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)

OMB No 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

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

Inspection

	A F	or the 200	07 calendar year, or tax year beginning O	CT 1, 2007	and er	oding SEP 30	, 200	8
	В	Check if	Please C Name of organization				D Employe	er identification number
	а	applicable	use IRS					
		Address change	print or INTERNATIONAL ACTION	, INC.			05-	0591194
		Name change	type See Number and street (or P.O. box if mail is n		ress)	Room/suite	E Telepho	ne number
		Initial return	Specific 808 L STREET S.E.		,		202	-488-0735
		Termin- ation	tions City or town, state or country, and ZIP + 4		_		F Accounting	method Cash X Accrual
		Amended return	WASHINGTON, DC 2000	3			Other (spec	erfy)
		Applicatio pending	 Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable	e trusts	H and I are not apple		section 527 organizations.
			must attach a completed Schedule A (Form 9	90 or 990-EZ).		H(a) Is this a group re		
		Nebsite: 🕨				H(b) If "Yes," enter nu	mber of aff	
	J C	Organizatio	on type (check only one) \blacktriangleright \mathbf{X} 501(c) (3)	t no) 4947(a)(1) or	r 527	H(c) Are all affiliates i	ncluded?	N/A Yes No
	K	Check here	If the organization is not a 509(a)(3) suppo	rting organization and its	gross	(If "No," attach a H(d) Is this a separate		
	r-	eceipts are	e normally not more than \$25,000. A return is not requ	ured, but if the organization	on	ganization cover	ed by a gro	oup ruling? Yes X No
		hooses to	file a return, be sure to file a complete return.			I Group Exemption		
						M Check ▶ ☐ I	f the organ	ization is not required to attach
			pts: Add lines 6b, 8b, 9b, and 10b to line 12		294.	Sch. B (Form 99		
	Pa	art IR	evenue, Expenses, and Changes in	Net Assets or Fu	ınd Bala	nces		
		1 0	Contributions, gifts, grants, and similar amounts receiv	ed:				
		a C	Contributions to donor advised funds		1a		İ	
		b 0	Direct public support (not included on line 1a)		1b	320,6	33.	
		c li	ndirect public support (not included on line 1a)		1c			
		d G	Sovernment contributions (grants) (not included on lin	e 1a)	1d			
		e T	Fotal (add lines 1a through 1d) (cash \$3	20,633. noncas	sh \$) 16	320,633.
		2 F	Program service revenue including government fees ar	nd contracts (from Part V	II, line 93)		2	
		3 N	Membership dues and assessments				3	
		4 1	nterest on savings and temporary cash investments				4	661.
		5 0	Dividends and interest from securities				5	
		6 a 6	Gross rents		6a			
		b L	.ess: rental expenses		_6b			
	o o	c N	Net rental income or (loss). Subtract line 6b from line ϵ	ia			60	3
	Revenue	7 (Other investment income (describe) 7	
	eve	8 a G	Gross amount from sales of assets other	(A) Securities		(B) Other		
	н	tl	han inventory		8a			
		b L	ess: cost or other basis and sales expenses		8b			
		c G	Gain or (loss) (attach schedule)		8c			
		d N	let gain or (loss). Combine line 8c, columns (A) and (E	3)			80	1
		9 S	Special events and activities (attach schedule). If any ai	mount is from <mark>gaming</mark> , cl	heck here 🕽			
		a G	ross revenue (not including \$ of	contributions reported on line 1b)	9a			
			ess: direct expenses other than fundraising expenses		9b			
S		c N	let income or (loss) from special events. Subtract line	9b from line 9a	, ,	1	90	;
2009		10 a G	Gross sales of inventory, less returns and allowances		10a			
€2			ess: cost of goods sold		10b			
2		c G	Gross profit or (loss) from sales of inventory (attach so	hedule). Subtract line 10	b from line	10a	_10	c
			Other revenue (from Part VII, line 103)		DEC	EIVED	11	
			otal revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10	oc, and 11	<u>UL</u>		12	321,294.
•	ဟ	13 P	rogram services (from line 44, column (B))	(E)	1	3 0 2009 SH	13	
	Expenses	14 N	Management and general (from line 44, column (C))	E1-233	JUN	3 0 2009	14	
$\overline{\mathbb{M}}$	ber		undraising (from line 44, column (D))	一一			15	34,151.
2	ũ	16 P	'ayments to affiliates (attach schedule)	į.	001	TEN IIT	16	3
			otal expenses. Add lines 16 and 44, column (A)		<u> UQI</u>	<u>)EN, UI</u>	17	357,229.
SCANNED	S	18 E	xcess or (deficit) for the year. Subtract line 17 from lin				18	-35,935.
Ō	Net Assets	19 N	let assets or fund balances at beginning of year (from	. , ,,			19	
	As		Other changes in net assets or fund balances (attach ex	- ,			20	
	7220	21 N	let assets or fund balances at end of year. Combine lin	es 18, 19, and 20			21	11,671.
	72300 12-27	7-07 LH	A For Privacy Act and Paperwork Reduction Act I	lotice, see the separate	instruction	s.		Form 990 (2007)

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	1 1				
(attach schedule)				·	
(cash \$ 0 • noncash \$ 0	.				
If this amount includes foreign grants, check here	22a				
2b Other grants and allocations (attach schedule	e)				
(cash \$ 0 • noncash \$ 0	.]				
If this amount includes foreign grants, check here	22b				
3 Specific assistance to individuals (attach					
schedule)	23				
4 Benefits paid to or for members (attach				·	
schedule)	24				
5a Compensation of current officers, directors, key					
employees, etc. listed in Part V-A	25a	97,723.	81,449.	7,940.	8,334.
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					
section 4958(c)(3)(B)	25c				
6 Salaries and wages of employees not					
included on lines 25a, b, and c	26	27,513.	4,998.	9,129.	13,386.
7 Pension plan contributions not included on					
lines 25a, b, and c	27				
8 Employee benefits not included on lines					
25a - 27	28		0.		
9 Payroll taxes	29	10,120.	6,983.	1,417.	1,720.
Professional fundraising fees	30				
1 Accounting fees	31	15,906.	12,725.	3,181.	
2 Legal fees	32	9,617.	7,707.	1,910.	
3 Supplies	33	39,151.	31,083.	6,492.	1,576.
4 Telephone	34	7,740.	1,571.	6,169.	
5 Postage and shipping	35	8,723.	3,626.	1,814.	3,283.
6 Occupancy	36	18,000.	14,400.	3,600.	
7 Equipment rental and maintenance	37	90.		90.	
8 Printing and publications	38	12,015.	4,894.	3,373.	3,748.
9 Travel	39	9,816.	8,137.	609.	1,070.
0 Conferences, conventions, and meetings	40				
1 Interest	41				<u></u>
2 Depreciation, depletion, etc. (attach schedule)	42				·
3 Other expenses not covered above (itemize)					
a	43a				
b	43b				
c	43c				 _
d	43d				
e	43e				
f	43f				
g SEE STATEMENT 1	430	100,815.	89,486.	10,295.	1,034.
4 Total functional expenses. Add lines 22a through					
43g. (Organizations completing columns (B)-(D),					
carry these totals to lines 13-15)	44	357,229.	267,059.	56,019.	34,151.
oint Costs. Check If you are following	SOP 98				• • • • • • • • • • • • • • • • • • • •
re any joint costs from a combined educational campa	ign and fi	undraising solicitation repo	rted in (B) Program servic	es? ▶	Yes X No
"Yes," enter (i) the aggregate amount of these joint co) the amount allocated to F		N/A ;

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	at is the organization's prin	nary exempt purpose?	SEE STATE	EMENT 3		Program Service Expenses
clie	nts served, publications iss	sued, etc Discuss achie	vements that are not	ar and concise manner State th measurable (Section 501(c)(3) a le amount of grants and allocation	ind (4)	(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
а	SEE STATEMEN	T 2				
	(Create and allegations	•) If this amou	nt includes foreign greats, chao	k boro	267,059.
b	(Grants and allocations	<u> </u>) II this amou	nt includes foreign grants, chec	k nere	207,039.
_		· · · · · · · · · · · · · · · · · · ·]
	•					_
						
	(Grants and allocations	\$) If this amou	nt includes foreign grants, chec	k here	
С			<u> </u>			
						-
		·				-
]
			 			_
d	(Grants and allocations	\$) If this amou	nt includes foreign grants, chec	k here 🕨 📖	<u></u>
<u> </u>						
						
		-			 	-
	(Grants and allocations	\$) If this amou	nt includes foreign grants, chec	k here	1
е	Other program services (a		,			
	(Grants and allocations	\$) If this amou	nt includes foreign grants, chec	k here 🕨 🔲	
f	Total of Program Service	Expenses (should equ	al line 44, column (B),	Program services)	>	267,059.
						Form 990 (2007)

Form **990** (2007)

	int IV-A Reconciliation of Revenue per Audited Fina	ncial Statements W	ith Revenue p	er Ro	eturn (Se	e the
	Total revenue, gains, and other support per audited financial stateme	nts			a	N/A
b	Amounts included on line a but not on Part I, line 12					
1	Net unrealized gains on investments		b1		 	
2	Donated services and use of facilities		b2]	
3	Recoveries of prior year grants		b3]	
	Other (specify)	<u>-</u>	b4		1	
	Add lines b1 through b4				1 ь	
C	Subtract line b from line a				С	
d	Amounts included on Part I, line 12, but not on line a:					
1	Investment expenses not included on Part I, line 6b		d1			
2	Other (specify)	T T	d2		1	
	Add lines d1 and d2	<u> </u>			1 d	
е	Total revenue (Part I, line 12) Add lines c and d				e	
Pa	rt IV-B Reconciliation of Expenses per Audited Fina	ancial Statements V	Vith Expenses	per	Return	
a	Total expenses and losses per audited financial statements				а	N/A
b	Amounts included on line a but not on Part I, line 17					
1	Donated services and use of facilities		b1			
2	Prior year adjustments reported on Part I, line 20		02		1	
	Losses reported on Part I, line 20	<u> </u>	b3		1	
	Other (specify)	Г	b4		1	
	Add lines b1 through b4	\ \			Ь	
С	Subtract line b from line a				С	
d	Amounts included on Part I, line 17, but not on line a:					
1	Investment expenses not included on Part I, line 6b		d1			
	Other (specify)	Г	d2		1	
	Add lines d1 and d2	<u></u>			d	
е	Total expenses (Part I, line 17) Add lines c and d			•	e	
	irt V-A Current Officers, Directors, Trustees, and Ke	y Employees (List ea	ch person who was	an o	fficer, direc	ctor, trustee,
	or key employee at any time during the year even if they we	re not compensated) (Se	e the instructions)			
	(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Co emple plans compe	ntributions to oyee benefit s & deferred insation plans	(E) Expense account and other allowances
SE	E STATEMENT 8		97,723.		0.	0.
						· - -
						orm 990 (2007)

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	rt V-A	Current Officers, Directors, Trustees, and Ke		<u> </u>			Yes	No
75 a	Enter th	e total number of officers, directors, and trustees permitted t	to vote on organization bu	siness at board				
	meeting	ıs —		>	11			
b		officers, directors, trustees, or key employees listed in Form						
	listed in	Schedule A, Part I, or highest compensated professional and	d other independent contr	actors listed in Sc	hedule A,			
		or II-B, related to each other through family or business relatividuals and explains the relationship(s)	tionships? If "Yes," attach	a statement that i	dentifies	754		₹.
		, , , , , , , , , , , , , , , , , , , ,				75b		<u>X</u>
C	-	officers, directors, trustees, or key employees listed in Form			•			
		Schedule A, Part I, or highest compensated professional and or II-B, receive compensation from any other organizations,						
		ation? See the instructions for the definition of "related organ		abic, that are relat	ed to the	75c		Х
	If "Yes."	attach a statement that includes the information described	in the instructions			,,,,		
d		e organization have a written conflict of interest policy?				75d	х	
	rt V-B	Former Officers, Directors, Trustees, and Ke				or Ot	her	
		Benefits (If any former officer, director, trustee, or key en	nployee received compens	sation or other ben	efits (describe	d belo	w) dui	ng
		the year, list that person below and enter the amount of co	mpensation or other benef	(C) Compensation			~	
		(A) Name and address	(B) Loans and Advances	(if not paid,	employee benefi	t l	E) Expe ccount	
		NONE		enter -0-)	compensation pla	ns Oth	er allow	ances
						i		
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		<u>, , , , , , , , , , , , , , , , , , , </u>						
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						+-	_	
Pa	rt VI	Other Information (See the instructions)		·	I		Yes	No
76		organization make a change in its activities or methods of co	inducting activities? If "Ye	s," attach a detaile	ed			
		ent of each change	-			76		Х
77	Were ar	ny changes made in the organizing or governing documents t	out not reported to the IRS	S?		77		Х
	If "Yes,	attach a conformed copy of the changes						
		organization have unrelated business gross income of \$1,00	0 or more during the year	covered by this re		78a	ļ	X
b	If "Yes,	has it filed a tax return on Form 990-T for this year?			N/A	78b		
79		ere a liquidation, dissolution, termination, or substantial contr	- •			79		<u>X</u>
80 a		rganization related (other than by association with a statewid	_		on			
		rship, governing bodies, trustees, officers, etc., to any other	exempt or nonexempt orga	anization?		80a	ļ	<u>X</u>
b	it "Yes,	enter the name of the organization N/A			7			
04 -	Entar :		and check whether it is L	l exempt or L_	l nonexempt			
81 a		rect and indirect political expenditures (See line 81 instruction	ons.)	81a	0.	045		v
	DIG THE	organization file Form 1120-POL for this year?				81b Form	990	(2007)

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Pa	rt VI Other Information (continued)		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially			
	less than fair rental value?	82a		X
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			l
	(See instructions in Part III) 82b N/A			ĺ
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	Х	
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			
	tax deductible? N/A	84b		
85 a	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members? N/A	85a		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? N/A	85b		<u> </u>
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a			
	waiver for proxy tax owed for the prior year.			
C	Dues, assessments, and similar amounts from members 85c N/A			
d	Section 162(e) lobbying and political expenditures 85d N/A	1		
е	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e N/A	1		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f N/A	4		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? N/A	85g		
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? N/A	85h		
86	501(c)(7) organizations Enter: a Initiation fees and capital contributions included on			
	line 12 86a N/A	-		
b		4		
87	501(c)(12) organizations Enter a Gross income from members or shareholders 87a N/A	4		
b				
	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,			İ
	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		X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of			7.5
	section 512(b)(13)? If "Yes," complete Part XI	88b		X
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 ·			
U	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit		ļ	
	transaction during the year or did it become aware of an excess benefit transaction from a prior year?	004		v
_	If "Yes," attach a statement explaining each transaction	89b		X
С	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			
	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e		Y
e f	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,	031	 	
y	or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? N/A	89g	-	ĺ
9N 2	List the states with which a copy of this return is filed NONE	COM	Ь	
b				3
91 a		18 - N	735	
J. u	Located at ► 808 L STREET S.E., WASHINGTON, DC ZIP+4 ► 2			
h	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 foreign country (such as a bank account, securities account, or other financial account)?	91b	 	X
	If "Yes," enter the name of the foreign country \bigs\text{\sqrt{N}/A}			**
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			ĺ
	and Financial Accounts			ĺ
		Eorm	aan	(2007)

Form 990 (2007) INTERN	ATIONAL	ACTI	ON, INC.	_	05-	0591194 Page 8
Part VI Other Information (conti					 	Yes No
c At any time during the calendar year,	-		itain an office outside	of the Un	ited States?	91c X
If "Yes," enter the name of the foreign	-					
92 Section 4947(a)(1) nonexempt charital	_				1 1	▶ ∟
and enter the amount of tax-exempt in Part VII Analysis of Income-Pro					▶ 92	N/A
			ed business income	Exclude	ed by section 512, 513, or 514	
Note: Enter gross amounts unless otherwis indicated	e –	(A)	(B)	(C)	(D)	(E)
		Business code	Amount	Exclu- sion	Amount	Related or exempt function income
93 Program service revenue		code		code		Terrottori modific
a						
b		 -				
<u> </u>						
d		• · · · · · · · · · · · · · · · · · · ·				
f Madeara/Madeard accompate						
f Medicare/Medicaid payments						
g Fees and contracts from government a	gencies					
94 Membership dues and assessments				14	661.	
95 Interest on savings and temporary cash inve	suments			14	001.	
96 Dividends and interest from securities	-			+ +		
97 Net rental income or (loss) from real est	rate			 		
a debt-financed property						
b not debt-financed property			 	+		
98 Net rental income or (loss) from person	ai property			+ +		
99 Other investment income						
100 Gain or (loss) from sales of assets						
other than inventory	_					
101 Net income or (loss) from special event				+ +		
102 Gross profit or (loss) from sales of inver	ntory			\dashv		
103 Other revenue:						
a						
D						 · · · ·
C				- -		
d		-		+ +		· · ·
e			0	+ +	CC1	
104 Subtotal (add columns (B), (D), and (E))			0	•	661.	0.
105 Total (add line 104, columns (B), (D), ar Note: Line 105 plus line 1e, Part I, should ed		t on line 1	2 Port I		▶.	661.
Part VIII Relationship of Activiti	<u> </u>		<u> </u>	nt Dur	2000 (Con the motor ate	
-		<u>-</u>				
Explain how each activity for which is exempt purposes (other than by pro	•		· ·	ed importa	intly to the accomplishment o	t the organization's
exempt purposes (other than by pro	Viding lands for	aucii pui pu	363).	·		
						·
						
Part IX Information Regarding	Tavable Si	uheidiar	ies and Disregar	ded En	tities (See the instruction	
(A)	(B)	ubsidiai	(C)	ded Lii	(D)	(E)
Name, address, and EIN of corporation,	Percentage of		Nature of activities		Total income	End-of-year
partnership, or disregarded entity ow	nership interest					<u>assets</u>
37/3	<u> </u>			 		
N/A	%					
	%					
Port V Information Pagarding	%	A i -	ted with Demons	-1 Pana	fit Contracts (c	
Part X Information Regarding						
(a) Did the organization, during the year, received					nai benefit contract?	Yes X No
(b) Did the organization, during the year, pay p				contract?		Yes X No
Note: If "Yes" to (b), file Form 8870 and Fo	orm 4/20 (see	instruction	is).			
						Form 990 (2007)

	990 (2007) INTERNATIONAL ACTION, I		05-05	91194 F	⊃ _{age} 9
Par		N/A	5. Complete only if the organ	ization is a	
106	Did the reporting organization make any transfers to a controlled entity a		12(b)(13) of the Code? If "Yes	Yes	No
	complete the schedule below for each controlled entity (A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount transfe	
a .					
b					
c -					
	Totals			Yes	No
107	Did the reporting organization receive any transfers from a controlled en complete the schedule below for each controlled entity	tity as defined in sect	ion 512(b)(13) of the Code? If		110
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount transfe	
a					
b					
c .					
	Totals				
108	Did the organization have a binding written contract in effect on August 1 annuities described in question 107 above? Under penalties of perjury, I declare that I have examined this return, including accompanyi	ing schedules and statement	s, and to the best of my knowledge and		
Pleas Sign Here	and complete Declaration of preparer (other than officer) is based on all information of which is based on all information	ch preparer has any knowleds	Date 2	69	
	Type or print name and title	Date /	Check if Preparer's St	SN or PTIN (See Ger	n Inet V
Paid Prepa	Trimshalow Chilman Digratarols s. Robern	6/17/09	self-		
Use 0	TELLIPIAN AUSTRIA OF CREED	TE 650 NORT		1) 951–9 Form 990	

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

2007

name of the or	ganization			Employer laentit	ication number
	INTERNATIONAL ACTION, INC	· · · · · · · · · · · · · · · · · · ·		05 05911	94
Part I	Compensation of the Five Highest Paid Em		Officers, Dire		
	(See page 1 of the instructions. List each one. If there are none, e		•	-	
	(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	of other employees paid	0			
Part II-A	Compensation of the Five Highest Paid Inde (See page 2 of the instructions. List each one (whether individuals			ional Service	es
	(a) Name and address of each independent contractor paid more th	(b) Type of	service	(c) Compensation	
NONE					
			-		
					
	of others receiving over ofessional services	0		<u></u>	
Part II-B	Compensation of the Five Highest Paid Inde (List each contractor who performed services other than profession firms. If there are none, enter "None." See page 2 of the instruction	onal services, whether individ		ervices	
	(a) Name and address of each independent contractor paid more th	an \$50,000	(b) Type of	service	(c) Compensation
NONE					
				-	
			_		
	of other contractors receiving over				
\$50,000 for ot	ner services	0			

723101/12-27-07 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ.

Schedule A (Form 990 or 990-EZ) 2007

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) 2007

N/A

Total

An organization organized and operated to test for public safety. Section 509(a)(4), (See page 8 of the instructions.)

Pa	rt IV-A Support Schedule (C	Complete only if you che le worksheet in the insti	ecked a box on line 10	, 11, or 12) Use cash	method of acc	ounting	g. Untina
	ndar year (or fiscal year nning in)	(a) 2006	(b) 2005	(c) 2004	(d) 2003	7 40000	(e) Total
15	Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	211,575.	21,467.	399,819.	85,4	82.	718,343.
16	Membership fees received	211,373.	21, 10, 1	333,013.	03,4	02.	
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						
18	Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975		2,707.				3,675.
19	Net income from unrelated business	1	2,,0,,			<u> </u>	3,013.
	activities not included in line 18						
20	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
21	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge						
22	Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets						
23	Total of lines 15 through 22	212,543.	24,174.	399,819.	85,4	82.	722,018.
24	Line 23 minus line 17	212,543.	24,174.	399,819.	85,4		722,018.
25	Enter 1% of line 23	2,125.	242.	3,998.	8	55.	
26	Organizations described on lines 1		* **		▶	26a	14,440.
b	Prepare a list for your records to sho unit or publicly supported organizati			,			
	Do not file this list with your return	, ,	•	ued the amount shown in	IIII 20a.	26b	104,455.
C	Total support for section 509(a)(1) t					26c	722,018.
d	Add: Amounts from column (e) for I	ines: 18	3,675. 19				
		22	26b	104,45	<u>5.</u> ►	26d	108,130.
е	Public support (line 26c minus line 2	•				26e	613,888.
<u>f</u>	Public support percentage (line 26				<u> </u>	26f	85.0239%
27	Organizations described on line 12 records to show the name of, and to such amounts for each year:		, ,				•
	(2006)	(2005)	(2)	004)	(200	.3)	
b	For any amount included in line 17 t	hat was received from eac	·	•	,	,	show the name of,
	and amount received for each year,			- ,			-
	described in lines 5 through 11b, as				_	een the a	amount received and
	the larger amount described in (1) o	• •	·	•	•		
	(2006) Add: Amounts from column (e) for I	(2005)	•	004)	(200	3)	
C				16 21		27c	N/A
d	Add: Line 27a total	20	d line 27b total	~ · · · · · · · · · · · · · · · · · · ·		27d	N/A
е	Public support (line 27c total minus			 		27e	N/A
f	Total support for section 509(a)(2) t	•	23, column (e)	▶ 27f	N/A		
g	Public support percentage (line 27	e (numerator) divided by	line 27f (denominator))		•	27g	<u>N/A %</u>
	Investment income percentage (lin				<u> </u>	27h	N/A %
5	Inusual Grants: For an organization d show, for each year, the name of the c eturn. Do not include these grants in	ontributor, the date and ar line 15.	nount of the grant, and a	sual grants during 2003 t brief description of the na	hrough 2006, prepature of the grant.	Do not f	ile this list with your
72313	1 12-27-07	<u>N</u>	ONE			Schedule	e A (Form 990 or 990-EZ) 2007

1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation

	(To be completed ONLY by schools that checked the box on line 6 in Part IV)			
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29	Yes	No
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)	31		
32	Does the organization maintain the following:			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
C	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	00.		
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32c		
u	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)	32d		
33	Does the organization discriminate by race in any way with respect to:			
а	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		
	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,			

Schedule A (Form 990 or 990-EZ) 2007

19480__1

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

Schedule A (Form 990 or 990-EZ) 2007

0.

X

X

X

Х

Publications, or published or broadcast statements

Grants to other organizations for lobbying purposes

Total lobbying expenditures (Add lines c through h.)

Direct contact with legislators, their staffs, government officials, or a legislative body

Railies, demonstrations, seminars, conventions, speeches, lectures, or any other means

12-27-0

Schedule A (Form 990 or 990-EZ) 2007

	0.	0.	
Current Year Deduction			
Current Sec 179		0	
Accumulated Depreciation	2,905.	2,905.	
Basis For Depreciation	11,331.	866.	
Reduction In Basis		0	
Bus % Excl	I		
Unadjusted Cost Or Basis	11,331.	866.	
No	16	16	
Life	00.7	7.00	
Method			
Date Acquired	VARIES	VARIES	
Description	1 COMPUTER AND EQUIPMENTVARIESSL	2FURNITURE AND FIXTURESVARIESSI * TOTAL 990 PAGE 2 DEPR	
Asset	Н	~	

(D) - Asset disposed

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

FORM 990	OTHER	EXPENSES		STATEMENT 1
	(A)	(B) PROGRAM	(C) MANAGEMENT	(D)
DESCRIPTION	TOTAL	SERVICES	AND GENERAL	FUNDRAISING
CONTRACT SERVICES	65,643.	65,643.		
INSURANCE	1,182.	946.	236.	
CONSULTING FEES	4,900.	4,100.	800.	
BANK FEES	273.	240.	33.	
CREDIT CARD				
PROCESSING FEE	42.			42.
MEALS AND				
ENTERTAINMENT	5,650.	2,041.	3,119.	490.
PARYOLL SERVICE FEES	2,064.	1,651.	413.	
SECURITY SERVICE	526.		526.	
SUBSCRIPTION	804.	155.	184.	465.
BOOKS	677.	457.	183.	37.
INTERNET EXPENSE	1,926.	1,541.	385.	
TRANSLATION	1,160.	1,160.		
TRANSPORTATION	6,156.	4,674.	1,482.	
TRAINING	2,821.	400.	2,421.	
UTILITIES	2,566.	2,053.	513.	
MEDICAL EXPENSES	4,425.	4,425.		
TOTAL TO FM 990, LN 43	100,815.	89,486.	10,295.	1,034.

FORM 990	STATEMENT (OF PRO	GRAM	SERVICE	ACCOMPLISHMENTS	STA'	TEMENT	2

DESCRIPTION OF PROGRAM SERVICE ONE

SINCE OUR START OF THE CLEAN WATER CAMPAIGN IN HAITI - IN MAY 2006 - WE HAVE INSTALLED MORE THAN 110 CHLORINATORS IN THE POOREST NEIGHBORHOODS OF PORT-AU-PRINCE. WITH THIS PROGRAM, WE ARE PROTECTING THE WATER FOR MORE THAN 400,000 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	NTS	EXPENSES	
TO FORM 99), PART III, LIN	E A			267,05	59.
FORM 990	STATEMENT OF O	RGANIZATION'S PART I	EXEMPT	PURPOSE	STATEMENT	3

EXPLANATION

TO PROVIDE CLEAN DRINKING WATER WITH THE FIRST PRACTICAL URBAN SAFE WATER SYSTEM TO THE POOREST IN HAITI THROUGH COMMUNITY LEVEL TRAINING AND INSTALLATIONS OF CHLORINATORS.

FORM 990 DEPRECIATION OF ASSE	TS NOT HELD FOR	INVESTMENT	STATEMENT 4
DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
COMPUTER AND EQUIPMENT FURNITURE AND FIXTURES	11,331.	2,905.	8,426. 866.
TOTAL TO FORM 990, PART IV, LN 57	12,197.	2,905.	9,292.

FORM 990 OTHER AS			STATEMENT	5
DESCRIPTION		BEGINNING OF YEAR	END OF YEA	ΔR
DEPOSIT ORGANIZATIONAL COST		1,500. 2,508.	1,50 2,50	
TOTAL TO FORM 990, PART IV, LINE	58	4,008.	4,00	8.

	FORM 990	LOANS PAYABLE TO	OFFICER'S,	DIRECTOR	'S, ETC.	STATEMENT	
DATE OF MATURITY NOTE DATE TERMS OF REPAYMENT INTEREST RATE 07/09/08 10/06/08 .00% SECURITY PROVIDED BY BORROWER PURPOSE OF LOAN NONE DESCRIPTION OF CONSIDERATION FMV OF CONSIDERATION BALANCE DI 0. 2,5	LENDER'S N	AME AND TITLE					
NOTE DATE TERMS OF REPAYMENT INTEREST RATE 07/09/08 10/06/08 .00% SECURITY PROVIDED BY BORROWER PURPOSE OF LOAN NONE DESCRIPTION OF CONSIDERATION ENLANCE DIAGRAPH CONSIDERATION BALANCE EDWARD RAW	SON BOARD OF DIRECTO	RS		10,	000.		
SECURITY PROVIDED BY BORROWER PURPOSE OF LOAN NONE DESCRIPTION OF CONSIDERATION O. 2,9	- -		REPAYMENT		INTEREST R	ATE	
DESCRIPTION OF CONSIDERATION O. 2,	07/09/08	10/06/08			.00%		
DESCRIPTION OF CONSIDERATION CONSIDERATION 0. 2,5	SECURITY P	ROVIDED BY BORROWER	PURPOSE	OF LOAN			
DESCRIPTION OF CONSIDERATION CONSIDERATION 0. 2,!	NONE						
	DESCRIPTIO	N OF CONSIDERATION			-	N BALANCE DU	E
				•	1	0. 2,5	00
FOTAL TO FORM 990, PART IV, LINE 63, COLUMN B 2,!						2,5	

25,000.

FORM 990	OTHER NOTES A	ND LOANS PAY	ABLE	STATEMENT	
LENDER'S NAME	TERMS OF	REPAYMENT			
SISTERS OF CHARITY OF I	NEW				
DATE OF MATURITY NOTE DATE 1	ORIGINAL LOAN AMOUNT	INTEREST RATE			
07/03/07 07/15/12	25,000.	.00%			
SECURITY PROVIDED BY BO	ORROWER PUR	POSE OF LOAN			
NONE			•		
RELATIONSHIP OF LENDER	_				
DESCRIPTION OF CONSIDER	RATION		FMV OF CONSIDERATION	BALANCE DU	E
			0.	25,0	

TOTAL INCLUDED ON FORM 990, PART IV, LINE 64, COLUMN B

FORM 990 PART V-A - LIST OF C TRUSTEES	URRENT OFFICERS, AND KEY EMPLOYEE		STATI	EMENT 8
NAME AND ADDRESS	TITLE AND AVRG HRS/WK		EMPLOYEE BEN PLAN CONTRIB	
LINDSAY MATTISON ALL MAY BE REACHED IN C/O ORGANIZATION'S ADDRESS	EXECUTIVE DIRE	CTOR 51,681.	0.	0.
YOUNGMIN CHANG	ASSOCIATE DIRE 60.00	CTOR 46,042.	0.	0.
ANNE ZILL	CHAIR 2.00	0.	0.	0.
BILL CURRY	PRESIDENT 2.00	0.	0.	0.
HEUNG HWAN LEE	SECRETARY 2.00	0.	0.	0.
VICTOR GRINEV	TREASURER 5.00	0.	0.	0.
ARTHUR LEWIS	BOARD MEMBER 2.00	0.	0.	0.
EDWARD RAWSON	BOARD MEMBER 2.00	0.	0.	0.
ESTHER BROOKS	BOARD MEMBER 2.00	0.	0.	0.
ALFREDO FORTI	BOARD MEMBER 2.00	0.	0.	0.
RAYNALD LAMOTHE	BOARD MEMBER 2.00	0.	0.	0.

INTERNATIONAL ACTION, INC.		05~0	591194
	MEMBER 00 0.	0.	0.
TOTALS INCLUDED ON FORM 990, PART V-A	97,723.		0.

SCHEDULE A

EXPLANATION OF TRANSACTIONS PART III, LINE 2B

STATEMENT

ON JULY 9, 2008, INTERNATIONAL ACTION, INC BORROWED \$10,000 FROM ED RAWSON, A BOARD MEMBER. THE LOAN BALANCE AS OF SEPTEMBER 30, 2008 WAS \$2,500.