Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047

2005

Open to Public Inspection

A For the 2005 calendar year, or tax year beginning , 2005, and ending , 20

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return
- ☐ Amended return
- ☐ Application pending

29 I3 200512 03 15 3 0000
OHIO CITIZEN ACTION EDUCATION FUND
614 W SUPERIOR AVE STE 1200
CLEVELAND OH 44113-1386

D Employer identification number 34-1208940

E Telephone number (216) 861-1989

F Accounting method: ☐ Cash ☑ Accrual ☐ Other (specify) ▶

• **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**

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 ▶

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 ▶

G Website: ▶

J Organization type (check only one) ▶ ☑ 501(c) (3) ◀ (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 chooses to file a return, be sure to file a complete return. **Some states require a complete return.**

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 the instructions.)*

Revenue

			(A) Securities	(B) Other		
1	Contributions, gifts, grants, and similar amounts received:					
a	Direct public support	1a		377,291		
b	Indirect public support	1b		14,519		
c	Government contributions (grants)	1c				
d	**Total** (add lines 1a through 1c) (cash $ 383,105 noncash $ 8705.)				1d	391,810
2	Program service revenue including government fees and contracts (from Part VII, line 93)				2	
3	Membership dues and assessments				3	
4	Interest on savings and temporary cash investments				4	
5	Dividends and interest from securities				5	
6a	Gross rents	6a				
b	Less: rental expenses	6b				
c	Net rental income or (loss) (subtract line 6b from line 6a)				6c	
7	Other investment income (describe ▶)				7	
8a	Gross amount from sales of assets other than inventory	8a				
b	Less: cost or other basis and sales expenses	8b				
c	Gain or (loss) (attach schedule)	8c				
d	Net gain or (loss) (combine line 8c, columns (A) and (B))				8d	
9	Special events and activities (attach schedule) If any amount is from **gaming**, check here ▶ ☐					
a	Gross revenue (not including $ of contributions reported on line 1a)	9a				
b	Less: direct expenses other than fundraising expenses	9b				
c	Net income or (loss) from special events (subtract line 9b from line 9a)				9c	
10a	Gross sales of inventory, less returns and allowances	10a				
b	Less: cost of goods sold	10b				
c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)				10c	
11	Other revenue (from Part VII, line 103)				11	
12	**Total revenue** (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)				12	391,810

Expenses

13	Program services (from line 44, column (B))	13	409,605
14	Management and general (from line 44, column (C))	14	39,838
15	Fundraising (from line 44, column (D))	15	33,371
16	Payments to affiliates (attach schedule)	16	
17	**Total expenses** (add lines 16 and 44, column (A))	17	482,814

Net Assets

18	Excess or (deficit) for the year (subtract line 17 from line 12)	18	<91,004>
19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	193,684
20	Other changes in net assets or fund balances (attach explanation)	20	
21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	102,680

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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 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 $ 50,430 noncash $ ______) If this amount includes foreign grants, check here ▶ ☐	22	50,430	50,430		
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	29,300	14,650		14,650
26 Other salaries and wages	26	166,210	166,210		
27 Pension plan contributions	27				
28 Other employee benefits	28	21,496	21,496		
29 Payroll taxes	29	29,670	29,670		
30 Professional fundraising fees	30	18,721			18,721
31 Accounting fees	31	2539		2539	
32 Legal fees	32				
33 Supplies + misc. office exp	33	3419	3419		
34 Telephone	34	3219	3219		
35 Postage and shipping	35	1028	1028		
36 Occupancy	36	48,393	48,393		
37 Equipment rental and maintenance	37	50	50		
38 Printing and publications	38	1188	1188		
39 Travel	39	4742	4742		
40 Conferences, conventions, and meetings	40	70	70		
41 Interest + penalties	41	3253	3253		
42 Depreciation, depletion, etc. (attach schedule)	42	900	900		
43 Other expenses not covered above (itemize):					
a Financial mgmt. services	43a	37,299		37,299	
b Insurance	43b	1642	1642		
c Membership Dues	43c	575	575		
d Bank Charges	43d	3670	3670		
e Contributions	43e	55,000	55,000		
f	43f				
g	43g				
44 **Total functional expenses.** Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	482,814	409,605	39,838	33,371

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 $ ______; **(ii)** the amount allocated to Program services $ ______; **(iii)** the amount allocated to Management and general $ ______; and **(iv)** the amount allocated to Fundraising $ ______

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

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.

What is the organization's primary exempt purpose? ▶ Public Education + Research All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	**Program Service Expenses** (Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others)
a Environmental: Public Education and organizing on environmental and public health issues including toxic chemical exposures, chemical accidents, air pollution and nuclear safety. (Grants and allocations $ 50,430.) If this amount includes foreign grants, check here ▶ ☐	219,881
b Campaign Finance: Support for campaign finance reform efforts, public access to information, and issues related to election procedures. (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	189,047
c Hunger: Assisting in providing a summer lunch program to school age children. (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	1000.
d (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	
e Other program services (attach schedule) (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	
f **Total of Program Service Expenses** (should equal line 44, column (B), Program services). . . . . ▶	409,928

Part IV Balance Sheets *(See the instructions.)*

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

				(A) Beginning of year		(B) End of year
Assets	45	Cash—non-interest-bearing		463	45	17,335
	46	Savings and temporary cash investments			46	
	47a	Accounts receivable	47a			
	b	Less: allowance for doubtful accounts	47b		47c	
	48a	Pledges receivable	48a			
	b	Less: allowance for doubtful accounts	48b	35,457	48c	25,705
	49	Grants receivable		172,000	49	-0-
	50	Receivables from officers, directors, trustees, and key employees (attach schedule)			50	
	51a	Other notes and loans receivable (attach schedule)	51a 129,672			
	b	Less: allowance for doubtful accounts	51b	-0-	51c	129,672
	52	Inventories for sale or use			52	
	53	Prepaid expenses and deferred charges		775	53	726
	54	Investments—securities (attach schedule) ▶ ☐ Cost ☐ 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	57a 19,461			
	b	Less: accumulated depreciation (attach schedule)	57b ‹19,002›	1360	57c	459
	58	Other assets (describe ▶)			58	
	59	**Total assets** (must equal line 74). Add lines 45 through 58		210,055	59	173,897
Liabilities	60	Accounts payable and accrued expenses		341	60	18,236
	61	Grants payable			61	
	62	Deferred revenue			62	
	63	Loans from officers, directors, trustees, and key employees (attach schedule)			63	
	64a	Tax-exempt bond liabilities (attach schedule)			64a	
	b	Mortgages and other notes payable (attach schedule)		16,030	64b	52,981
	65	Other liabilities (describe ▶)			65	
	66	**Total liabilities.** Add lines 60 through 65		16,371	66	71,217
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here** ▶ ☑ and complete lines 67 through 69 and lines 73 and 74.				
	67	Unrestricted		‹96,826›	67	‹93,570›
	68	Temporarily restricted		290,510	68	196,250
	69	Permanently restricted			69	
		Organizations that do not follow SFAS 117, check here ▶ ☐ 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	**Total net assets or fund balances** (add lines 67 through 69 **or** lines 70 through 72; column (A) **must** equal line 19; column (B) **must** equal line 21)		193,684	73	102,680
	74	**Total liabilities and net assets/fund balances.** Add lines 66 and 73.		210,055	74	173,897

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

a	Total revenue, gains, and other support per audited financial statements			a	391,810
b	Amounts included on line **a** but not on Part I, line 12:				
1	Net unrealized gains on investments	b1			
2	Donated services and use of facilities	b2			
3	Recoveries of prior year grants	b3			
4	Other (specify):	b4			
	Add lines **b1** through **b4**			b	-0-
c	Subtract line **b** from line **a**			c	391,810
d	Amounts included on Part I, line 12, but not on line **a**:				
1	Investment expenses not included on Part I, line 6b	d1			
2	Other (specify):	d2			
	Add lines **d1** and **d2**			d	-0-
e	**Total revenue** (Part I, line 12). Add lines **c** and **d** ▶			e	391,810

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

a	Total expenses and losses per audited financial statements			a	482,814
b	Amounts included on line **a** but not on Part I, line 17:				
1	Donated services and use of facilities	b1			
2	Prior year adjustments reported on Part I, line 20	b2			
3	Losses reported on Part I, line 20	b3			
4	Other (specify):	b4			
	Add lines **b1** through **b4**			b	-0-
c	Subtract line **b** from line **a**			c	482,814
d	Amounts included on Part I, line 17, but not on line **a**:				
1	Investment expenses not included on Part I, line 6b	d1			
2	Other (specify):	d2			
	Add lines **d1** and **d2**			d	-0-
e	**Total expenses** (Part I, line 17). Add lines **c** and **d** ▶			e	482,814

Part V-A **Current Officers, Directors, Trustees, and Key Employees** (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) *(See 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 plans	(E) Expense account and other allowances
Rachael Belz 2330 Victory Pkwy #305 Cincinnati, OH 45206	EXECUTIVE DIR. 32 HRS	29,300	-0-	-0-
See attached list of Board of Directors who serve without compensation				

Part V-A Current Officers, Directors, Trustees, and Key Employees *(continued)*

		Yes	No
75a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings . . . . . currently . . . . . . ▶ 5			
b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s) . .	75b		✓
c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to this organization through common supervision or common control? **Note.** Related organizations include section 509(a)(3) supporting organizations. If "Yes," attach a statement that identifies the individuals, explains the relationship between this organization and the other organization(s), and describes the compensation arrangements, including amounts paid to each individual by each related organization.	75c	✓	
d Does the organization have a written conflict of interest policy?	75d	✓	

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits

(If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	(B) Loans and Advances	(C) Compensation	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
N/A				

Part VI Other Information *(See 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	76		✓
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.	77		✓
78a Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	78a		✓
b If "Yes," has it filed a tax return on **Form 990-T** for this year?	78b	N/	A
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79		✓
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?	80a		✓
b If "Yes," enter the name of the organization ▶ .... and check whether it is ☐ exempt or ☐ nonexempt			
81a Enter direct and indirect political expenditures. (See line 81 instructions.) . . | 81a | –0–			
b Did the organization file **Form 1120-POL** for this year?	81b		✓

Part VI Other Information *(continued)*

			Yes	No
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?	82a		✓
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			
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	✓	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	✓	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A	
85	*501(c)(4), (5), or (6) organizations.* **a** Were substantially all dues nondeductible by members?	85a	N/A	
b	Did the organization make only in-house lobbying expenditures of $2,000 or less?	85b	N/A	

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.

c	Dues, assessments, and similar amounts from members	85c	N/A
d	Section 162(e) lobbying and political expenditures	85d	
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	

			Yes	No
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	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	

			Yes	No
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		✓
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	89b		✓

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 ▶ OHIO

b Number of employees employed in the pay period that includes March 12, 2005 (See instructions.) 90b 7

91a The books are in care of ▶ OHIO CITIZEN ACTION Telephone no. ▶ (216) 861-5200
Located at ▶ 614 W. Superior Ave, #1200, Cleve, OH ZIP + 4 ▶ 44113

			Yes	No
b	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)?	91b		✓
	If "Yes," enter the name of the foreign country ▶ ________ See the instructions for exceptions and filing requirements for **Form TD F 90-22.1,** Report of Foreign Bank and Financial Accounts.			
c	At any time during the calendar year, did the organization maintain an office outside of the United States? If "Yes," enter the name of the foreign country ▶ ________	91c		✓

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

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

Note: *Enter gross amounts unless otherwise indicated.*	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a					
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments					
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					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))					

105 **Total** (add line 104, columns (B), (D), and (E)) ▶

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 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).

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

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

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See 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).*

Please Sign Here

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.

▶ Rachael L Belz — Signature of officer — 11/9/06 Date

▶ Rachael L. Belz, Executive director — Type or print name and title

Paid Preparer's Use Only	Preparer's signature ▶	Date	Check if self-employed ▶ ☐	Preparer's SSN or PTIN (See Gen Inst W)
	Firm's name (or yours if self-employed), address, and ZIP + 4 ▶		EIN ▶	Phone no. ▶ ( )

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information—(See separate instructions.)

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No 1545-0047

2005

Name of the organization: OHIO CITIZEN ACTION EDUCATION FUND

Employer identification number: 34-1208940

Part I **Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than $50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

Total number of other employees paid over $50,000 ▶

Part II-A **Compensation of the Five Highest Paid Independent Contractors for Professional Services**
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than $50,000	(b) Type of service	(c) Compensation
NONE		

Total number of others receiving over $50,000 for professional services ▶

Part II-B **Compensation of the Five Highest Paid Independent Contractors for Other Services**
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than $50,000	(b) Type of service	(c) Compensation
NONE		

Total number of other contractors receiving over $50,000 for other services ▶

Part III **Statements About Activities** (See page 2 of the instructions.)

			Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ $ 55,000 (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)	1	✓	
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.			
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? *(If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)*			
a	Sale, exchange, or leasing of property?	2a		✓
b	Lending of money or other extension of credit?	2b	✓	
c	Furnishing of goods, services, or facilities?	2c		✓
d	Payment of compensation (or payment or reimbursement of expenses if more than $1,000)? SEE 990 PART V	2d	✓	
e	Transfer of any part of its income or assets?	2e		✓
3a	Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.)	3a		✓
b	Do you have a section 403(b) annuity plan for your employees?	3b		✓
c	During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?	3c		✓
4a	Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	4a		✓
b	Do you provide credit counseling, debt management, credit repair, or debt negotiation services?	4b		✓

Part IV **Reason for Non-Private Foundation Status** (See pages 3 through 6 of the instructions.)

The organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

5 ☐ A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).

6 ☐ A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)

7 ☐ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).

8 ☐ A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).

9 ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). **Enter the hospital's name, city, and state** ▶

10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)

11a ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)

11b ☐ A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)

12 ☐ An organization that normally receives: **(1) more than 33⅓%** of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions—subject to certain exceptions, and **(2) no more than 33⅓%** of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)

13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: **(1)** lines 5 through 12 above; or **(2)** sections 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). Check the box that describes the type of supporting organization: ▶ ☐ Type 1 ☐ Type 2 ☐ Type 3

Provide the following information about the supported organizations. (See page 6 of the instructions.)

(a) Name(s) of supported organization(s)	**(b)** Line number from above

14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 6 of the instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) ***Use cash method of accounting.***

Note: *You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.*

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	525,070	691,792	805,546	744,531	2,766,939
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	-0-	1500	3150	26,320	30,970
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	-0-	14	130	2526	2670
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	247				247
23 Total of lines 15 through 22	525,317	693,306	808,826	773,377	2,800,826
24 Line 23 minus line 17	525,317	691,806	805,676	747,057	2,769,856
25 Enter 1% of line 23	5253	6933	8088	7734	

26 **Organizations described on lines 10 or 11:** **a** Enter 2% of amount in column (e), line 24 ▶ **26a** 55,397

b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2001 through 2004 exceeded the amount shown in line 26a. **Do not file this list with your return.** Enter the total of all these excess amounts ▶ **26b** 1,046,412

c Total support for section 509(a)(1) test: Enter line 24, column (e) ▶ **26c** 2,769,856

d Add: Amounts from column (e) for lines: 18 2670 19 -0- 22 247 26b 1,046,412 ▶ **26d** 1,049,329

e Public support (line 26c minus line 26d total) ▶ **26e** 1,720,527

f **Public support percentage (line 26e (numerator) divided by line 26c (denominator))** ▶ **26f** 63 %

27 **Organizations described on line 12:** **a** For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." **Do not file this list with your return.** Enter the sum of such amounts for each year:

(2004) .... (2003) .... (2002) .... (2001) ....

b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the **larger** of **(1)** the amount on line 25 for the year or **(2)** $5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) **Do not file this list with your return.** After computing the difference between the amount received and the larger amount described in **(1)** or **(2)**, enter the sum of these differences (the excess amounts) for each year:

(2004) .... (2003) .... (2002) .... (2001) ....

c Add: Amounts from column (e) for lines: 15 ______ 16 ______ 17 ______ 20 ______ 21 ______ ▶ **27c**

d Add: Line 27a total. ______ and line 27b total ______ ▶ **27d**

e Public support (line 27c total minus line 27d total) ▶ **27e**

f Total support for section 509(a)(2) test: Enter amount from line 23, column (e) ▶ **27f**

g **Public support percentage (line 27e (numerator) divided by line 27f (denominator))** ▶ **27g** %

h **Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))** ▶ **27h** %

28 **Unusual Grants:** For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. **Do not file this list with your return.** Do not include these grants in line 15.

Part V **Private School Questionnaire** (See page 7 of the instructions.)
(To be completed ONLY by schools that checked the box on line 6 in Part IV) N/A

		Line	Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?	31		
	If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)			
32	Does the organization maintain the following:			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			
33	Does the organization discriminate by race in any way with respect to:			
a	Students' rights or privileges?	33a		
b	Admissions policies?	33b		
c	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
e	Educational policies?	33e		
f	Use of facilities?	33f		
g	Athletic programs?	33g		
h	Other extracurricular activities?	33h		
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
b	Has the organization's right to such aid ever been revoked or suspended?	34b		
	If you answered "Yes" to either 34a or b, please explain using an attached statement.			
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35		

Part VI-A **Lobbying Expenditures by Electing Public Charities** (See page 9 of the instructions.)
(To be completed **ONLY** by an eligible organization that filed Form 5768)

Check ▶ a ☐ if the organization belongs to an affiliated group. Check ▶ b ☐ if you checked "a" and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36		
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37		55,000
38 Total lobbying expenditures (add lines 36 and 37)	38		55,000
39 Other exempt purpose expenditures	39		427,814
40 Total exempt purpose expenditures (add lines 38 and 39)	40		482,814
41 Lobbying nontaxable amount. Enter the amount from the following table—	41		96,563
42 Grassroots nontaxable amount (enter 25% of line 41)	42		24,141
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43		-0-
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44		-0-

If the amount on line 40 is—	The lobbying nontaxable amount is—
Not over $500,000	20% of the amount on line 40
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000
Over $17,000,000	$1,000,000

Caution: *If there is an amount on either line 43 or line 44, you must file Form 4720.*

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 11 of the instructions.)

	Lobbying Expenditures During 4-Year Averaging Period				
Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
45 Lobbying nontaxable amount	96,563	-0-	-0-	-0-	96,563
46 Lobbying ceiling amount (150% of line 45(e))					144,845
47 Total lobbying expenditures	55,000	-0-	-0-	-0-	55,000
48 Grassroots nontaxable amount	24,141	-0-	-0-	-0-	24,141
49 Grassroots ceiling amount (150% of line 48(e))					36,211
50 Grassroots lobbying expenditures	-0-	-0-	-0-	-0-	-0-

Part VI-B **Lobbying Activity by Nonelecting Public Charities** N/A
(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines **c** through **h.**)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (Add lines **c** through **h.**)			

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

Part VII **Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations** (See page 12 of the instructions.)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

		Yes	No
a Transfers from the reporting organization to a noncharitable exempt organization of:			
(i) Cash	51a(i)	✓	
(ii) Other assets	a(ii)		✓
b Other transactions:			
(i) Sales or exchanges of assets with a noncharitable exempt organization	b(i)	✓	
(ii) Purchases of assets from a noncharitable exempt organization	b(ii)		✓
(iii) Rental of facilities, equipment, or other assets	b(iii)		✓
(iv) Reimbursement arrangements	b(iv)	✓	
(v) Loans or loan guarantees	b(v)	✓	
(vi) Performance of services or membership or fundraising solicitations	b(vi)	✓	
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees	c	✓	

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received:

(a) Line no.	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements
51 A(i)	50,000	OHIO CITIZEN ACTION (OCA)	Contract services for non-lobbying
51 B(vi)			exempt purpose program work.
51 B(i)	8705	OCA	A vehicle was sold to OCA for
			fair market value.
51 B(IV)	48,393	OCA	OCA provides office space,
51 C			clerical support, etc., on a
			reimbursement basis.
51 B(IV)	37,299	OCA	provides financial mgmt.
51 B(VI)			services, including admin of payroll,
			acts. payable & general accounting
			on a reimbursement basis.
51 B(IV)	18,721	OCA	Reimbursement on a shared cost
51 B(VI)			basis for fundraising solicitation
			exp.
51 B(V)	129,672	OCA	Loan made to OCA for term of
			3 yrs. at 9% interest.

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ▶ ☑ Yes ☐ No

b If "Yes," complete the following schedule:

(a) Name of organization	(b) Type of organization	(c) Description of relationship
OHIO CITIZEN ACTION	501 (c) (4)	affiliated organization

Ohio Citizen Action Education Fund
Fed ID #34-1208940
Form 990, Schedule A
Page 2, Part III, line 2b
12/31/2005

A long time donor, agreed to guarantee a bank loan from Huntington Bank for Ohio Citizen Action Education Fund. The loan was executed on Sept, 28, 2005. It is a 5 year loan in the amount of $50,000.

****

Ohio Citizen Action Education Fund
Fed ID #34-1208940
Form 990, Schedule A
Page 3, Part IV-A, line 22
12/31/2005

Other Income: $247 in accounts payable write-off / forgiveness of debt.

OHIO CITIZEN ACTION EDUCATION FUND
FED ID# 34-1208940
2005 FORM 990
31-Dec-05

PAGE 2, PART II, LINE 22 --
SCHEDULE OF GRANTS AND ALLOCATIONS MADE

1)	OHIO CITIZEN ACTION 614 W Superior Ave, #1200 Cleve, OH 44113 Purpose: Contract Services to provide public outreach and education, leadership development, grassroots organizing and other non-lobbying activities regarding: water quality, air pollution prevention, public health, pesticide use reduction, and environmental education.	$50,000	CONTRACT SERVICES
2)	Environmental Community Organization 515 Wyoming Ave Cincinnati, OH 45215 Purpose: To hold a training session on taking air samples for testing air quality.	$430	CONTRACT SERVICES
	TOTAL:	$50,430	

OHIO CITIZEN ACTION EDUCATION FUND
FED ID# 34-1208940
2005 FORM 990
31-Dec-05

PAGE 2, PART II, LINE 42 -- DEPRECIATION EXPENSE
PAGE 4, PART IV, LINE 57B -- ACCUMULATED DEPRECIATION

OFFICE EQUIPMENT
Straight Line Depreciation
5 year life

	COST	12/31/2004 ACCUM DEP	2005 DEPREC EXP	12/31/2005 ACCUM DEP	GAIN/LOSS ON DISPOSAL
COMPUTER/OFFICE EQUIPMENT	19,461	(18,101)	900	(19,001)	
PLUS: ADDITIONS				0	
LESS· DELETIONS					
BALANCE	19,461	(18,101)	900	(19,001)	

	COST	12/31/2004 ACCUM DEP	2005 DEPREC EXP	12/31/2005 ACCUM DEP	GAIN/LOSS ON DISPOSAL
AUTOMOTIVE EQUIPMENT	0	0		0	
ADDITION	8,705				
PLUS REVENUE FROM SALE				0	8,705
LESS DELETIONS	(8,705)				(8,705)
BALANCE	0	0	0	0	0
TOTALS	19,461	(18,101)	900	(19,001)	0

OHIO CITIZEN ACTION EDUCATION FUND
FED ID # 34-1208940
2005 FORM 990
December 31,2005

PAGE 4, PART IV, LINE 51A -- SCHEDULE OF NOTES RECEIVABLE

LENDER	DESC	12/31/2004 BALANCE	ADDITIONS	DELETIONS/ PAYMENTS	12/31/2005 BALANCE
Ohio Citizen Action 614 W Superior Ave, #1200 Cleveland, OH 44113	Note Receivable	0	129,672		129,672

Date of Note: December 31, 2005
Maturity Date: December 31, 2008
Terms: Monthly principal payments of $3602, plus interest at the rate of 9%
Loan is unsecured.
Purpose: OCA has cash flow problems, particularly in the winter, and borrowed the funds to continue its program work into the next year.

		0	129,672	0	129,672

OHIO CITIZEN ACTION EDUCATION FUND
FED ID # 34-1208940
2005 FORM 990
December 31,2005

PAGE 4, PART IV, LINE 64B -- SCHEDULE OF NOTES PAYABLE

LENDER	DESC	12/31/2004 BALANCE	ADDITIONS	DELETIONS/ PAYMENTS	12/31/2005 BALANCE
Environmental Support Center	Note Payable	16,030		(11,137)	4,893
Huntington National Bank	Note Payable	0	50,000	(1,912)	48,088
		16,030	50,000	-13,049	52,981

Ohio Citizen Action Education Fund
Fed ID# 34-1208940
2005 Form 990
December 31, 2005
Page 5, Part V-A

Ohio Citizen Action Education Fund
Board of Directors

Bruce French, President	home (419) 991-4422
PO Box 839	work (419) 222-9134
Lima, OH 45802-0839	
b-french@onu.edu	
Hal Madorsky, Secretary/Treasurer	home (216) 751-1060
16500 Shaker Blvd.	work (216) 664-2819
Shaker Heights, OH 44120	
madorskyb@att.net	
Kim Foreman	home (216) 355-3448
2580 Kendall Road	work (216) 961-4646
Shaker Hts, OH 44120	
kmforeman@ehw.org	
Lisa Crawford	home (513) 738-8055
10206 Crosby Road	(513) 738-1688
Harrison, OH 45030	
lecrawford@earthlink.net	
Rhonda Barnes-Kloth	home (513) 533-4919
3306 DeForest Drive	work (513) 831-1711 x420
Cincinnati, OH 45209	
rhondabarneskloth@hotmail.com	

Ohio Citizen Action Education Fund
Fed ID #34-1208940
Form 990
Page 6, Part V-A, line 75c
12/31/2005

Executive Director, Rachael Belz, receives 20% of her total compensation from Ohio Citizen Action, and 80% from Ohio Citizen Action Education Fund.

These two organizations work very closely on the same issues. They also share facilities and employees on a reimbursement basis. They have a common paymaster arrangement, whereby one paycheck is issued from Ohio Citizen Action, and the corresponding salary and other related expenses are charged back to Ohio Citizen Action Education Fund. Ohio Citizen Action Education Fund reports these expenses on its Form 990.

Regarding Rachael Belz:

Organization	Loans and Advances	Compensation	Contributions to Benefit Plans	Expense Accounts
Ohio Citizen Action 501 C (4)	-0-	$7,325	-0-	-0-
Ohio Citizen Action Education Fund 501 C (3)	-0-	$29,300	-0-	-0-

- 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	Employer identification number
File by the extended due date for filing the return See instructions	OHIO CITIZEN ACTION EDUCATION FUND	34-1208940
	Number, street, and room or suite no If a P O box, see instructions.	For IRS use only
	614 W. SUPERIOR AVE, #1200	
	City, town or post office, state, and ZIP code For a foreign address, see instructions	
	Cleveland, OH 44113	

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

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

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

- The books are in the care of ▶ Ohio Citizen Action
  Telephone No. ▶ (216) 861-5200 FAX No. ▶ (216) 694-6904
- 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 NOV 15, 2006

5 For calendar year 2005 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 info not yet complete, audited statements not yet issued.

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 . . . $ -0-

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 . . . $ -0-

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. $ -0-

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 ▶ Rachael Belz Title ▶ EXEC. DIR. Date ▶ 8-9-06

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 extended due date of the return for which an extension was requested.
- ☐ Other ______

______ By ______
Director Date

EXTENSION APPROVED
AUG 22 2006
FIELD DIRECTOR, SUBMISSION PROCESSING, OGDEN

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)