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Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt from Income Tax

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

OMB No. 1545-0047

1981

For the calendar year 1981, or fiscal year beginning , 1981, and ending , 19

Use IRS label. Other- wise, please print or type.	No	AN 31-0994531 990 12 0 00 04				A Employer identification number (see instruction L)
	Ad	NATIONAL HEALTH ACTION COMMITTEE				
	Ci	6439 TAGGART RD DELAWARE OH 43015				
B State registration number (see instruction D)						C If address changed, check here . . . ▶

D Check applicable box—Exempt under section ☐ 501(c) (4) (insert number), OR ☐ section 4947(a)(1) trust

E Accounting method: ☒ Cash ☐ Accrual ☐ Other (specify) ▶

F Section 4947(a)(1) trusts filing this form in lieu of Form 1041, check here ☐ (see instruction C 10).

G Is this a group return (see instruction J) filed for affiliates? . . . ☐ Yes ☒ No
Is this a separate return filed by a group affiliate? . . . ☐ Yes ☒ No
If "Yes" to either, give four-digit group exemption number (GEN) ▶

Note: You may be able to use a copy of this return to satisfy State reporting requirements. See instruction D.

☐ Check here if gross receipts are normally not more than \$10,000. Do not complete the rest of this return (see instruction B11).

☐ Check here if gross receipts are normally more than \$10,000 and line 12 is \$25,000 or less. Complete Parts I (except lines 13-15), III, IV, VI, and VII and only the indicated items in Parts II and V (see instruction I). If line 12 is more than \$25,000, complete the entire return.

All section 501(c)(3) organizations and 4947(a)(1) trusts must also complete Schedule A, Part 9. These columns are optional—see instructions

Part I Statement of Support, Revenue, and Expenses and Changes in Fund Balances

Support and Revenue

- 1 Contributions, gifts, grants, and similar amounts received:
 - (a) Direct public support 15,959.68
 - (b) Indirect public support
 - (c) Government grants
 - (d) Total (add lines 1(a) through 1(c)) (attach schedule—see instructions) 15,959.68
- 2 Program service revenue (from Part IV, line (f))
- 3 Membership dues and assessments 34,642.41
- 4 Interest on savings and temporary cash investments 132.01
- 5 Dividends and interest from securities
- 6 (a) Gross rents
- (b) Minus: Rental expenses
- (c) Net rental income (loss)
- 7 Other investment income (Describe ▶)
- 8 (a) Gross amount from sale of as-
sets other than inventory

Securities	Other
- (b) Minus: Cost or other basis
and sales expenses
- (c) Gain (loss) (attach schedule)
- 9 Special fundraising events and activities (attach schedule—see instructions):
 - (a) Gross revenue (not including \$
of contributions reported on line 1(a))
 - (b) Minus: Direct expenses
 - (c) Net income (line 9(a) minus line 9(b))
- 10 (a) Gross sales minus returns and allowances
- (b) Minus: Cost of goods sold (attach schedule)
- (c) Gross profit (loss)
- 11 Other revenue (from Part IV, line (g))
- 12 Total revenue (add lines 1(d), 2, 3, 4, 5, 6(c), 7, 8(c), 9(c), 10(c), and 11) 50,734.10

Expenses

- 13 Program services (from line 44(B)) 22,779.03
- 14 Management and general (from line 44(C)) 3,118.17
- 15 Fundraising (from line 44(D))
- 16 Payments to affiliates (attach schedule—see instructions)
- 17 Total expenses (add lines 13, 14, 15, and 16) 5,3963.20

Fund Balances

- 18 Excess (deficit) for the year (subtract line 17 from line 12) (13,229.10)
- 19 Fund balances or net worth at beginning of year (from line 74(A)) (22,173.57)
- 20 Other changes in fund balances or net worth (attach explanation)
- 21 Fund balances or net worth at end of year (add lines 18, 19, and 20) (10,111.53)

Part II Statement of Functional Expenses If line 12, Part I, is \$25,000 or less, you should complete only column (A). If line 12 is more than \$25,000, complete columns (A), (B), (C), and (D).

Do not include amounts reported on line 6(b), 8(b), 9(b), 10(b), or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
Expenses	22 Grants and allocations (attach schedule)				
	23 Specific assistance to individuals				
	24 Benefits paid to or for members				
	25 Compensation of officers, directors, etc.				
	26 Other salaries and wages	160.00		160.00	
	27 Pension plan contributions				
	28 Other employee benefits				
	29 Payroll taxes	611.78		611.78	
	30 Professional fundraising fees				
	31 Accounting fees				
	32 Legal fees	11.50		11.50	
	33 Supplies	315.48		315.48	
	34 Telephone	1192.06		1192.06	
	35 Postage and shipping	2450.87	2450.87		
	36 Occupancy	3200.-		3200.-	
	37 Equipment rental and maintenance				
	38 Printing and publications	10436.41	10436.41		
	39 Travel	843.77	843.77		
	40 Conferences, conventions and meetings	9047.98	9047.98		
	41 Interest	9047.98	9047.98		
42 Depreciation, depletion, etc. (attach schedule)					
43 Other expenses (itemize): (a)					
(b) Reimbursements	417.-				
(c) Professional fees (other)	25276.35		25276.35		
(d)					
(e)					
(f)					
44 Total functional expenses (add lines 22 through 43)	53963.20	22779.03	31184.17.		

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Part III Statement of Program Service Activities

Describe each significant program service activity and indicate the total expenses attributable to each. Include relevant statistical information, such as the number of clients, patients, students, or members served. Also indicate the amount of grants and allocations that are included in the total expenses reported for that program.		Expenses
(a)		
	(Grants and allocations \$)	
(b)		
	(Grants and allocations \$)	
(c)		
	(Grants and allocations \$)	
(d)		
	(Grants and allocations \$)	
(e) Other program service activities (attach schedule)	(Grants and allocations \$)	
(f) Total (add lines (a) through (e)) (should equal line 44(B))		

Part IV Program Service Revenue and Other Revenue (State Nature)

	Program service revenue	Other revenue
(a) Fees from government agencies		
(b)		
(c)		
(d)		
(e)		
(f) Total program service revenue (Enter here and on line 2)		
(g) Total other revenue (Enter here and on line 11)		

Part V Balance Sheets

If line 12, Part I, and line 59 are \$25,000 or less, you should complete only lines 59, 66, and 74 and, if you do not use fund accounting, line 73. If line 12 or line 59 is more than \$25,000, complete the entire balance sheet. See instructions.

Note: Columns (C) and (D) are optional. Columns (A) and (B) must be completed to the extent applicable. Where required, attached schedules should be for end-of-year amounts only.

	(A) Beginning of year	End of year		
		(B) Total	(C) Unrestricted/Expendable	(D) Restricted/Nonexpendable
Assets				
45 Cash—non-interest bearing	2094.05			
46 Savings and temporary cash investments	4049.49			
47 Accounts receivable ▶ _____ minus allowance for doubtful accounts ▶ _____				
48 Pledges receivable ▶ _____ minus allowance for doubtful accounts ▶ _____				
49 Grants receivable				
50 Receivables due from officers, directors, trustees and key employees (attach schedule)				
51 Other notes and loans receivable ▶ _____ minus allowance for doubtful accounts ▶ _____				
52 Inventories for sale or use				
53 Prepaid expenses and deferred charges				
54 Investments—securities (attach schedule)				
55 Investments—land, buildings and equipment: basis ▶ _____ minus accumulated depreciation ▶ _____ (attach schedule)				
56 Investments—other (attach schedule)				
57 Land, buildings and equipment: basis ▶ _____ minus accumulated depreciation ▶ _____ (attach schedule)				
58 Other assets: _____				
59 Total assets (add lines 45 through 58)	6143.54	3782.43		
Liabilities				
60 Accounts payable and accrued expenses				
61 Grants payable				
62 Support and revenue designated for future periods (attach sched.)				
63 Loans from officers, directors, trustees and key employees (attach schedule)				
64 Mortgages and other notes payable (attach schedule)				
65 Other liabilities: Amount owed to Dr. Yiamouzis, Ann's	1800.00			
66 Total liabilities (add lines 60 through 65)	1800.00	600.00		
Fund Balances or Net Worth				
Organizations that use fund accounting, check here <input type="checkbox"/> and complete lines 67 through 70 and lines 74 and 75.				
67 Current funds				
68 Land, buildings and equipment fund				
69 Endowment fund				
70 Other funds (Describe ▶ _____)				
Organizations that do not use fund accounting, check here <input type="checkbox"/> and complete lines 71 through 75.				
71 Capital stock or trust principal				
72 Paid-in or capital surplus				
73 Retained earnings or accumulated income				
74 Total fund balances or net worth (see instructions)				
75 Total liabilities and fund balances/net worth (see instructions)		(2217.57)		

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Part VI List of Officers, Directors, and Trustees (See Instructions)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if any)	(D) Contributions to employee benefit plans	(E) Expense account and other allowances
Manny Roth	PRESIDENT			
Allentown PA	4 hrs/wk	0		
Jim Mascia	VICE PRES.			
WALLINGFORD, CT	4 hrs/wk	0		
MAYBELLE REID	TREASURER			
Columbus OH	5 hrs/wk	0		
KATHY MILLER	SECRETARY			
COLUMBUS	0	0		

Part VII Other Information

	Yes	No
76 Has the organization engaged in any activities not previously reported to the Internal Revenue Service? If "Yes," attach a detailed description of the activities.		X
77 Have any changes been made in the organizing or governing documents, but not reported to IRS? If "Yes," attach a conformed copy of the changes.		X
78 (a) Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? (b) If "Yes," have you filed a tax return on Form 990-T, Exempt Organization Business Income Tax Return, for this year? (c) If the organization has gross sales or receipts from business activities not reported on Form 990-T, attach a statement explaining your reason for not reporting them on Form 990-T.		X
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year (see instructions)? If "Yes," attach a statement as described in instructions.		X
80 Is the organization related (other than by association with a state or local government or a political organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt organization (see instructions)? If "Yes," enter the name of organization _____ and check whether it is <input type="checkbox"/> exempt OR <input type="checkbox"/> nonexempt.		X
81 (a) Enter amount of political expenditures, direct or indirect, as described in the instructions (b) Did you file Form 1120-POL, U.S. Income Tax Return for Certain Political Organizations, for this year?		X
82 Did your organization receive donated services or the use of materials, equipment or facilities at no charge or at substantially less than fair rental value? If "Yes," you may indicate the value of these items here. Do not include this amount as support in Part I or as an expense in Part II. See instructions for reporting in Part III		X
83 Section 501(c)(5) or (6) organizations.—Did the organization spend any amounts in attempt to influence public opinion about legislative matters or referendums (see instructions and Regulations section 1.162-20(c))? If "Yes," enter the total amount spent for this purpose		
84 Section 501(c)(7) organizations.—Enter amount of: (a) Initiation fees and capital contributions included on line 12 (b) Gross receipts, included in line 12, for public use of club facilities (see instructions) (c) Does the club's governing instrument or any written policy statement provide for discrimination against any person because of race, color, or religion (see instructions)?		
85 Section 501(c)(12) organizations.—Enter amount of: (a) Gross income received from members or shareholders (b) Gross income received from other sources (do not net amounts due or paid to other sources against amounts due or received from them)		
86 Public interest law firms.—Attach information described in instructions.		
87 List the States with which a copy of this return is filed ▶ _____		
88 The books are in care of ▶ Maybelle Reid Telephone No. ▶ 614-262-8624 Located at ▶ 304 Richards Rd Columbus OH 43214		

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 taxpayer) is based on all information of which preparer has any knowledge.		
	Signature of officer Maybelle Reid	Date 4/15/82	Title Treasurer PMAC
Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>
	Firm's name (or yours, if self-employed) and address	ZIP code	