

Return of Organization Exempt From Income Tax

2005

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

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

OHIO CITIZEN ACTION
614 W SUPERIOR AVE STE 1200
CLEVELAND OH 44113-1386

D Employer identification number: 34-1208942
E Telephone number: (216) 861-5200
F Accounting method: Accrual

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? No
H(b) If "Yes," enter number of affiliates
H(c) Are all affiliates included?
H(d) Is this a separate return filed by an organization covered by a group ruling? No

G Website: www.ohiocitizen.org

J Organization type (check only one): 501(c) (4)

K Check here if the organization's gross receipts are normally not more than \$25,000

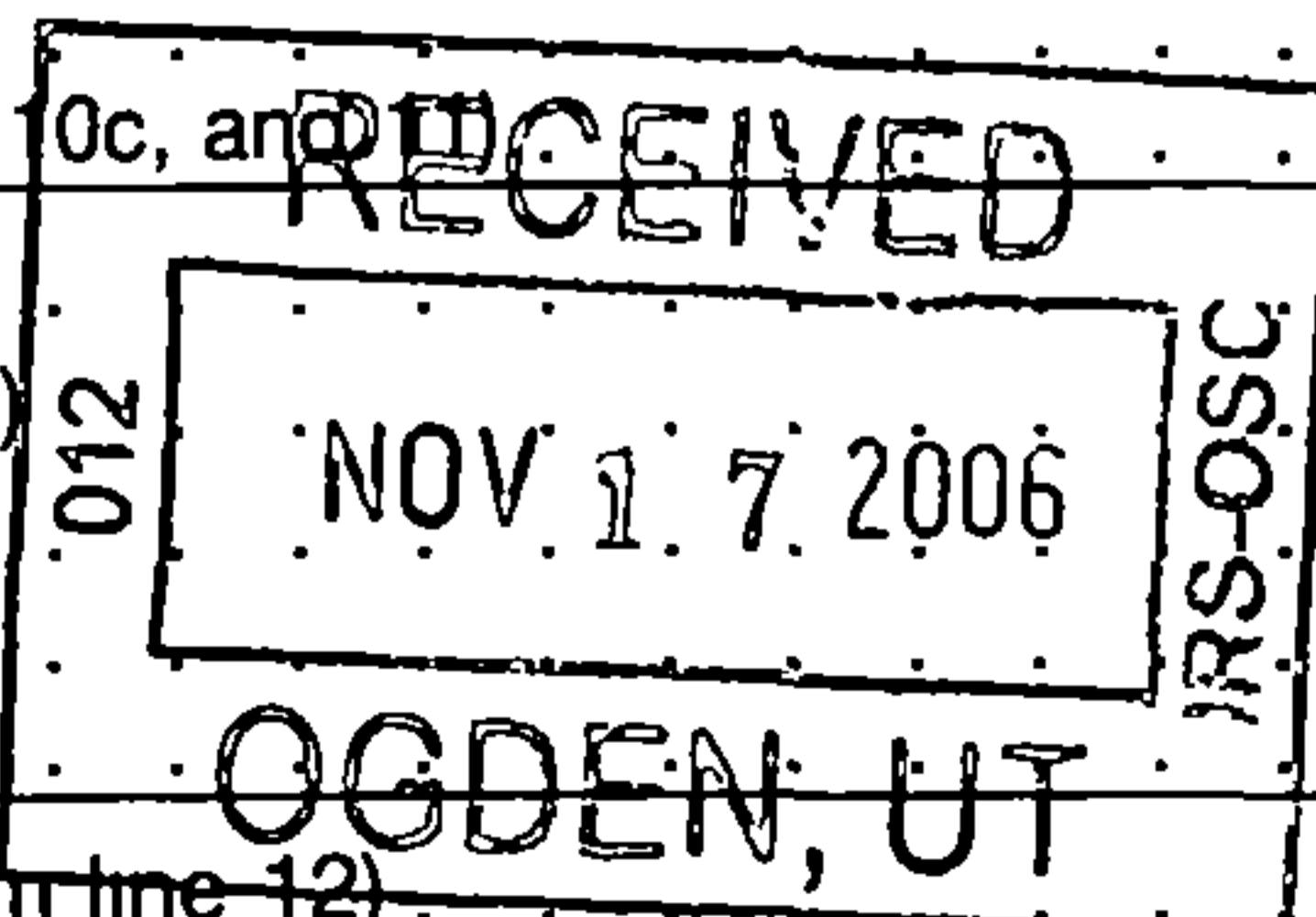
I Group Exemption Number
M Check if the organization is not required to attach Sch. B

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

Table with columns for Revenue, Expenses, and Net Assets. Rows include contributions, program service revenue, membership dues, interest, dividends, gross rents, sales of assets, special events, inventory, and total revenue/expenses/assets.

SCANNED DEC 11 2005



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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 \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>				
23	Specific assistance to individuals (attach schedule) . . . . .				
24	Benefits paid to or for members (attach schedule) . . . . .				
25	Compensation of officers, directors, etc. . . . .	22,572	16,929		5,643
26	Other salaries and wages . . . . .	1,086,082	695,092	173,773	217,217
27	Pension plan contributions . . . . .				
28	Other employee benefits . . . . .	100,072	64,046	16,012	20,014
29	Payroll taxes . . . . .	99,989	63,993	15,998	19,998
30	Professional fundraising fees . . . . .	61,229			61,229
31	Accounting fees . . . . .	6,896		6,896	
32	Legal fees . . . . .				
33	Supplies + misc. operating exp. . . . .	17,442	11,162	2,792	3,488
34	Telephone . . . . .	37,765	24,170	6,043	7,552
35	Postage and shipping . . . . .	9,833	6,293	1,573	1,967
36	Occupancy . . . . .	37,757	24,165	6,041	7,551
37	Equipment rental and maintenance . . . . .	6,715	4,298	1,074	1,343
38	Printing and publications . . . . .	9,914	6,345	1,586	1,983
39	Travel . . . . .	74,350	55,762	533	18,055
40	Conferences, conventions, and meetings . . . . .	8,822	6,617		2,205
41	Interest + penalties . . . . .	27,640	9,908	14,636	3,096
42	Depreciation, depletion, etc. (attach schedule) . . . . .	13,566	9,744	574	3,248
43	Other expenses not covered above (itemize):				
a	Advertising . . . . .	40,067	30,050		10,017
b	Insurance . . . . .	12,267	5,505	4,927	1,835
c	Bank Charges . . . . .	33,209	21,254	5,313	6,642
d	Membership Communication . . . . .	14,996	14,996		
e	Computer Services . . . . .	9,878	5,153	3,007	1,718
f	Membership Dues . . . . .	710		600	110
g	Professional fees . . . . .	2,560		2,560	
44	<b>Total functional expenses.</b> Add lines 22 through 43 (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	1,734,331	1,075,482	263,938	394,911

**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 \$ 1,216,003; (ii) the amount allocated to Program services \$ 753,922;  
 (iii) the amount allocated to Management and general \$ 182,400; and (iv) the amount allocated to Fundraising \$ 279,681

**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, <sup>grassroots</sup> lobbying**  
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, organizing + lobbying on environmental + public health issues including toxic chemical exposures, chemical accidents, air pollution, and nuclear safety.**

1,031,197

(Grants and allocations \$ ) If this amount includes foreign grants, check here

b **Campaign Finance: Support for campaign finance reform efforts, public access to information and issues related to election procedures**

44,285

(Grants and allocations \$ ) If this amount includes foreign grants, check here

c

(Grants and allocations \$ ) If this amount includes foreign grants, check here

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).

1,075,482

= 12

**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 . . . . .	7042	4888
	46 Savings and temporary cash investments . . . . .		
	47a Accounts receivable . . . . .	531	372
	47b Less: allowance for doubtful accounts . . . . .		
	48a Pledges receivable . . . . .	126,733	146,860
	48b Less: allowance for doubtful accounts . . . . .		
	49 Grants receivable . . . . .		
	50 Receivables from officers, directors, trustees, and key employees (attach schedule) . . . . .		
	51a Other notes and loans receivable (attach schedule) . . . . .		
	51b Less: allowance for doubtful accounts . . . . .		
	52 Inventories for sale or use . . . . .		
	53 Prepaid expenses and deferred charges . . . . .	18,115	10,975
	54 Investments—securities (attach schedule) . . . . .		
	55a Investments—land, buildings, and equipment: basis . . . . .		
	55b Less: accumulated depreciation (attach schedule) . . . . .		
56 Investments—other (attach schedule) . . . . .			
57a Land, buildings, and equipment: basis . . . . .	226,696		
57b Less: accumulated depreciation (attach schedule) . . . . .	194,717	31,979	
58 Other assets (describe ▶ Deposits . . . . .)	6342	5192	
59 <b>Total assets</b> (must equal line 74). Add lines 45 through 58. . . . .	193,826	199,766	
Liabilities	60 Accounts payable and accrued expenses . . . . .	330,240	208,568
	61 Grants payable . . . . .		
	62 Deferred revenue . . . . .		
	63 Loans from officers, directors, trustees, and key employees (attach schedule) . . . . .	19,771	-0-
	64a Tax-exempt bond liabilities (attach schedule) . . . . .		
	64b Mortgages and other notes payable (attach schedule) . . . . .	29,000	192,563
	65 Other liabilities (describe ▶ . . . . .)		
66 <b>Total liabilities.</b> Add lines 60 through 65 . . . . .	379,011	401,131	
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.		
	67 Unrestricted . . . . .	<185,185>	<201,365>
	68 Temporarily restricted . . . . .		
	69 Permanently restricted . . . . .		
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> and complete lines 70 through 74.		
	70 Capital stock, trust principal, or current funds. . . . .		
	71 Paid-in or capital surplus, or land, building, and equipment fund . . . . .		
	72 Retained earnings, endowment, accumulated income, or other funds . . . . .		
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) . . . . .	<185,185>	<201,365>	
74 <b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73. . . . .	193,826	199,766	





Part VI Other Information (continued)

		Yes	No
<b>82a</b>	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>b</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		
<b>83a</b>	Did the organization comply with the public inspection requirements for returns and exemption applications?	<input checked="" type="checkbox"/>	
<b>b</b>	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	<input checked="" type="checkbox"/>	
<b>84a</b>	Did the organization solicit any contributions or gifts that were not tax deductible?	<input checked="" type="checkbox"/>	
<b>b</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"/>	
<b>85</b>	<b>501(c)(4), (5), or (6) organizations.</b> a Were substantially all dues nondeductible by members?	<input checked="" type="checkbox"/>	
<b>b</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"/>
<b>c</b>	Dues, assessments, and similar amounts from members	85c	NIA
<b>d</b>	Section 162(e) lobbying and political expenditures	85d	S
<b>e</b>	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	
<b>f</b>	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	
<b>g</b>	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	NIA
<b>h</b>	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	NIA
<b>86</b>	<b>501(c)(7) orgs.</b> Enter: a Initiation fees and capital contributions included on line 12	86a	NIA
<b>b</b>	Gross receipts, included on line 12, for public use of club facilities	86b	
<b>87</b>	<b>501(c)(12) orgs.</b> Enter: a Gross income from members or shareholders	87a	S
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	
<b>88</b>	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"/>
<b>89a</b>	<b>501(c)(3) organizations.</b> Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶		
<b>b</b>	<b>501(c)(3) and 501(c)(4) orgs.</b> 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	<input checked="" type="checkbox"/>
<b>c</b>	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		NIA
<b>d</b>	Enter: Amount of tax on line 89c, above, reimbursed by the organization		NIA
<b>90a</b>	List the states with which a copy of this return is filed ▶ OHIO, KENTUCKY		
<b>b</b>	Number of employees employed in the pay period that includes March 12, 2005 (See instructions.)	90b	606
<b>91a</b>	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		
<b>b</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)? 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.	91b	<input checked="" type="checkbox"/>
<b>c</b>	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	<input checked="" type="checkbox"/>
<b>92</b>	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 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 <u>Contract organizations</u>					50,000
b <u>public education services</u>					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					1,575,181
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			18	<153>	
101 Net income or (loss) from special events			01	4570	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: <u>a) Royalties from</u>			15	21,195	
b <u>Affinity credit cards</u>					
<u>c) Negotiated accounts payable</u>					18,494
d <u>write-off and forgiveness</u>					
e <u>of debt.</u>					
104 Subtotal (add columns (B), (D), and (E))					25,612
105 Total (add line 104, columns (B), (D), and (E))					1,669,287

**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).
93A	Providing public education + organizing services to other exempt orgs. on related
94	Dues are collected during education + grass roots organizing campaigns. ISSUES.
103 c	Forgiveness of debts / uncollectable debts

**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).

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 Sign Here**

Signature of officer: Alexandra W Buchanan Date: 11/10/06

Type or print name and title: Alexandra W Buchanan, Executive Director

**Paid Preparer's Use Only**

Preparer's signature: \_\_\_\_\_ Date: \_\_\_\_\_ Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: \_\_\_\_\_ Preparer's SSN or PTIN (See Gen Inst W): \_\_\_\_\_

EIN: \_\_\_\_\_ Phone no: \_\_\_\_\_

## Report of Fundraising Events

Organization: OHIO CITIZEN ACTION  
 TIN: 34-1208942  
 Tax Year Ended: 12/31/2005

**Form 990, Part I, Line 9 (or Form 990-EZ, Part I, Line 6)**

The following information is furnished regarding the organization's fundraising events during the year.

Total number of events: 3

**Summary of the revenue and expenses of the three events generating the most gross receipts:**

Fundraising Event:	1	2	3	All Others	Total
Gross receipts	\$ 4,135	\$ 10,200	\$ 11,530	\$	\$ 25,865
Less: Amount of contributions included in gross receipts	( 4,135 )	( 8,275 )	( 8,885 )	( )	( 21,295 )
Gross revenue	- 0 -	1,925	2,645	-	4,570
Less: Direct expenses	( - 0 - )	( - 0 - )	( - 0 - )	( )	( - 0 - )
Net income/(loss)	\$ - 0 -	\$ 1,925	\$ 2,645	\$	\$ 4,570

**Description of Each of the Three Largest Special Events:**

1. 30th anniversary celebration - Columbus
2. 30th anniversary celebration - Cincinnati (with silent auction)
3. 30th anniversary celebration - Cleveland (with silent auction)

(Type and number of all other events—include the same information, in total figures, as the three largest.):

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OHIO CITIZEN ACTION  
 FEDERAL ID# 34-1208942  
 2005 FORM 990  
 31-Dec-05

PAGE 1, PART I, LINE 8C  
 PAGE 2, PART II, LINE 42  
 PAGE 4, PART IV, LINE 57B

	COST	12/31/04 ACCUM DEP	2005 DEPREC EXP	12/31/05 ACCUM DEP	GAIN/LOSS ON DISPOSAL
A) LEASEHOLD IMPROVEMENTS	23,298	(21,244)	1,185	(22,429)	
PLUS: ADDITIONS				0	
LESS: DELETIONS	(6,228)			6,075	(153)
BALANCE	17,070	(21,244)	1,185	(16,354)	(153)
B) OFFICE EQUIPMENT	149,155	(142,765)	4,186	(146,951)	
PLUS: ADDITIONS	1,930		315	(315)	
LESS. DELETIONS	(3,817)			3,817	0
BALANCE	147,268	(142,765)	4,501	(143,449)	0
C) AUTOMOTIVE EQUIPMENT	73,366	(46,748)	7,880	(54,628)	
PLUS: REVENUE FROM SALE					
LESS: DELETIONS	(19,713)			19,713	0
PLUS. ADDITIONS	8,705			0	
BALANCE	62,358	(46,748)	7,880	(34,915)	0
COMBINED TOTALS	226,696	(210,757)	13,566	(194,717)	(153)

OHIO CITIZEN ACTION  
 FED ID # 34-1208942  
 2005 FORM 990  
 31-Dec-05

## PAGE 4, PART IV, LINE 63 - LOANS FROM OFFICERS AND DIRECTORS

LENDER	DESC	12/31/2004 BALANCE	ADDITIONS	DELETIONS/ PAYMENTS	12/31/2005 BALANCE
Alexandra Buchanan Executive Director	Loan	19,770.33		19,770.33	0.00
		19,770.33	0.00	19,770.33	0.00

## PAGE 4, PART IV, LINE 64B – MORTGAGES AND OTHER NOTES PAYABLE

LENDER	DESC	12/31/2004 BALANCE	ADDITIONS	DELETIONS/ PAYMENTS	12/31/2005 BALANCE
Citizens Action Coalition	Note Payable	10,000.00		10,000.00	0.00
William Zavarello	Note Payable	5,000.00			5,000.00
Don Wolcott	Note Payable	8,000.00		6,000.00	2,000.00
Lynn Scheerhorn	Loan	6,000.00	32,872.08	17,022.08	21,850.00
Capital One	Loan	0.00	35,000.00	959.13	34,040.87
Ohio Citizen Action Education Fund	Note Payable	0.00	129,672.00		129,672.00
		29,000.00	197,544.08	33,981.21	192,562.87

## OHIO CITIZEN ACTION BOARD

**Caroline Beidler, Secretary/Treas**

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OHIO CITIZEN ACTION  
FED ID# 34-1208942

2005 - FORM 990

PAGE 5, PART V-A

DEC 31, 2005

Ohio Citizen Action  
Fed ID #34-1208942  
Form 990  
Page 6, Part V-A, line 75c  
12/31/2005

Executive Director, Alexandra Buchanan, receives 50% of her total compensation from Ohio Citizen Action, and 50% 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 Alexandra Buchanan:

Organization	Loans and Advances	Compensation	Contributions to Benefit Plans	Expense Accounts
Ohio Citizen Action 501 C (4)	-0-	22,572	-0-	-0-
Ohio Citizen Action Education Fund 501 C (3)	-0-	22,572	-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  File by the extended due date for filing the return See instructions	Name of Exempt Organization <b>OHIO CITIZEN ACTION</b>	Employer identification number <b>34 : 1208942</b>
	Number, street, and room or suite no. If a P O box, see instructions <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 <b>Cleveland, OH 44113</b>	

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**, 20**06**
- 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, 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 *[Signature]* Title **EXEC. DIR** Date **8/8/06**

**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 \_\_\_\_\_

Director \_\_\_\_\_ By \_\_\_\_\_ Date \_\_\_\_\_

**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)

**RECEIVED**  
**AUG 11 2006**  
**EXTENSION APPROVED**  
**AUG 22 2006**  
**SUBMISSION PROCESSING, OGDEN**  
**FIELD DIRECTOR**