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 black lung benefit trust or private foundation)

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

OMB No 1545-0047 2006 Open to Public Inspection

19480_

Α	For the	20	DOG calendar year, or tax year beginning OCT 1, 2006 and ending SEP 30,	2007	
В	Check if	f	C Name of organization	plover	identification number
_	applicat	ole	Please Use IRS	.,,	
-	Addr	ess		วร_ก	591194
붙	Name	е	/,		number
<u> </u>	chan- Initial	1	I See I	•	488-0735
 -	returi Final		instruc-		
<u> </u>	returi Amer	n	1000	Ounting mo Other (specify	
<u> </u>	returi	n	WASHINGTON, DC 20003		
L	Appli pend	ling			
			H(a) is this a group return		
			►N/A H(b) If "Yes," enter number		
<u>J</u>	Organi	izat	(ion type (check only one) X 501(c) (3) (insert no) 4947(a)(1) or 527 H(c) Are all affiliates include (if "No," attach a list.)	ed?	N/A Yes No
K	Check	her	e the organization is not a 509(a)(3) supporting organization and its gross H(d) is this a separate return the organization is not a 509(a)(3) supporting organization and its gross	rn filed l	by an or
			re normally not more than \$25,000. A return is not required, but if the organization ganization covered by	a group	pruling? Yes X No
	choose	es t	o file a return, be sure to file a complete return	nber ►	N/A
			M Check ▶ ☐ If the	organiza	ation is not required to attach
L	Gross	rec	eipts: Add lines 6b, 8b, 9b, and 10b to line 12 212,543. Sch. B (Form 990, 99	0-EZ, or	990-PF).
Р	art I	Π	Revenue, Expenses, and Changes in Net Assets or Fund Balances		
	$\frac{1}{1}$		Contributions, gifts, grants, and similar amounts received:		
	-	a	Contributions to donor advised funds		
		-	Direct public support (not included on line 1a) 1b 211,575	1	
		C	Indirect public support (not included on line 1a)	1	
		d	Government contributions (grants) (not included on line 1a) 1d	1	
		-	Total (add lines 1a through 1d) (cash \$	٠,	211,575.
				1e	211,5/5.
	2		Program service revenue including government fees and contracts (from Part VII, line 93)	2	
	3		Membership dues and assessments	3	0.60
	4		Interest on savings and temporary cash investments	4	968.
	5		Dividends and interest from securities	5	
	6		Gross rents 6a	4	
			Less: rental expenses 6b	4	
<u>a</u>	:	C	Net rental income or (loss). Subtract line 6b from line 6a	6c	
Revenue	7		Other investment income (describe	7	
ě	8	а	Gross amount from sales of assets other (A) Securities (B) Other	4	
	·		than inventory 8a	_	
		b	Less: cost or other basis and sales expenses 8b 215		
		C	Gain or (loss) (attach schedule) FD 8c -215		
		d	Net gain or (toss) Compilify in each and (B) STMT 2	8d	-215.
	9		Special events and activities (attach schedule) I any amount is from gaming, check here		
		a	Gross revenue (not licituding \$ 1008 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
8	1	b	Less: direct to be pensas bother than fundraising defenses 96		
2008		C	Net income or (loss) from special events, Spotract une 9b from line 9a	9c	
€	10	a	Gross sales of inventors less fetalls and allowances		
e		b	Less: cost of goods sold		
<u>م</u>		C	Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	10c	
SE	11	-	Other revenue (from Part VII, line 103)	11	
	12		Total revenue . Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12	212,328.
	13		Program services (from line 44, column (B))	13	162,765.
₩ s	14		Management and general (from line 44, column (C))	14	56,259.
	145				35,662.
SCANNED Expenses	15		Fundraising (from line 44, column (D))	15	
တို့	1		Payments to affiliates (attach schedule)	16_	251 606
_	17		Total expenses. Add lines 16 and 44, column (A) Expense or (defaul) for the year. Subtract line 17 from line 12	17	254,686.
9	18		Excess or (deficit) for the year. Subtract line 17 from line 12	18	-42,358.
Net	19		Net assets or fund balances at beginning of year (from line 73, column (A))	19	88,181.
~	ا		Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 3	20	1,783.
	21		Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21	47,606.

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.

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
22a Grants paid from donor advised funds					
(attach schedule)					
(cash \$ 0 • noncash \$ 0 •	1				
If this amount includes foreign grants, check here	22a				
22b Other grants and allocations (attach schedule					
(cash \$ 0 • noncash \$ 0 •					
If this amount includes foreign grants, check here	22b				
23 Specific assistance to individuals (attach		ļ			
schedule)	23				
24 Benefits paid to or for members (attach					
schedule)	24				
25a Compensation of current officers, directors, key					
employees, etc. listed in Part V-A	25a	81,553.	57,087.	14,216.	10,250.
b Compensation of former officers, directors, key					
employees, etc. listed in Part V-B	25b	0.	0.	0.	0.
c Compensation and other distributions, not included					
above, to disqualified persons (as defined under					
section 4958(f)(1)) and persons described in				1	
section 4958(c)(3)(B)	25c				
26 Salaries and wages of employees not					
included on lines 25a, b, and c	26	12,649.	2,613.	9,248.	788.
27 Pension plan contributions not included on)				
lines 25a, b, and c	27				
28 Employee benefits not included on lines					
25a - 27	28				
29 Payroll taxes	29	8,198.	5,821.	1,066.	1,311.
30 Professional fundraising fees	30			1 2 1 2	504
31 Accounting fees	31	6,039.	4,200.	1,048.	791.
32 Legal fees	32	4,250.	0 404	4,250.	4 1 4 0
33 Supplies	33	20,742.	9,481.	7,121.	4,140.
34 Telephone	34	7,517.	5,444.	2,073.	T 006
35 Postage and shipping	35	12,223.	3,973.	954.	7,296.
36 Occupancy	36	14,811.	10,302.	2,568.	1,941.
37 Equipment rental and maintenance	37	810.	0 216	810.	7 000
38 Printing and publications	38	23,784.	9,316.	6,588.	7,880.
39 Travel	39	10,974.	7,176.	3,050.	748.
40 Conferences, conventions, and meetings	40	119.		119.	
41 Interest	41	2 404	1 700	420	226
42 Depreciation, depletion, etc. (attach schedule)	42	2,484.	1,728.	430.	326.
43 Other expenses not covered above (itemize)		26.660	26.660		
a PROFESSIONAL FEES	43a	36,669.	36,669.	252	101
b INSURANCE	43b	1,458.	1,014.	253.	191.
c CONSULTING FEES	43c	7,400.	7,400.	01	
d BANK FEES	43d	93.	2.	91.	
e MISCELLANEOUS	43e	1,443.	539.	904.	
PAYROLL SERVICE	43f	1 470		1 470	
9 PROVIDER	43g	1,470.		1,470.	<u> </u>
44 Total functional expenses Add lines 22a through					
43g. (Organizations completing columns (B)-(D),		254 606	160 865	EC 050	25 ((2
carry these totals to lines 13-15)	44	254,686.	162,765.	56,259.	35,662.
Joint Costs. Check If you are following			orted in (B) Drogram conv	.ac2 ► □	Yes X No
Are any joint costs from a combined educational campai			i) the amount allocated to		」res (本)NO N/A;
If "Yes," enter (i) the aggregate amount of these joint cos (iii) the amount allocated to Management and general \$			v) the amount allocated to		N/A,
(III) the amount anocated to management and general Φ 623011 01-23-07		1) Ulla , all (I	v) the amount anocated to	r unuraising ψ	Form 990 (2006)
111a2 tall/					(2000)

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

Wh	hat is the organization's primary exempt purpose? SEE STATEMENT 5		Program Service
clie	organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of ents served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) ganizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others		Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
a	SEE STATEMENT 4		
			160 765
b	(Grants and allocations \$) If this amount includes foreign grants, check here	<u> </u>	162,765.
_	(Grants and allocations \$) If this amount includes foreign grants, check here		
С			
		 ·	
d	(Grants and allocations \$) If this amount includes foreign grants, check here	_ لـــيــا	
_			
	(Grants and allocations \$) If this amount includes foreign grants, check here		
е	Other program services (attach schedule)		
_	(Grants and allocations \$) If this amount includes foreign grants, check here		160 252
<u>f</u>	Total of Program Service Expenses (should equal line 44, column (B), Program services)		162,765.

Form **990** (2006)

_	TAMEDAL MICONAL ACMION	TNO		05 0501	104	_	6
	1990 (2006) INTERNATIONAL ACTION, rt V-A Current Officers, Directors, Trustees, and Ke	V Employees (continu	ned)	05-0591	<u>194</u>	Yes	age 6 No
	Enter the total number of officers, directors, and trustees permitted t					1.00	
	meetings	o voto en organization da	>	9			
b	Are any officers, directors, trustees, or key employees listed in Form listed in Schedule A, Part I, or highest compensated professional and Part II-A or II-B, related to each other through family or business relationed the individuals and explains the relationship(s)	d other independent contr	actors listed in Sc	hedule A,	75b		<u>x</u>
C	Do any officers, directors, trustees, or key employees listed in Form 9 listed in Schedule A, Part I, or highest compensated professional and Part II-A or II-B, receive compensation from any other organizations, organization? See the instructions for the definition of "related organical professional and profess	d other independent contr whether tax exempt or tax	actors listed in Sc	hedule A,	75c		_X_
	If "Yes," attach a statement that includes the information described	n the instructions					
	Does the organization have a written conflict of interest policy? rt V-B Former Officers, Directors, Trustees, and Ke	v Employees That D	Pagaiyad Cam	noncotion (75d	X	
Pa	rt V-B Former Officers, Directors, Trustees, and Ke Benefits (If any former officer, director, trustee, or key en						ına
	the year, list that person below and enter the amount of cor						
	(A) Name and address NONE	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions employee benefi plans & deferred compensation pla	à	E) Expe ccount er allow	and
					-		
					+		
							-
					ŀ		
					+		
					+		
- -							
D -	AVII Other Information (2)			<u> </u>		V	No
	rt VI Other Information (See the instructions)	ndusting activities? If "Va	o " attach a datala		_	Yes	No
76	Did the organization make a change in its activities or methods of co statement of each change	-		:0	76	х	
77	Were any changes made in the organizing or governing documents but "Yes," attach a conformed copy of the changes	out not reported to the IRS	37		77		<u>X</u>
78 a b	Did the organization have unrelated business gross income of \$1,000 lf "Yes," has it filed a tax return on Form 990-T for this year?	0 or more during the year	covered by this re	turn? N/A	78a 78b		X
79	Was there a liquidation, dissolution, termination, or substantial contri	action during the year? If	"Yes," attach a sta	•	79		X
80 a	Is the organization related (other than by association with a statewid membership, governing bodies, trustees, officers, etc., to any other experiences.	e or nationwide organizati	on) through comm		80a		X
b	If "Yes," enter the name of the organization \(\bigcup \frac{N/A}{}	· · · · · · · · · · · · · · · · · · ·		T noneyemet	000		
81 a	Enter direct or indirect political expenditures. (See line 81 instruction	and check whether it is L	exempt or	$_{ m J}$ nonexempt $_{ m 0}$.			
J. a b	Did the organization file Form 1120-POL for this year?	- ,			81b		X
						990	

19480__1

	rt VI Other Information (continued)	.194	Yes	age 7
	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially	$\overline{1}$	163	140
02 a	less than fair rental value?	82a		х
b	If "Yes," you may indicate the value of these items here. Do not include this			
	amount as revenue in Part I or as an expense in Part II		•	
	(See instructions in Part III) 82b N/A]		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible? N/A	84a		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not			
05	tax deductible? 501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members? N/A	84b	 	
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members? N/A Did the organization make only in-house lobbying expenditures of \$2,000 or less? N/A	85a 85b	 	
b	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a	030		
	waiver for proxy tax owed for the prior year			
C	Dues, assessments, and similar amounts from members 85c N/A			
d	Section 162(e) lobbying and political expenditures 85d N/A	1		
е	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e N/A]		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f N/A]		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? N/A	85g	ļ	
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f			
	to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the			
	following tax year?	85h	ļ	
86	501(c)(7) organizations Enter. a Initiation fees and capital contributions included on			
	line 12 Gross receipts, included on line 12, for public use of club facilities 86a N/A 86b N/A	-		
D 07		1		
87 b	501(c)(12) organizations Enter a Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources	1		
J	against amounts due or received from them) 87b N/A			
88 a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership,	1		
-	or an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3?			
	If "Yes," complete Part IX	88a		Х
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," complete Part XI	88b		Х
89 a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under:			
	section 4911 ► 0 • , section 4912 ► 0 • ; section 4955 ► 0 •			
b	501(c)(3) and 501(c)(4) organizations 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?	001		3 7
	If "Yes," attach a statement explaining each transaction	89b		X
C	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Enter Amount of tax on line 89c, above, reimbursed by the organization			
u e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e		х
í	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f		X
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization,			
·	or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? N/A	89g		
90 a	List the states with which a copy of this return is filed ▶DC			
b	Number of employees employed in the pay period that includes March 12, 2006			4
91 a	The books are in care of ► THE ORGANIZATION Telephone no. ► 202-48			
	Located at ► 499 SOUTH CAPITOL STREET, SW , WASHINGTON, DC ZIP+4 ► 2	<u>:000</u>		- NT:
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
	a financial account in a toreign country (such as a bank account, securities account, or other financial account)?	91b		X
	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		1	
	and Financial Accounts	<u>-</u> -	000	(2000)
	→ • • • • • • • • • • • • • • • • • • •	rorm	990	(2006)
	Ses "1" SE 12 11 11 11			
00010	868 "L" SE (Achifor Mathon)			

			ACTI:	ON, INC.		05-0	0591194 Page 8
Part	VI Other Information (continu	ued)					Yes No
c A	At any time during the calendar year, die	d the organizat	ion main	tain an office outside o	f the Uni	ted States?	91c X
It	f "Yes," enter the name of the foreign c	ountry > HA	ITI				
92 S	Section 4947(a)(1) nonexempt charitable	e trusts filing Fo	orm 990 i	in lieu of Form 1041- C	heck he	re , ,	▶ □
a	and enter the amount of tax exempt into				_	▶ 92	N/A
Part	VII Analysis of Income-Pro	ducing Acti					
Note:	${\it Enter gross amounts unless otherwise}$		(A)	ed business income	(C)	d by section 512, 513, or 514	(E)
ındıca	ted	l Bu	siness	(B) Amount	Exclu-	(D) Amount	Related or exempt
93 Pr	rogram service revenue	<u> </u>	code		sion	741100111	function income
a _							
b _				·			
c _				· · · · · · · · · · · · · · · · · · ·			
d _							
е_							
f M	edicare/Medicaid payments	<u> </u>					
_	ees and contracts from government age	encies			_		
	embership dues and assessments			 			
	terest on savings and temporary cash invest	ments			14	968.	
	ividends and interest from securities	_					
	et rental income or (loss) from real esta	te			+		
	ebt-financed property	<u> </u>			1		
	ot debt-financed property						
	et rental income or (loss) from personal	property			-		
	ther investment income				 		
	ain or (loss) from sales of assets				1	215	
	ther than inventory	<u> </u>		· · · · - · · · · · · · · · · · · · · ·	18	-215.	
	et income or (loss) from special events	ļ					
	ross profit or (loss) from sales of invent	ory					
	ther revenue						
a _					+ +		
D _					 		
		1			1		
a _					-		
e _	white tell (ended and consequence (D) (D) and (D)			0.		753.	0.
	ubtotal (add columns (B), (D), and (E))			0.		/53.	753.
	otal (add line 104, columns (B), (D), and Line 105 plus line 1e, Part I, should equ		on line 11) Part I		▶_	/53.
Part					t Purr	OSAS (Soo the instruction	nne l
				<u>.</u>			
Line N	Explain how each activity for which inc exempt purposes (other than by provi				и ипрога	ntly to the accomplishment o	i the organization's
	exempt purposes (order than by provi	unig lands for sa	parpo				
						· · · · · · · · · · · · · · · · · · ·	
							, .
Part	IX Information Regarding	Caxable Sub	sidiari	ies and Disregard	ed Ent	ities (See the instruction	15)
	(A)	(B)	Jordiai	(C)	<u> </u>	(D)	(E)
Nam	e, address, and EIN of corporation, artnership, or disregarded entity owner	rcentage of rship interest		Nature of activities		Total income	End-of-year
<u>p</u>	arthership, or disregarded entity Owne	%					assets
	N/A	%					
	IV/ A	%				· · · · · · · · · · · · · · · · · · ·	.
							<u> </u>
Part	X Information Regarding 1		ssocia	ted with Personal	Benef	fit Contracts (See the	instructions)
							
	Old the organization, during the year, receive					ai veneni contract?	
	Old the organization, during the year, pay pre				omactz		YesX_ No
Note	e: If "Yes" to (b), file Form 8870 and For	n 4720 (see ins	suuction	s)		 · · · 	Corr. 000 (0000)
							Form 990 (2006)

108	Did	the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and
	annı	uities described in question 107 above?
		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 to and complete. Declar to prepare (other than officer) is based on all information of which preparer has any knowledge.

Please Sign Signature of office Here Type or print name and title Check if self-Preparer's SSN or PTIN (See Gen Inst X) Preparer's Paid signature employed > Preparer's Firm's name ROSENBERG & FREEDMAN EIN ▶ yours if Use Only 4550 MONTGOMERY AVE., SUITE 650 NORTH self-employed), address, and BETHESDA, MARYLAND 20814 Phone no. \triangleright (301) 951-9090

Form **990** (2006)

19480 1

Yes No

Totals

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

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

Supplementary Information-(See separate instructions.)

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

OMB No 1545-0047

Name of the org	anization			Employer identif	ication number
	INTERNATIONAL ACTION, IN			05 05913	
Part I	Compensation of the Five Highest Paid En (See page 2 of the instructions. List each one. If there are none,		Officers, Dire	ctors, and T	
(,	a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and othe allowances
NONE		-		-	
		_			
Total number of over \$50,000	other employees paid	• 0		<u></u>	
Part II-A	Compensation of the Five Highest Paid Inc (See page 2 of the instructions. List each one (whether individual	dependent Contracto		ional Servic	es
	(a) Name and address of each independent contractor paid more	(b) Type of	service	(c) Compensation	
NONE					
Total number of	others receiving over				
\$50,000 for pro	fessional services	0			
Part II-B	Compensation of the Five Highest Paid Inc (List each contractor who performed services other than profes firms. If there are none, enter "None." See page 2 of the instruction	sional services, whether individi		ervices	
	(a) Name and address of each independent contractor paid more	than \$50,000	(b) Type of	service	(c) Compensation
NONE		·			
			 		·
Total aumhar of	f other contractors recovers Over				
\$50,000 for oth	f other contractors receiving over er services	0			<u></u>

e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year

g Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year

f Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts

Schedule A (Form 990 or 990-EZ) 2006

An organization organized and operated to test for public safety. Section 509(a)(4). (See page 7 of the instructions.)

Schedule A (Form 990 or 990-EZ) 2006

Total

Support Schedule (Complete only if you checked a box on line 10, 11, or 12) Use cash method of accounting. Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting Part IV-A Calendar year (or fiscal year **(b)** 2004 (a) 2005 (c) 2003 (e) Total beginning in) Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.) 15 21,467. 399,819. 85,482. 506,768. Membership fees received 16 17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the 2,707. organization after June 30, 1975 2.707. Net income from unrelated business activities not included in line 18 Tax revenues levied for the 20 organization's benefit and either paid to it or expended on its behalf The value of services or facilities 21 furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets 24,174. 399,819. 85,482. 0 509,475. 23 Total of lines 15 through 22 24 Line 23 minus line 17 24,174. 399,819. 85,482. 509,475. 3,998. 855. Enter 1% of line 23 242. 25 10,190. 26 Organizations described on lines 10 or 11 a Enter 2% of amount in column (e), line 24 \triangleright 26a Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2002 through 2005 exceeded the amount shown in line 26a. 442,330. Do not file this list with your return. Enter the total of all these excess amounts 26b 509,475. Total support for section 509(a)(1) test: Enter line 24, column (e) 26c 18 2,707. d Add: Amounts from column (e) for lines: 445,037. 26d 64,438. e Public support (line 26c minus line 26d total) 26e 26f 12.6479% Public support percentage (line 26e (numerator) divided by line 26c (denominator)) Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: N/A (2005)(2004)(2003)(2002)b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year. N/A(2002)(2005)(2004)Add: Amounts from column (e) for lines: N/A d Add: Line 27a total 27d Public support (line 27c total minus line 27d total) 27e Total support for section 509(a)(2) test: Enter amount on line 23, column (e) N/A g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) N/A h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) 28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, prepare a list for your records to

show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your

NONE

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return Do not include these grants in line 15.

Schedule A (Form 990 or 990-EZ) 2006

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

Schedule A (Form 990 or 990-EZ) 2006 INTERNATIONAL ACTION, INC.

Part V Private School Questionnaire (See page 9 of the instructions.)

N/A

29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing		Yes	No
	instrument, or in a resolution of its governing body?	29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues,			
	and other written communications with the public dealing with student admissions, programs, and scholarships?	30		ļ
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of			
	solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known			
	to all parts of the general community it serves?	31		<u> </u>
	If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)			
		-		
		_		
		-		
		-		
32	Does the organization maintain the following:	00		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
C	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student	000		
	admissions, programs, and scholarships?	32c		
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			
		-		
33	Does the organization discriminate by race in any way with respect to:	_		
a	Students' rights or privileges?	33a		
b	Admissions policies?	33b_		
C	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
е	Educational policies?	33e		
f	Use of facilities?	33f_		
g	Athletic programs?	33g		
h	Other extracurricular activities?	33h		
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			
		_		
		_		
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
b	Has the organization's right to such aid ever been revoked or suspended?	34b		<u> </u>
	If you answered "Yes" to either 34a or b, please explain using an attached statement.			
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50,			
	1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35		

Schedule A (Form 990 or 990-EZ) 2006

Sc	hedule A (Form 990 or 990-E	Z) 2006 INTE	RNATI	ONAL ACTION,	INC.				_05	-0591194 Page
<u>P</u>				ecting Public Char nization that filed Form 5768		ige 10 d	of the instruction	ns.)		N/A
<u>Ch</u>	eck 🕨 a 🔃 if the organ	ization belongs to	an affiliated	group Check	▶ b ☐ if	you ch	ecked "a" and "I	ımıted o	ontrol*	provisions apply.
				Expenditures			(a Affiliated tota	group		(b) To be completed for all electing organizations
_	(The to	erm "expenditures	means am	iounts paid or incurred.)		l				clothing organizations
06	Total lobbying expenditures	s to influence publ	io opinion (aragaraeta labbuung\		36	N/A	7		
36 37		•	, ,	- , -,		37				
38		-		y (direct lobbying)		38				
39		•	,			39				
40			s 38 and 39)		40				
41	Lobbying nontaxable amou	•		•						.=.
	If the amount on line 40 is	-	The lobbyi	ng nontaxable amount is -						
	Not over \$500,000		20% of the au	mount on line 40)					
	Over \$500,000 but not over \$1,0	00,000	ulq 000,000\$	s 15% of the excess over \$500,00	00					
	Over \$1,000,000 but not over \$1	,500,000	\$175,000 plu	s 10% of the excess over \$1,000,	000	41				
	Over \$1,500,000 but not over \$1	7,000,000	\$225,000 plu	s 5% of the excess over \$1,500,0	00	1				
	Over \$17,000,000		\$1,000,000)	ł			·	
	Grassroots nontaxable amo	•	•	4h 1 00		42				
43						43				
44	Subtract line 41 from line 3	6. Enter -U- II line	4 i is more	man line 30		44				
_	Caution: If there is an an	nount on either i	line 43 or li	ine 44, you must file Form	4720					
				Averaging Period I						
				ade a section 501(h) election				e colun	ins	
_		Delow	7. See the in	structions for lines 45 throug	yn ou on page	13 01 11	e instructions.)		_	
				Lobbying Expe	enditures Durii	ng 4-Ye	ar Averaging P	eriod		N/A
	lendar year (or cal year beginning in)	(a 200	•	1 ' '				(d) 2003		(e) Total
45	Lobbying nontaxable									
	amount									0.
46	Lobbying ceiling amount (150% of line 45(e))									0 .
47	Total lobbying									
_	expenditures									0.
48	Grassroots nontaxable									
_	amount									_0.
49	Grassroots ceiling amount									0.
	(150% of line 48(e)) Grassroots lobbying									<u> </u>
30	expenditures									0.
P	art VI-B Lobbying			cting Public Chariti		h a a a 4				
_				d not complete Part VI-A) (S				1		
	ring the year, did the organiza	•		•	i, including any	attemp	ot to	Yes	No	Amount
	luence public opinion on a leg Volunteers	Jisialive matter or	reierenaum	i, uirougii uie use oi.					X	
a		Include compens	ation in evo	enses reported on lines c thr	ough h)				X	
b	Media advertisements	moidue compense	adon in expt	shaca reported on inica 6 this	ough ii)				X	
d	Mailings to members, legisl	lators, or the publ	ıc						X	
e									X	
f	Grants to other organization								X	
g	•		•	fficials, or a legislative body					X	
h				es, lectures, or any other mea	ans				Х	
i	Total lobbying expenditures								<u></u>	0
	If "Yes" to any of the above,	, also attach a stat	ement givin	g a detailed description of th	e lobbying acti	vities.				

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Schedule A (Form 990 or 990-EZ) 2006

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Schedule	A (Form 990 or 990-EZ) 2000	international A	ACTION, INC.	05-	059119	4	Page 7
Part \		garding Transfers To an zations (See page 13 of the inst		d Relationships With Nonch	aritable		
51 Di		rectly or indirectly engage in any of		r organization described in section			
50	1(c) of the Code (other than s	section 501(c)(3) organizations) or	in section 527, relating to po	olitical organizations?	1		
	, ,	ganization to a noncharitable exemp	t organization of:			Yes	No
•	i) Cash				51a(i)		X
-	i) Other assets				a(ii)		X
	her transactions:				b(i)		, .
•	•	ts with a noncharitable exempt orga			b(i) b(ii)		X
•	i) Rental of facilities, equipme	noncharitable exempt organization			b(iii)		X
•	 r) Reimbursement arrangement 				b(iv)		X
•	Loans or loan guarantees				b(v)		X
•	•	membership or fundraising solicita	tions		b(vi)		Х
•	•	mailing lists, other assets, or paid e			C		х
				always show the fair market value of the			
gc	ods, other assets, or services	given by the reporting organization	. If the organization received	d less than fair market value in any			
tra	insaction or sharing arrangen	nent, show in column (d) the value of	of the goods, other assets, o	r services received;		N/A	
(a) Line no.	(b) Amount involved	(c) Name of noncharitable ex	cempt organization	(d) Description of transfers, transactions, a	and sharing ar	rangen	nents
			<u></u>				
						·	
			 				
							
			.				
							•
		_					
Co	the organization directly or in ode (other than section 501(c) Yes," complete the following	(3)) or in section 527?	one or more tax-exempt org	panizations described in section 501(c) of	the Yes	X] No
	(a Name of or) nanization	(b) Type of organization	(c) Description of relati	ionehin		
	Name of or	yanızatıdı	Type of organization	Description of relati			
			<u> </u>	1	 -		
				1			
		, .					
				1			
	· · · · · · · · · · · · · · · · · · ·						
			I	I			

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Schedule A (Form 990 or 990-EZ) 2006

19480__1

COMPUTER AND EQUIPMENTINGSEL 7.00 16 9,350. 9,350. 1,579. 1,326					***		 	
COMPUTER AND EQUIPMENTWARIESEL Colo 16 9,350. 9,350. 1,579.	Current Year Deduction	1,326.	1,326.					
COMPUTER AND EQUIPMENTVARIESSL 1.00 16 9.350. 9.350. 1.579	Current Sec 179		0					
COMPUTER AND EQUIPMENTYARIESISL T.00 16 9,350. 9,350 9,350	Accumulated Depreciation	, 579	1,579.					
1COMPUTER AND EQUIPMENTVARIESSL 7.00 16 9,350. * TOTAL 990 PAGE 2 DEPR	Basis For Depreciation	9,350.	9,350.					
1COMPUTER AND EQUIPMENTVARIESSL 7.00 16 9,350. * TOTAL 990 PAGE 2 DEPR. 990 PAGE 2 9,350.	Reduction In Basis		.0		 			
COMPUTER AND EQUIPMENTVARIESSL 7.00 16 9,350	Bus % Excl							
1 COMPUTER AND EQUIPMENTVARIESSL 7.00 1 * TOTAL 990 PAGE 2 DEPR	Unadjusted Cost Or Basis	9,350.	9,350.					
1 COMPUTER AND EQUIPMENTVARIESSL 7.00 * TOTAL 990 PAGE 2 DEPR DEPR	No e	16	16	***	 •			
1COMPUTER AND EQUIPMENTVARIESSL * TOTAL 990 PAGE 2 DEPR	Life							
DEPR Descriptio	Method							
DEPR Descriptio	Date Acquired	VARIES			 		 	
	Description		* TOTAL 990 PAGE DEPR					
	Asset No				 	_	 	

(D) - Asset disposed

628102 07-28-08

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

FOOTNOTES

STATEMENT

PART VI OTHER INFORMATION
IN THE PRIOR YEAR, INTERNATIONAL ACTION INC. (IAI) FOCUSED
ON THREE CORE ACTIVITIES (AS DESCRIBED IN PART III OF THE
THE PRIOR YEAR'S FORM 990) WHICH ARE CONSISTENT WITH THE
EXEMPT PURPOSE AND SET FORTH IN THEIR APPLICATION FOR
EXEMPTION. DURING THE CURRENT YEAR, IAI HAS FOCUSED MORE
OF ITS RESOURCES ON THE HAITI CLEAN WATER PROGRAM (ALSO A
PROGRAM DESCRIBED IN THEIR APPLICATION FOR EXEMPTION).

FORM 990 GAI	N (LOSS	FRON	4 SALE	OF OTH	HER .	ASSETS	ST	ATEMENT	2
DESCRIPTION		DATE ACQUIRE		_	DAT! SOL!		HOD IRED		
DISPOSAL OF FIXED ASSET			VARIOUS VARIOUS		US PURC	PURCHASED			
NAME OF BUYER	GRO SALES			T OR BASIS		PENSE SALE	DEPREC	NET GA OR (LO	
		0.		1,012.		0.	797.	-2	15.
TO FM 990, PART I, LN	8	***		1,012.		0.	797.	-2	15.
FORM 990 OTHER	CHANGES	S IN N	ET ASS	ETS OR	FUN	D BALAN	CES ST	ATEMENT	3
DESCRIPTION								AMOUNT	
PRIOR PERIOD ADJUSTMEN	IT							1,7	83.
TOTAL TO FORM 990, PAR	RT I, L	INE 20						1,7	83.

FORM 990 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS STATEMENT 4

DESCRIPTION OF PROGRAM SERVICE ONE

SINCE OUR START OF OUR CLEAN WATER CAMPAIGN IN HAITI - IN MAY 2006 - WE HAVE INSTALLED MORE THAN 100 CHLORINATORS IN THE POOREST NEIGHBORHOODS OF PORT-AU-PRINCE. WITH THIS PROGRAM, WE ARE PROTECTING THE WATER FOR MORE THAN 300,000 HAITIANS IN THE CAPITAL. BY THE END OF OUR CAMPAIGN - IN 2012 - WE WILL PROTECT 2.5 MILLION PEOPLE IN METRO PORT-AU-PRINCE.

NEARLY EVERY WATER SOURCE IN HAITI IS CONTAMINATED WITH HUMAN WASTE AND DISEASE. THERE ARE NO SEWAGE TREATMENT OR DISPOSAL SYSTEMS IN HAITI, WHICH HAS THE HIGHEST INFANT AND CHILD MORTALITY RATES IN THE HEMISPHERE. BY INSTALLING A TABLET CHLORINATOR ON EACH LOCAL WATER TANK, WE ARE BUILDING - TANK BY TANK, NEIGHBORHOOD BY NEIGHBORHOOD - THE FIRST PRACTICAL URBAN SAFE WATER SYSTEM FOR DEVELOPING COUNTRIES. IT WILL BECOME A MODEL FOR MANY CITIES IN ASIA, AFRICA AND LATIN AMERICA.

				GRA	ANTS	EXPENSES	
TO FORM 990), PART III,	LINE A				162,76	55.
FORM 990	STATEMENT O	F ORGANIZATION'S	PRIMARY	ЕХЕМРТ	PURPOSE	STATEMENT	5
		PART I	II				

EXPLANATION

TO PROVIDE THE MEANS TO PRODUCE CLEAN DRINKING WATER IN THE POOREST COMMUNITIES IN HAITI, THROUGH VILLAGE LEVEL TRAINING AND INSTALLATIONS OF WATER CHLORINATORS.

FORM 990 DEPRECIATION OF ASSE	ETS NOT HELD FOR	INVESTMENT	STATEMENT 6
DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
COMPUTER AND EQUIPMENT	9,350.	2,905.	6,445.
TOTAL TO FORM 990, PART IV, LN 57	9,350.	2,905.	6,445.

FORM 990 OTHER ASSETS		STATEMENT 7
DESCRIPTION		AMOUNT
DEPOSIT ORGANIZATIONAL COST		1,500. 2,508.
TOTAL TO FORM 990, PART IV, L	INE 58, COLUMN B	4,008.

FORM 990	OTHER NOTES AND LOANS PAYABLE	STATEMENT	8
LENDER'S NAME	TERMS OF REPAYMENT		
SISTERS OF CHAR YORK	RITY OF NEW		
DATE OF MATUR NOTE DAT			
07/03/07 07/15	5/12 25,00000%		
SECURITY PROVID	DED BY BORROWER PURPOSE OF LOAN		
NONE			
RELATIONSHIP OF	LENDER		
DECORIDATON OF	FMV OF CONSIDERATION CONSIDERATIO	ON BALANCE DU	_
DESCRIPTION OF	CONSIDERATION CONSIDERATION		E
DESCRIPTION OF	CONSIDERATION	0. 25,0	
	ON FORM 990, PART IV, LINE 64, COLUMN B	<u> </u>	00.
TOTAL INCLUDED		0. 25,0	00.
TOTAL INCLUDED FORM 990	ON FORM 990, PART IV, LINE 64, COLUMN B	25,0	00.
TOTAL INCLUDED FORM 990 DESCRIPTION DISPOSAL OF FIX	ON FORM 990, PART IV, LINE 64, COLUMN B	0. 25,0 25,0 STATEMENT AMOUNT	00.
TOTAL INCLUDED FORM 990 DESCRIPTION DISPOSAL OF FIX FINANCIAL STATE	ON FORM 990, PART IV, LINE 64, COLUMN B OTHER REVENUE NOT INCLUDED ON FORM 990 KED ASSET REPORTED AS EXPENSES EMENTS BUT SHOWN ON FORM 990, LINE 8B.	0. 25,0 25,0 STATEMENT AMOUNT 2	00.
TOTAL INCLUDED FORM 990 DESCRIPTION DISPOSAL OF FIX FINANCIAL STATE TOTAL TO FORM 9	ON FORM 990, PART IV, LINE 64, COLUMN B OTHER REVENUE NOT INCLUDED ON FORM 990 KED ASSET REPORTED AS EXPENSES EMENTS BUT SHOWN ON FORM 990, LINE 8B.	0. 25,0 25,0 STATEMENT AMOUNT 2	9
TOTAL INCLUDED FORM 990 DESCRIPTION DISPOSAL OF FIX FINANCIAL STATE TOTAL TO FORM 9	ON FORM 990, PART IV, LINE 64, COLUMN B OTHER REVENUE NOT INCLUDED ON FORM 990 SED ASSET REPORTED AS EXPENSES EMENTS BUT SHOWN ON FORM 990, LINE 8B.	0. 25,0 25,0 STATEMENT AMOUNT 2	9
FORM 990 DESCRIPTION DISPOSAL OF FIX FINANCIAL STATE TOTAL TO FORM 9 FORM 990 DESCRIPTION DISPOSAL OF FIX	ON FORM 990, PART IV, LINE 64, COLUMN B OTHER REVENUE NOT INCLUDED ON FORM 990 SED ASSET REPORTED AS EXPENSES EMENTS BUT SHOWN ON FORM 990, LINE 8B.	0. 25,0 25,0 STATEMENT AMOUNT 2 STATEMENT AMOUNT	9

FORM 990 PART V-A - LIST OF TRUSTEES	CURRENT OFFICERS, AND KEY EMPLOYEE	STATI	EMENT 11	
NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
LINDSAY MATTISON ALL MAY BE REACHED IN C/O ORGANIZATION'S ADDRESS	PRESIDENT 40.00	41,905.	0.	0.
YOUNGMIN CHANG	ASSOCIATE DIRE 60.00	CTOR 39,648.	0.	0.
ALFREDO FORTI	CHAIR 2.00	0.	0.	0.
ANNE ZILL	TREASURER 5.00	0.	0.	0.
WILLIAM CURRY	SECRETARY 3.00	0.	0.	0.
HEUNG HWAN LEE	BOARD MEMBER 3.00	0.	0.	0.
ARTHUR LEWIS	BOARD MEMBER 2.00	0.	0.	0.
EDWARD RAWSON	BOARD MEMBER 5.00	0.	0.	0.
ESTHER BROOKS	BOARD MEMBER 2.00	0.	0.	0.
ALMAMI CYLLAH	BOARD MEMBER 2.00	0.	0.	0.
TOTALS INCLUDED ON FORM 990, PAR	T V-A	81,553.	0.	0.