105 Total (add line 104, columns (B), (D), and (E))          |                           |               |                                      |               | 1,851,960                                      |

**Note:** Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See page 34 of the instructions.)

| Line No. | Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes) |
|----------|--|
| 93 A     | Providing Public Education & Organizing Services to other exempt orgs on related issues.   |
| 94       | Dues are collected during education & grassroots organizing campaigns.   |
| 103 A    | Settlements from denial of 1st Amendment rights to carry out campaigns.  |
| 103 C    | Forgiveness of debts / uncollectable debts.  |

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See page 34 of the instructions.)

| (A)<br>Name, address, and EIN of corporation, partnership, or disregarded entity | (B)<br>Percentage of ownership interest | (C)<br>Nature of activities | (D)<br>Total income | (E)<br>End-of-year assets |
|--|---|-----------------------------|---------------------|---------------------------|
| N/A  | %                                       |                             |                     |                           |
|  | %                                       |                             |                     |                           |
|  | %                                       |                             |                     |                           |
|  | %                                       |                             |                     |                           |

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See page 34 of the instructions.)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No

**Note:** If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

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.

Please

ATIVE DIRECTOR

Date

11/14/05

OHIO CITIZEN ACTION  
 FEDERAL ID# 34-1208942  
 2004 FORM 990  
 31-Dec-04

PAGE 1, PART I, LINE 8C  
 PAGE 2, PART II, LINE 42  
 PAGE 3, PART IV, LINE 57B

|                              | COST     | 12/31/03<br>ACCUM DEP | 2004<br>DEPREC EXP | 12/31/04<br>ACCUM DEP | GAIN/LOSS<br>ON DISPOSAL |
|------------------------------|----------|-----------------------|--------------------|-----------------------|--------------------------|
| A) LEASEHOLD<br>IMPROVEMENTS | 21,316   | (19,151)              | 1,487              | (20,638)              |                          |
| PLUS: ADDITIONS              | 1,982    |                       | 606                | (606)                 |                          |
| LESS: DELETIONS              |          |                       |                    |                       |                          |
| BALANCE                      | 23,298   | (19,151)              | 2,093              | (21,244)              |                          |
| B) OFFICE EQUIPMENT          | 168,302  | (157,440)             | 6,811              | (164,251)             |                          |
| PLUS: ADDITIONS              | 2,932    |                       | 593                | (593)                 |                          |
| LESS: DELETIONS              | (22,079) |                       |                    | 22,079                | 0                        |
| BALANCE                      | 149,155  | (157,440)             | 7,404              | (142,765)             | 0                        |
| C) AUTOMOTIVE EQUIPMENT      | 90,987   | (77,608)              | 7,081              | (84,689)              |                          |
| PLUS: REVENUE FROM SALE      |          |                       |                    |                       | 3,161                    |
| LESS: DELETIONS              | (38,227) |                       |                    | 38,227                | 0                        |
| PLUS: ADDITIONS              | 20,606   |                       | 286                | (286)                 |                          |
| BALANCE                      | 73,366   | (77,608)              | 7,367              | (46,748)              | 3,161                    |
| COMBINED TOTALS              | 245,819  | (254,199)             | 16,864             | (210,757)             | 3,161                    |

OHIO CITIZEN ACTION  
 FED ID # 34-1208942  
 2004 FORM 990  
 31-Dec-04

## PAGE 3, PART IV, LINE 63 - LOANS FROM OFFICERS AND DIRECTORS

| LENDER                                   | DESC | 12/31/2003<br>BALANCE | ADDITIONS | DELETIONS/<br>PAYMENTS | 12/31/2004<br>BALANCE |
|--|------|-----------------------|-----------|------------------------|-----------------------|
| Alexandra Buchanan<br>Executive Director | Loan | 10,000.00             | 28,000.00 | 18,229.67              | 19,770.33             |
|  |      | 10,000.00             | 28,000.00 | 18,229.67              | 19,770.33             |

## PAGE 3, PART IV, LINE 64B - MORTGAGES AND OTHER NOTES PAYABLE

| LENDER                    | DESC         | 12/31/2003<br>BALANCE | ADDITIONS | DELETIONS/<br>PAYMENTS | 12/31/2004<br>BALANCE |
|---------------------------|--------------|-----------------------|-----------|------------------------|-----------------------|
| Citizens Action Coalition | Note Payable | 10,000.00             |           |                        | 10,000.00             |
| Hudson Bay Company        | Loan         | 7,000.00              |           | 7,000.00'              | 0.00                  |
| William Zavarello         | Note Payable | 5,000.00              |           |                        | 5,000.00              |
| Don Wolcott               | Note Payable | 5,000.00              | 8,000.00  | 5,000.00               | 8,000.00              |
| Lynn Scheerhorn           | Loan         | -                     | 6,000.00  |                        | 6,000.00              |
|                           |              | 27,000.00             | 14,000.00 | 12,000.00              | 29,000.00             |

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OHIO CITIZEN ACTION  
FED ID# 34-1208942  
2004-FORM 990  
PAGE 4- PART V  
DEC 31, 2004

- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only Part II and check this box  **Note: Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.**
- If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

**Part II Additional (not automatic) 3-Month Extension of Time—Must File Original and One Copy.**

|  |  |   |
|--|--|---|
| Type or print  | Name of Exempt Organization<br><b>OHIO CITIZEN ACTION</b>  | Employer identification number<br><b>34:1208942</b> |
| File by the extended due date for filing the return See instructions | Number, street, and room or suite no. If a P.O. box, see instructions.<br><b>614 W. SUPERIOR AVE. #1200</b>            | For IRS use only                                    |
|  | City, town or post office, state, and ZIP code. For a foreign address, see instructions.<br><b>CLEVELAND, OH 44113</b> |   |

Check type of return to be filed (File a separate application for each return):

- Form 990   
  Form 990-EZ   
  Form 990-T (sec. 401(a) or 408(a) trust)   
  Form 1041-A   
  Form 5227   
  Form 8870  
 Form 990-BL   
  Form 990-PF   
  Form 990-T (trust other than above)   
  Form 4720   
  Form 6069

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

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ . If this is for the **whole group**, check this box  . If it is for **part of the group**, check this box  and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until 11-15, 2005

5 For calendar year 2004, or other tax year beginning \_\_\_\_\_, 20\_\_\_\_ and ending \_\_\_\_\_, 20\_\_\_\_

6 If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

7 State in detail why you need the extension financial information not yet complete.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ \_\_\_\_\_

b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 \$ \_\_\_\_\_

c **Balance Due.** Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ \_\_\_\_\_

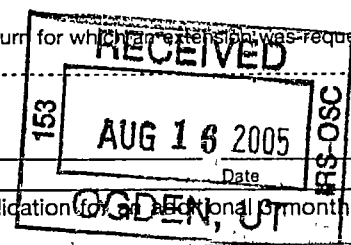
**Signature and Verification**

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

Signature [Signature] Title EXEC. DIRECTOR Date 8/12/05

**Notice to Applicant—To Be Completed by the IRS**

- We have approved this application. Please attach this form to the organization's return.
- We have not approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return.
- We have not approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period.
- We cannot consider this application because it was filed after the due date of the return for which an extension was requested.
- Other \_\_\_\_\_



Director \_\_\_\_\_ By: \_\_\_\_\_

**Alternate Mailing Address** — Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

|               |   |
|---------------|---|
| Type or print | Name  |
|               | Number and street (include suite, room, or apt. no.) Or a P.O. box number   |
|               | City or town, province or state, and country (including postal or ZIP code) |

**EXTENSION APPROVED**  
**AUG 29 2005**

FIELD DIRECTOR, SUBMISSION PROCESSING, OGDEN