# EXTENDED TO NOVEMBER 15, 2019

Department of the Treasury

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ► Do not enter social security numbers on this form as it may be made public (1) > (Open to Public )

OMB No 1545-0047

		■ Go to www.irs.gov/Form990 for instructions and	the latest	Information. 1	- suinspection: \
A F	or the	2018 calendar year, or tax year beginning and e	ending		
B	heck if pplicable	REMADILITATION FOR WISCONSIN		D Employer Identific	cation number
<u> </u>	_Jchang TName	IN ACTION, INC.		05.0	F40644
느	_ichang			27-3	510644
$\vdash$	_return  Final	, , , , , , , , , , , , , , , , , , , ,	Room/suite	E Telephone number	
L.	Jrelum/		300	(608	
_	termin ated Amend	, , , , , , , , , , , , , , , , , , , ,	G Gross recelpts \$	22,369.	
늗	_Iretum	MADIBON, WI 33703		H(a) is this a group re	
Ц	Applic lion pendir	10.1	~ (	for subordinates	· — —
		SAME AS C ABOVE	(1)	H(b) Are all subordinates in	
		empt status: 501(c)(3) _X 501(c) ( 6 ) ◀ (insert no.) 4947(a)(1) €	527	t '	list. (see instructions)
		e: N/A organization: X Corporation Trust Association Other	1. ٧	H(c) Group exemption	
_	irt'	Summary	L Year	or formation; AUTOLN	1 State of legal domicile; WI
		Briefly describe the organization's mission or most significant activities: REHAB	2TT.T772	דען מסים ואסדיי	SCONSTN IN
Activities & Governance		ACTION, INC. (RFWIA) IS A PRIVATE, STATEW			
nar					
ver		Check this box    X if the organization discontinued its operations or dispositions of voting members of the governing body (Part VI, line 1a)		1 - 1	ssets.
<del>ဖိ</del>		Number of voting members of the governing body (Part VI, line 1a)		3	<del></del>
જ		Total number of individuals employed in calendar year 2018 (Part V, line 2a)		4	0
itie		Total number of voluntages (actimate if manages and		6	0
휹		Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.
ď.		Net unrelated business taxable income from Form 990-T, line 38	······ <i>'</i>	7b	0.
		Net differenced dosifiess (axable filcome from Form 990-1, fille 30	<del>\</del>	Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	$\dashv$ $\prime$	211,900.	O. O.
	_	Contributions and grants (Part VIII, line 1h)  Program service revenue (Part VIII, line 2g)	<b>5\</b> ∵	0.	0.
Ş	10	Investment Income (Part VIII), column (A) lines 3 4 and 7db C A 2019	<u>₩</u>	63.	0.
ď	11	Program service revenue (Part VIII, line 2g) Investment Income (Part VIII, column (A), lines 3 4, and 7d); Other revenue (Part VIII, column (A), lines 5, 6d, 46, 2c, 10c, and 11e)	<u>'₽\</u>	18,000.	0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A) line 12)	:- <u>/</u>	229,963.	0.
	13	Grants and similar amounts paid (Part IX, column (A), lines (SD)		0.	0.
		Benefits paid to or for members (Part IX, column (A), line 4)	0.		
s		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	· ·	223,373.	0.
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)	-	0.	0.
bei		Total fundraising expenses (Part IX, column (D), line 25)	0. 12	February 18 18 18 18	27代 大汉门 经清额
ŭ		Other expenses (Part IX, column (A), lines 11a·11d, 11f·24e)		84,731.	0.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		308,104.	0.
		Revenue less expenses. Subtract line 18 from line 12		-78,141.	0.
28			Be	ginning of Current Year	End of Year
lang	20	Total assets (Part X, line 16)		298,575.	0.
Net Assets or Fund Balances	ľ	Total liabilities (Part X, line 26)	` '	159,483.	0.
캺		Net assets or fund balances. Subtract line 21 from line 20		139,092.	0.
Pa		Signature Block			
Unde	r pena	itles of perjury, I declare that I have examined this return, including accompanying schedules	and statem	ents, and to the best of m	y knowledge and belief, it is
truo,	correct	t, and complete. Declaration 🎒 prepaper (other than officer) is based on all information of whi	ich preparer	has any knowledge.	
		Val & 13mm		11.14.1	7
Sign	,	Signature of office		Date	
Here	- 1	LINCOLN BURR, EXECUTIVE DIRECTOR			
		Type or print name and title			
		Print/Type preparer's name Preparer's signature		ate Check	PTIN
Paid		DAVID W. HICKS, CPA, CFF		1/13/19   self amploye	ы Р00011200
Prep	arer	Firm's name HICKS & ASSOCIATES CPAS		Firm's EIN	45-3047226
Use	Only	Firm's address 1795 ALYSHEBA WAY, STE 6206			
	[	LEXINGTON, KY 40509		Phone no. (8	
May	the IR	S discuss this return with the preparer shown above? (see instructions)			X Yes No
	1 12-3		ns.		Form 990 (2018)

Par	t III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission REHABILITATION FOR WISCONSIN IN ACTION, INC. (RFWIA) IS A PRIVATE,	
	STATEWIDE, NOT-FOR-PROFIT MEMBERSHIP ASSOCIATION WHICH REPRESENTS THE	
	INTEREST OF COMMUNITY REHABILITATION PROGRAMS THAT PROVIDE CARE	
	MANAGEMENT, CENTER-BASED AND SUPPORTED EMPLOYMENT, DAY HABILITATION,	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes X	No
	If "Yes," describe these new services on Schedule O	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	No
•	If "Yes," describe these changes on Schedule O	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses	
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	
	revenue, if any, for each program service reported	
4a	(Code) (Expenses \$	
74	(COURT   / (LAPRISES 3	<b>—</b> ′
4b	(Code) (Expenses \$	— <sup>)</sup>
4c	(Code) (Expenses \$ including grants of \$) (Revenue \$	)
		_
4d	Other program services (Describe in Schedule O)	
<del>4</del> 0		
4e	(Expenses \$ including grants of \$ ) (Revenue \$ )  Total program service expenses	
	Form 990 (2)	018)

27-3510644 Page 3

Form 990 (2018) IN ACTION, INC.

Part IV Checklist of Required Schedules

	•		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?  If "Yes," complete Schedule A	1		x
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			x
6	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III  Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	5		
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I Did the organization receive or hold a conservation easement, including easements to preserve open space,	6		X
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?  If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10° If "Yes," complete Schedule D, Part VI	11a		x
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 are made. If "Yes," approved School to E. Porto Lond IV.	146		x
15	or more? If "Yes," complete Schedule F, Parts I and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		
13	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
18	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I  Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17		<u> </u>
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	19		x
20-	complete Schedule G, Part III  Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
- •	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
2000	2 10 21 10		990	2018)

Form	990 (2018) IN ACTION, INC.	27-351064	<b>4</b> F	Page 4
Par	t IV Checklist of Required Schedules (continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Tes	+ NO
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	:	X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization	's current		1
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," compl	4		
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and con	plete		
	Schedule K If "No," go to line 25a	24:		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	241	- ∤	┼
С	•			
	any tax-exempt bonds?	244		+-
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	240	<del>'</del>	+-
25a	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25:		
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior y	<del></del>		+
J	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," co			
	Schedule L. Part I	251	,	
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any currer	nt or		
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?			
	complete Schedule L, Part II	26	4	X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substant			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member.			,
	of any of these persons? If "Yes," complete Schedule L, Part III	27	+	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part I	<b>'</b>		
	instructions for applicable filing thresholds, conditions, and exceptions)	28:		x
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule	<del></del>		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was		<del>*</del>	†
•	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	286	s	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservations	vation		1
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			,
	If "Yes," complete Schedule N, Part I	31	+	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	32	X	
33	Schedule N, Part II  Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32	+	+
33	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	;	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or I	<del></del>		1
•	Part V, line 1	34	.   X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35:	a X	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled	ed entity		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	351	X	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
	If "Yes," complete Schedule R, Part V, line 2	36	-	+
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	07	.	X
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19	37	-	+~
38	Note. All Form 990 filers are required to complete Schedule O	38	. X	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			1
	Enter the number of Forms W-2G included in line 1a. Enter -0 if not applicable	0		1
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable (gambling) wingings to prize winners?	gaming		1
	CONTROL WITHING TO DIES WITHERS (	1 10		1

Page 5

Par	Statements Regarding Other INS Fillings and Tax Compliance (continued)		1	
	,		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		,	
	The did the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b_		
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			X
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	40		х
_	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		
Đ	If "Yes," enter the name of the foreign country  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
<b>E</b> -				$\overline{\mathbf{x}}$
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	- 30		
0a	any contributions that were not tax deductible as charitable contributions?	6a		Х
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
J	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).		,	-
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
_	to file Form 8282?	7c		
d	if "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12			1
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			1
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders 11a			[
b	Gross income from other sources (Do not net amounts due or paid to other sources against			1
40-	amounts due or received from them)  [11b]  Section 4947(eV4) non-exempt charitable trusts is the example time Form 990 in liquid Form 10412	120		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b	12a		ì
	· · · · · · · · · · · · · · · · · · ·			1
13	Section 501(c)(29) qualified nonprofit health insurance issuers.  Is the organization licensed to issue qualified health plans in more than one state?	13a		
а	Note. See the instructions for additional information the organization must report on Schedule O	100		
h	Enter the amount of reserves the organization is required to maintain by the states in which the			
5	organization is licensed to issue qualified health plans			- 1
c	Enter the amount of reserves on hand			1
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		<u> </u>
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			· ·
	excess parachute payment(s) during the year?	15		X
	If "Yes," see instructions and file Form 4720, Schedule N			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O			
		Form	990	(2018)

Form 990 (2018)

IN ACTION, INC.

27-3510644

Page 6

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
000	tion A. doverning body and management		Yes	No
12	Enter the number of voting members of the governing body at the end of the tax year 1a0			
Ia	If there are material differences in voting rights among members of the governing body, or if the governing	1		
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
ь				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1		
~	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	<u> </u>		
3	of officers, directors, or trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	Х	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
, u	more members of the governing body?	7a		х
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
•	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	The governing body?	8a	X	·
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
•	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)	•		
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X
ь				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	144 M. The state of the state o	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	ın Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13		Х
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	ŀ		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	ļ		
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ►WI			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)	s only	availa	able
	for public inspection. Indicate how you made these available. Check all that apply			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d finan	cial	
	statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	FSA MANAGEMENT GROUP - (502) 574-9030			
	326 E. MAIN STREET, LOUISVILLE, KY 40202			

IN ACTION, INC.

27-3510644

Page 7

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

Check if Schedule O contains a response or note to any line in this Part VII

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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

(A)	(B)	(C) Position					-	(D)	(E)	(F)
Name and Title	Average hours per	(do not check more than one box, unless person is both an			than is bot	h an	Reportable compensation	Reportable compensation	Estimated amount of	
	week (list any	off	cer an	d a d	irecto	or/trus	tee)	from the	from related organizations	other compensation
	hours for	Individual trustee or director				<u> </u>		organization	(W-2/1099-MISC)	from the
	related	stee o	Institutional trustee		يوا	Highest compensated emptoyee		(W-2/1099-MISC)		organization
	organizations below	dual fr	tional	_	Key employee	st com	-			and related organizations
	line)	Indivi	Institu	Officer	Key er	Hghe empte	Forme			
(1) JOHN BLOOR	0.00									_
PRESIDENT		Х		Х	L	<u> </u>		0.	0.	0.
(2) PAM RITCHIE	0.00	<u>.</u>								
VICE PRESIDENT		Х	<u> </u>	X		_		0.	0.	0.
(3) ERIK MARTIN	0.00			 				0	_	_
SECRETARY		X	<u> </u>	Х	_	┝		0.	0.	0.
(4) TRACY NELSON	0.00	X		x				0.	0.	0.
TREASURER (5) DAVE LEMANSKI	0.00	^		Δ		┢	-	0.	0.	
IMMEDIATE PAST PRESIDENT	0.00	X						0.	0.	0.
(6) DAVE ORDAN	0.00	1	$\vdash$	_	┢	╁╴	-			-
DIRECTOR	0.00	$\mathbf{x}$						0.	0.	0.
(7) CINDY WEBER	0.00	<del> </del>	┢		<b></b>	<b> </b>				
DIRECTOR		x						0.	0.	0.
(8) STACY WIGFIELD	0.00									
DIRECTOR		X						0.	0.	0.
(9) JOE WACEK	0.00								_	_
DIRECTOR		X						0.	0.	0.
(10) MARGARET WINN	0.00	ļ		ļ						
DIRECTOR		X	ļ	_		<u> </u>	L_	0.	0.	0.
(11) LINCOLN BURR	0.00	۱						^	_	_
EXECUTIVE DIRECTOR		X	┞	X	-	$\vdash$	_	0.	0.	0.
	ļ	1								
		<del>                                     </del>	$\vdash$	$\vdash$		1				
		1								
			<u> </u>							
		┨								
		$\vdash$	-	$\vdash$	$\vdash$	$\vdash$	$\vdash$			<u> </u>
	-	1								
					Γ	T				
		_		L	l					

IN ACTION, INC.

Pai	Section A. Officers, Directors, Trus		ploy	ees			gne	st C	7	es (continuea)			
	、 (A)	(B)			((	-			(D)	(E)		(F)	
	Name and title	Average		not c		more	than		Reportable Reporta			Estimat	
		hours per week	box	, unle	ss pe	rson	s bot or/trus	h an	compensation	compensation		amount	
		(list any	$\vdash$		Γ	T		T	from the	from related organizations		other	
		hours for	Jrect						organization	(W-2/1099-MIS		ompens: from th	
		related	50 00	eg			sate	l	(W-2/1099-MISC)	(** 27 1033 141100	· ]	organiza	
		organizations	Individual trustee or director	institutional trustee		yee	umbe		(			and rela	
		below	lgng	tution	ا ا	Key employee	est co	<u> </u>			(	organizat	ions
		line)	Ψ	Instr	Officer	Key	Highest compensated employee	Former					
			<u> </u>			L							
			_			<u> </u>		_		<del></del>			
		-	<u> </u>	_		<u> </u>		_	-				
	_		$\vdash$	$\vdash$	$\vdash$		-	_					
		<u> </u>											
				H							-		
					Ì								
	<u> </u>	<del> </del>		$\vdash$		_			<del>                                     </del>		+-	-	
		ŀ									1		
		-		-							$\dashv$		
		<del> </del>					'						
	<del></del>										$\neg$		
1b	Sub-total Sub-total	·						<u> </u>	0.		0.		0.
С	Total from continuation sheets to Part VI	I, Section A						<b>&gt;</b>	0.		0.		0.
d	Total (add lines 1b and 1c)							<b>&gt;</b>	0.		0.		0.
2	Total number of individuals (including but n	ot limited to th	ose	liste	ed at	oove	e) wh	no re	eceived more than \$100	,000 of reportable			
	compensation from the organization												0
												Yes	No
3	Did the organization list any former officer,	director, or tru	ste	e, ke	y en	nplo	yee,	or	highest compensated e	mployee on	.	_	
	line 1a? If "Yes," complete Schedule J for s	uch individual									_3	<u> </u>	X
4	For any individual listed on line 1a, is the su	•								the organization			
	and related organizations greater than \$150										4	<b>└</b>	X
5	Did any person listed on line 1a receive or a					-		elat	ed organization or indivi	dual for services		_	- <del>.</del> .
Saa	rendered to the organization? If "Yes," com	plete Schedul	e J f	or su	ıch	pers	on			<del></del>		,	X
	tion B. Independent Contractors								<del></del>		<del></del> -		
1	Complete this table for your five highest co	-									ensatio	in from	
	the organization Report compensation for	tne calendar y	ear	enaii	ng w	vitn (	or w	Itnir		/ear		·(C)	
	(A) Name and business	address	NC	ONE	7			l	( <b>B)</b> Description of s	ervices	Com	(C) pensatio	n
	<del></del>				_			十	<u>_</u>			<u> </u>	
		<del></del> -						寸	<u>.                                      </u>				
								ı					
								寸					
								1					
		<del></del> .						T	_,,,,_,,,				
								П					
2	Total number of independent contractors (in	ncluding but n	ot lu	nite	d to	thos	se lis	sted	above) who received m	ore than			
	\$100,000 of compensation from the organization	zation					)		<u> </u>				i
	<u> </u>									-	Eor	m 990 (	2019)

Form 990 (2018) IN ACTION, INC.

Pa	rt VII	Statement of Rever	nue					
		Check if Schedule O cont	tains a response	or note to any lin				
	-	•			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
ts s	1 a	Federated campaigns	1a					
rau		Membership dues	1b					
S, E	С	<u> </u>	1c					
a fit	d	Related organizations	1d			1		
s, (	е	Government grants (contribut	tions) 1e					}
tion S r	f	All other contributions, gifts, gran	its, and					
Contributions, Gifts, Grants and Other Similar Amounts		sımılar amounts not ıncluded abo	ve 1f					
g	g	Noncash contributions included in lines	s 1a-1f \$		·			1
<u>5 F</u>	h	Total. Add lines 1a-1f		<b>•</b>			·	
				Business Code				
e ce	2 a							
er e	b	·			<del></del>			
m S	С							
gra Re	d							
Program Service Revenue	е		<del></del>					
_	T	All other program service reve	enue					<del></del>
	3	Total. Add lines 2a-2f Investment income (including				-		,
	3	other similar amounts)	dividends, inte	est, and				
	4	Income from investment of ta	x-exempt bond	proceeds				
	5	Royalties		<b>&gt;</b>				
	_		(i) Real	(ii) Personal				
	6 a	Gross rents	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
	b	Less rental expenses						ŀ
	С	Rental income or (loss)			· · · · · · · · · · · · · · · · · · ·			
	d	Net rental income or (loss)		<b>•</b>				
	7 a	Gross amount from sales of	(i) Securities	(ii) Other			-	Ì
		assets other than inventory		22,369.				
	b	Less cost or other basis		22 260				
		and sales expenses		22,369.				
		Gain or (loss)	L		0.			
		Net gain or (loss)		<b>•</b>	0.			- ,
ue	ва	Gross income from fundraisin including \$	=					
ver		including \$ contributions reported on line	OI					
ığ.		Part IV, line 18	; 10, dee 6					
Other Revenue	b	Less direct expenses	ŀ			ļ .		
0		Net income or (loss) from fund		<b>•</b>				
		Gross income from gaming ac	=					
		Part IV, line 19	á	a []				ļ
	b	Less direct expenses	t					
	С	Net income or (loss) from gam	ning activities					
	10 a	Gross sales of inventory, less	returns					l
		and allowances	á	]				
	b	Less cost of goods sold	t	·	<del></del>			
	С	Net income or (loss) from sale				ļ <u> </u>	<u>-</u>	
		Miscellaneous Revenu	ie	Business Code		<u> </u>		
	11 a			<del></del>				
	b			<b>—</b>				<del></del>
	С			<del></del>		<del>                                     </del>		
	d						**	1
		Total. Add lines 11a-11d			0.	0.	0.	0.
	12	Total revenue See instructions		▶	0.	ı • • • • • • • • • • • • • • • • • • •	· ·	ı <u>.                                </u>

Form		INC.		27-3	510644 Page 10
	t IX Statement of Functional Expens				
Secti	on 501(c)(3) and 501(c)(4) organizations must com	plete all columns. All ot	her organizations must c	omplete column (A)	
	Check if Schedule O contains a respon	ise or note to any line in	this Part IX		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	( <b>B)</b> Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				1
	individuals See Part IV, line 22				]
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
_	trustees, and key employees	<del></del>			
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
7	persons described in section 4958(c)(3)(B)  Other salaries and wages				
7 8	Pension plan accruals and contributions (include				
0	section 401(k) and 403(b) employer contributions)				₩
9	Other employee benefits				
10	Payroll taxes	<del></del>			
11	Fees for services (non-employees)				
а	Management				
b	Legal				
С	Accounting				
d	Lobbying	·			
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion			-	
13	Office expenses	· ·			
14	Information technology				
15 16	Royalties				
17	Occupancy Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а		***			
b					
С					
d					
е	All other expenses	<u> </u>			
25	Total functional expenses Add lines 1 through 24e	0.			
26	Joint costs Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

Form **990** (2018)

Check here

if following SOP 98-2 (ASC 958-720)

Form 990 (2018)
Part X Balance Sheet IN ACTION, INC.

		Check of Schedule O contains a response or not	e to any line in this Part X			
$\neg$						
$\Box$		`		<b>(A)</b> Beginning of year		<b>(B)</b> End of year
J	1	Cash - non-interest-bearing	144,223.	1	0.	
- 1	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net		-	3	
	4	Accounts receivable, net		4		
	5	Loans and other receivables from current and fo	,			
		trustees, key employees, and highest compensation				
		Part II of Schedule L		5		
	6	Loans and other receivables from other disquali				
- 1		section 4958(f)(1)), persons described in section				
1		employers and sponsoring organizations of sect				
ts		employees' beneficiary organizations (see instr)	Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net			7	
۱ ۶	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		1,041.	9	0.
	10a	Land, buildings, and equipment cost or other		,		.
		basis Complete Part VI of Schedule D	10a 0.	<del></del>		
	b	Less accumulated depreciation	10b	22,369.	10c	
	11	Investments - publicly traded securities		11		
	12	Investments - other securities   See Part IV, line 1	1		12	···
	13	$Investments \cdot program \cdot related \;\; See \; Part \; IV, \; line$		13		
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11	130,942.	15	0.	
	16	Total assets. Add lines 1 through 15 (must equa	al line 34)	298,575.	16	$X_0$
	17	Accounts payable and accrued expenses		21,418.	17	0.
	18	Grants payable	-	25 055	18	
	19	Deferred revenue	-	35,865.	19	0.
- 1	20	Tax-exempt bond liabilities			20	
- 1	21	Escrow or custodial account liability Complete I			21	· · · · ·
<u>e</u>	22	Loans and other payables to current and former				
<b>≝</b>		key employees, highest compensated employees	es, and disqualified persons	<del></del>	- <u></u> - -	
Liabilities		Complete Part II of Schedule L	<b>.</b>		22	
	23	Secured mortgages and notes payable to unrela			23	<del></del>
	24	Unsecured notes and loans payable to unrelated	T T	-	24	
	25	Other liabilities (including federal income tax, pa				
		parties, and other liabilities not included on lines	17-24) Complete Part X or	102,200.	25	0.
	00	Schedule D	-	159,483.	26	0.
+	26	Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958	) shock here X and	177, 1034	20	<u></u>
<u>"</u>		complete lines 27 through 29, and lines 33 an			.	
စ္ခံ	27	Unrestricted net assets	u 34.	139,092.	27	0.
la l		Temporarily restricted net assets	ŀ	103,0320	28	
8	28	Permanently restricted net assets	ŀ		29	
ğ	29	Organizations that do not follow SFAS 117 (A	SC 958) check here			<u> </u>
Net Assets or Fund Balances		and complete lines 30 through 34.	oo oooj, cricon ricie			
ts c	30	Capital stock or trust principal, or current funds			30	
Sse	31	Paid-in or capital surplus, or land, building, or ed	uunment fund		31	
¥	32	Retained earnings, endowment, accumulated in			32	
Š	33	Total net assets or fund balances	oomo, or other fallas	139,092.	33	0.
	34	Total liabilities and net assets/fund balances	ŀ	298,575.	34	0.

Form	990 (2018) IN ACTION, INC.	27-	3510644	Pag	ge 12	
Pa	rt XI Reconciliation of Net Assets					
	Checkyf Schedule O contains a response or note to any line in this Part XI				X	
	•				•	
1	Total revenue (must equal Part VIII, column (A), line 12)	1			0.	
2	Total expenses (must equal Part IX, column (A), line 25)	2		0.		
3	Revenue less expenses Subtract line 2 from line 1					
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	13	9,0	92.	
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-13	<u>9,0</u>	92.	
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,	1			_	
	column (B))	10			0.	
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
1	Accounting method used to prepare the Form 990 Cash X Accrual Other		_ 🗖	Yes	No	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0			<del>ا</del> ام مید. ـــ	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a			'	
	separate basis, consolidated basis, or both					
	Separate basis Consolidated basis Both consolidated and separate basis				;	
b	Were the organization's financial statements audited by an independent accountant?		2b		X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	te basis,			]	
	consolidated basis, or both					
	Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,				
	review, or compilation of its financial statements and selection of an independent accountant?		2c			
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O			السدا	
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Auc	dit			
	Act and OMB Circular A-133?		3a		<u> </u>	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	iired aud	lit			
			1 2-1		1	

Employer identification number Open to Public Inspection OMB No 1545-0047 27-3510644 Liquidation, Termination, Dissolution, or Significant Disposition of Assets Complete if the organization answered "Yes" on Form 990, Part IV, lines 31 or 32; or Form 990-EZ, line 36. Attach certified copies of any articles of dissolution, resolutions, or plans. REHABILITATION FOR WISCONSIN ► Attach to Form 990 or 990-EZ. IN ACTION, INC. Name of the organization (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service SCHEDULE N

Part		ution. Complete this	s part if the organization a	nswered "Yes" on Form 9	90, Part IV, line 31, o	Liquidation, Termination, or Dissolution. Complete this part if the organization answered "Yes" on Form 990, Part IV, line 31, or Form 990-EZ, line 36 Part I can be duplicated if additional space is needed	uplicated if additic	na
-	(a) Description of asset(s) distributed or trans∈ction expenses paidi	(b) Date of distribution	(c) Fair market value of asset(s) distributed or amount of transaction expenses	(d) Method of determining FMV for asset(s) distributed or transaction expenses	(e) EIN of recipient	(f) Name and address of recipient	(g) IRC section of recipient(s) (if tax-exempt) or type of entity	of Toe
							Yes	ž
C) (6)	Did or will any officer, director, trustee, or key employee of the organization Become a director or trustee of a successor or transferee organization?	key employee of the	organization					<u> </u>

- a Become a director or trustee of a successor or transferee organization?
- **b** Become an employee of, or independent contractor for, a successor or transferee organization?
- Become a direct or indirect owner of a successor or transferee organization? O
- d Receive, or become entitled to, compensation or other similar payments as a result of the organization's liquidation, termination, or dissolution?
- e If the organization answered "Yes" to any of the questions on lines 2a through 2d, provide the name of the person involved and explain in Part III

Schedule N (Form 990 or 990-EZ) 2018

20 ဗ **5**q

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or Form 990-EZ.

832151 10-31-18 LHA

13

Yes

ë

₽

4a

**6**a

S)

IN ACTION, INC. Schedule N (Form 990 or 990-EZ) 2018 Part

Note: If the organization distributed all of its assets during the tax year, then Form 990, Part X, column (B), line 16 (Total assets), and line 26 (Total liabilities), should equal 0. Liquidation, Termination, or Dissolution (continued)

Did the organization distribute its assets in accordance with its governing instrument(s)? If "No," describe in Part III

Is the organization required to notify the attorney general or other appropriate state official of its intent to dissolve, liquidate, or terminate? ۵ 49

If "Yes," did the organization provide such notice?

Did the organization discharge or pay all of its liabilities in accordance with state laws?

6a Did the organization have any tax-exempt bonds outstanding during the year?

g 9 b If "Yes" to line 6a, did the organization discharge or defease all of its tax-exempt bond liabilities during the tax yr in accordance with the Internal Revenue Code and state laws?

c If "Yes" on line 6b, describe in Part III how the organization defeased or otherwise settled these liabilities If "No" on line 6b, explain in Part III

Part II | Sale, Exchange, Disposition, or Other Transfer of More Than 25% of the Organization's Assets. Complete this part if the organization answered "Yes" on Form 990, Part IV, line 32, or Form 990-F7 line 36. Part II can be duplicated if additional space is needed

	(g) IRC section of recipient(s) (if tax-exempt) or type of entity				
	(g) IRC section of recipient(s) (if tax-exempt) or type of entity	501(C)(3)			
	(f) Name and address of recipient	DISABILITY SERVICE PROVIDER NE 16 N. CARROLL STREET, STE. 300 MADISON WI 53703			
	(e) EIN of recipient	23-7046390			
	(d) Method of determining FMV for asset(s) distributed or transaction expenses	139 092 BOOK VALUE			
space is needed	(c) Fair market value of asset(s) distributed or amount of transaction expenses	139 092			
plicated if additional	(b) Date of distribution	01/01/18			
Form 990-EZ, line 36 Part II can be duplicated it additional space is needed	(a) Description of asset(s) distributed or transaction expenses paid	TRANSFER OF NET ASSETS FROM MERGER WITH DISABILITY SERVICE PROVIDER NETWORK INC.			

Did or will any officer, director, trustee, or key employee of the organization

Become a director or trustee of a successor or transferee organization? a

Become an employee of, or independent contractor for, a successor or transferee organization? Δ

c Become a direct or indirect owner of a successor or transferee organization?

e If the organization answered "Yes" to any of the questions on lines 2a through 2d, provide the name of the person involved and explain in Part III Receive, or become entitled to, compensation or other similar payments as a result of the organization's significant disposition of assets? ס

SEE PART III

Yes

2a 8 သူ 29

832152 10-31-18

Part III Supplemental Information. Provide the information required by Part I, lines 2e and 6c, and Part II, line 2e Also complete this part to provide any additional information	Faye 3
PART II, LINE 2E:	
JOHN BLOOR	
PART II, LINE 2E:	
PAM RITCHIE	
PART II, LINE 2E:	
TRACY NELSON	
PART II, LINE 2E:	
STACY WIGFIELD	
PART II, LINE 2E:	
CINDY WEBER	
PART II, LINE 2E:	
MARGARET WINN	
PART II, LINE 2E:	
LINCOLN BURR	
PART II, LINE 2E:	
BOARD MEMBER OF DISABILITY SERVICE PROVIDER NETWORK, INC.	
PART II, LINE 2E:	
BOARD MEMBER OF DISABILITY SERVICE PROVIDER NETWORK, INC.	
PART II, LINE 2E:	/

Schedule N (Form 990	or 990	EZ) 2018 IN ACT	ION, INC	•			41-35.	10644 Page 3
Part III   Supple	ementa	al Information. Pro	vide the informat	tion required by Pa	art I, lines 2e and 6	ic, and Pa	rt II, line 2e	
DOLDD WEWDE	, o =	. D.T.G. D.T.I. T.M.Y.	annut an	DDOUTDED	NEWWORK	TNO		
BOARD MEMBE	K OF	' DISABILITY	SERVICE	PROVIDER	NETWORK,	INC.		
PART II, LI	NE 2	E:						
BOARD MEMBE	R OF	DISABILITY	SERVICE	PROVIDER	NETWORK,	INC.		
PART II, LI	NE 2	E:					<del></del>	
			CEDUTCE	DDOWINED	NEWMODE	TNC		
BOARD MEMBE	K OF	DISABILITY	SERVICE	PROVIDER	NEIWORK,	INC.		<u>.                                    </u>
PART II, LI	NE 2	E:						
BOARD MEMBE	R OF	DISABILITY	SERVICE	PROVIDER	NETWORK,	INC.		
PART II, LI	NE 2	E:					· · · · · ·	
ALREADY HEL	D PO	SITION OF E	XECUTIVE	DIRECTOR	OF DISAB	ILITY	SERVICE	PROVIDER
NETWORK, IN	rc.							
								<u>.                                      </u>
			-, <u>-</u>					, ·-
						,		
								,
	<del></del>							-

### SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

**2018**Open to Public Inspection

OMB No 1545-0047

Name of the organization

REHABILITATION FOR WISCONSIN IN ACTION, INC.

Employer identification number 27 – 3510644

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

MEMBERSHIP ASSOCIATION WHICH REPRESENTS THE INTERESTS OF COMMUNITY

REHABILITATION PROGRAMS THAT PROVIDE CARE MANAGEMENT, CENTER-BASED AND

SUPPORTED EMPLOYMENT, DAY HABILITATION, EARLY INTERVENTION, JOB

TRAINING, RESIDENTIAL AND OTHER SERVICES THAT ENABLE PEOPLE WITH

DISABILITIES AND ECONOMIC DISADVANTAGES TO LIVE AND WORK IN THEIR LOCAL

COMMUNITIES.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

EARLY INTERVENTION, JOB TRAINING, RESIDENTIAL AND OTHER SERVICES THAT

ENABLE PEOPLE WITH DISABILITIES AND ECONOMIC DISADVANTAGES TO LIVE AND

WORK IN THEIR LOCAL COMMUNITIES.

FORM 990, PART III, LINE 3, CHANGES IN PROGRAM SERVICES:

THE ORGANIZATION TRANSFERRED ALL NET ASSETS AND MERGED WITH DISABILITY

SERVICE PROVIDER NETWORK, INC.

FORM 990, PART VI, SECTION A, LINE 4:

THE ORGANIZATION TRANSFERRED ALL NET ASSETS AND MERGED WITH DISABILITY

SERVICE PROVIDER NETWORK, INC. NO ARTICLES OF DISSOLUTION WERE FILED AS THE

ORGANIZATION WILL REMAIN OPEN BUT WILL HAVE NO ACTIVITY GOING FORWARD

UNLESS THE NEED ARISE.

FORM 990, PART VI, SECTION B, LINE 11B:

A COPY OF THE FORM 990 WILL BE REVIEWED BY THE EXECUTIVE DIRECTOR AND THE

BOARD OF DIRECTORS BEFORE IT IS SUBMITTED.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2018)

832211 10-10-18

Schedule O (Form 990 or 990-EZ) (2018)	Page 2
Name of the organization REHABILITATION FOR WISCONSIN . IN ACTION, INC.	Employer identification number 27 - 3510644
. IN ACTION, INC.	27-3310044
FORM 990, PART VI, SECTION B, LINE 12C:	
AN ANNUAL QUESTIONNAIRE IS REQUIRED TO BE COMPLETED BY EA	CH OFFICER AND
DIRECTOR.	
FORM 990, PART VI, SECTION B, LINE 15A:	
THE EXECUTIVE COMMITTEE IS RESPONSIBLE FOR THE REVIEW OF	
DIRECTOR AND THE DETERMINATION OF HIS COMPENSATION BASED	ON COMPARABLE
SALARY DATA.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE INFORMATION WILL BE MADE AVAILABLE UPON REQUEST.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
NET TRANFERS FROM MERGER	-139,092.
FORM 990, PART XII, LINE 2C:	
THE PROCESS HAS NOT CHANGED.	

SCHEDULE R (Form 990)

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Related Organizations and Unrelated Partnerships

■ Attach to Form 990.

OMB No 1545-0047

► Go to www.irs.gov/Form990 for instructions and the latest information. REHABILITATION FOR WISCONSIN

Identification of Disregarded Entitles. Complete if the organization answered "Yes" on Form 990, Part IV, line 33

INC

IN ACTION,

Name of the organization

Parti

Department of the Treasury Internal Revenue Service

Open to Public Inspection

Employer identification number 27-3510644

Schedule R (Form 990) 2018 (g) Section 512(b)(13) Š controlled entity? Direct controlling Yes × Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year entity Direct controlling entity End-of-year assets status (if section <u>e</u> Public charity 501(c)(3)) LINE 9 Total income Exempt Code ਉ section Ð CHARITY PUBLIC Legal domicile (state or Legal domicile (state or foreign country) foreign country) WISCONSIN REHABILITATION PROGRAMS SUPPORT OF COMMUNITY Primary activity Primary activity <u>@</u> For Paperwork Reduction Act Notice, see the Instructions for Form 990. 23-7046390, 16 N. CARROLL STREET, STE 300, DISABILITY SERVICE PROVIDER NETWORK, INC. Name, address, and EIN (if applicable) Name, address, and EIN of related organization of disregarded entity 53703 MADISON, WI Part II

Schedule R (Form 990) 2018 IN ACTION, INC.

Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year Part III

Page 2

27-3510644

Schedule R (Form 990) 2018 General or Percentage managing ownership å Section 512(b)(13) controlled entity? Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year 3 Yes Percentage ownership Yes Ξ Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) Share of end-of-year assets Disproportionate Yes No allocations? Ξ Share of total income Share of end-of-year assets 6 Type of entity (C corp, S corp, or trust) <u>e</u> Share of total income Direct controlling entity Predominant income (related, unrelated, excluded from tax under sections 512-514) ਉ <u>e</u> Legal domicile (state or foreign country) Direct controlling entity ₤ Primary activity (c)
Legal
domicile
(state or
foreign Primary activity 9 Name, address, and EIN of related organization Name, address, and EIN of related organization 832162 10-02-18 Part IV

Page 3

27-3510644

# REHABILITATION FOR WISCONSIN IN ACTION, INC.

Schedule R (Form 990) 2018

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule				·	Yes	ş
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	is with one or more re	lated organizations listed	ın Parts II-IV?			
a Receipt of (i) interest, (ii) annuties, (iii) royalties, or (iv) rent from a controlled entity	•			<b>1</b> a		×
<b>b</b> Gift, grant, or capital contribution to related organization(s)				4		×
c Gift, grant, or capital contribution from related organization(s)				10		×
d Loans or loan guarantees to or for related organization(s)				þ	H	×
e Loans or loan guarantees by related organization(s)				16		×
f Dividends from related organization(s)				#	_	×
g Sale of assets to related organization(s)				19		×
h Purchase of assets from related organization(s)				ŧ		×
i Exchange of assets with related organization(s)				-		×
<ul> <li>Lease of facilities, equipment, or other assets to related organization(s)</li> </ul>				-	+	×
k Lease of facilities, equipment, or other assets from related organization(s)				¥		×
I Performance of services or membership or fundraising solicitations for related organization(s)	anization(s)			=	_	×
m Performance of services or membership or fundraising solicitations by related organization(s)	anization(s)			Ę		×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	ion(s)			£	_	×
<ul> <li>Sharing of paid employees with related organization(s)</li> </ul>				9	$\top$	×
B Reimbursement baid to related organization(s) for expenses				5		×
				- 1a		×
					 }	'
<ul> <li>Cther transfer of cash or property to related organization(s)</li> </ul>				-+	×	;
<ul> <li>Other transfer of cash or property from related organization(s)</li> </ul>				1s		×
2 If the answer to any of the above is "Yes," see the instructions for information on w	who must complete the	iis line, including covered	mation on who must complete this line, including covered relationships and transaction thresholds			
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	volved		
(1) DISABILITY SERVICE PROVIDER NETWORK, INC.	Ж	139,092.	BOOK VALUE			
(2)						
(3)						
(4)						
(5)						
(9)						
832163 10-02-18	21		Schedule R (Form 990) 2018	R (Form	990) 2	2018

Page 4 27-3510644

REHABILITATION FOR WISCONSIN

IN ACTION, INC.

Schedule R (Form 990) 2018

Part VI) Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

(a)	(q)	(0)	(p)	(e)	ω	(b)	Ξ	(i)	s	(K)
Name, address, and EIN of entity	Primary activity	ë g	t incom related, tax un	e partners sec 501(c)(3)	Share of total	Share of end-of-year	Dispropor- tronate allocations?	Dspropor- tonate amount in box 20 managing ownership allocations? of Schedule K-1 partner?	General or managing partner?	Percentage ownership
		country)	sections 512-514) Yes	Yes No	ıncome	assets	Yes No	(Form 1065)	Yes No	
							_		-	
					<u>.</u>					
			-							
									<u></u>	
			_							
							_			

Schedule R (Form 990) 2018

Schedule R (Form 990) 2018 IN ACTION, INC.	27-3510644 Page 5
Schedule R (Form 990) 2018 IN ACTION, INC.  Part VII Supplemental Information.	
Cappionent and the selection of the second to second a second all P. Consectivations	
Provide additional information for responses to questions on Schedule R. See instructions	
·	
	,
the second secon	·