## Form **990-EZ**

## Short Form 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) Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form

OMB No 1545-1150

Department of the Treasury Internal Revenue Service The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public Inspection

19480\_

A	For th	e 2008 calendar year, or tax year beginning OCT 1, 2008 and ending SEP	30,	2009
В	Check if applicab	C Name of organization		identification number
[3	Addre	s use IRS		
Ē	Name Chang	label or print or INTERNATIONAL ACTION, INC.	0.5 - 0	591194
	Initial	Number and street (or P.O. how if mail is not delivered to street address)  Poom/suite F		
_ <u>_</u>	returi Term		•	488-0735
_ <u></u>	- ation Amer	170	Group Exe	
 	returi Applic pendir	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		•
		· · · · · · · · · · · · · · · · · · ·	Number	
	• Sec	tion 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed G Accounting Schedule A (Form 990 or 990-EZ) Other (spe	-	Casii Accidai
		e ► <u>WWW.HAITIWATER.ORG</u> H Check ►		the organization is <b>not</b>
				dule B (Form 990, 990-EZ, or 990-PF)
	Check	(// 11 3 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	re than \$	25,000. A return is not
	_	d, but if the organization chooses to file a return, be sure to file a complete return.		<del></del>
		es 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 instead of Form 990-EZ	\$	
[P	<u>art l</u>	Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instruction	ons for Pa	,
	1	Contributions, gifts, grants, and similar amounts received	1	289,944.
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	1.
	5a	Gross amount from sale of assets other than inventory 5a		
	b	Less: cost or other basis and sales expenses 5b		
	С	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)	5c	
e	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here	]  '	
Revenue	a	Gross-revented that D of contributions		
è		reported on line IT 6a 6a		
	Ь	Less: direct expenses other than fundrating expenses 6b		
	C	Net income or libes from special events and activities (Subtract line 6b from line 6a)	6c	
2010	7a	Gross sales of inventory, less returns added owances 7a 7		
4	b	Less: dost of goods spiden, UT		
63	c	Gross profit or Hoss Francis of Inventory (Subtract line 7b from line 7a)	7c	
ی	8	Other revenue (describe	) 8	
AUG	9	<b>Total revenue</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	289,945.
-	10	Grants and similar amounts paid (attach schedule)	10	
ANNED penses	11	Benefits paid to or for members	11	
₩,	12	Salaries, other compensation, and employee benefits	12	136,855.
ANN	13	Professional fees and other payments to independent contractors	13	73,942.
₩ ē	14	Occupancy, rent, utilities, and maintenance SEE STATEMENT 5	14	26,444.
SC FX	15	Printing, publications, postage, and shipping	15	21,391.
•	16	Other expenses (describe ► SEE STATEMENT 1		64,687.
	17	Total expenses Add lines 10 through 16	17	323,319.
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-33,374.
Net Assets	19	Net assets or fund balances at beginning of year (from line 27, column (A))		
1ss		(must agree with end-of-year figure reported on prior year's return)	19	11,671.
et /	20	Other changes in net assets or fund balances (attach explanation)  SEE STATEMENT 4	20	3,688.
Ż	21	Net assets or fund balances at end of year. Combine lines 18 through 20	► 21	-18,015.
Р	art II			
		(See the instructions for Part II.)  (A) Beginning of year		(B) End of year
22	Cas	h, savings, and investments 40, 12		6,252.
23		d and buildings	23	
24		er assets (describe SEE STATEMENT 2 ) 13,50		12,264.
25		al assets 53,62		18,516.
26		al liabilities (describe SEE STATEMENT 3) 41,95		36,531.
27		assets or fund balances (line 27 of column (B) must agree with line 21) 11,67		-18,015.
	171	LHA For Privacy Act and Panerwork Reduction Act Notice see the Instructions for Form 900	-	Form 990-F7 (2008)

Form 990-EZ (2008) INTERNATIONAL ACTION,	INC.		05-	05911	94 Page 2
Part III   Statement of Program Service Accomplis	<del></del>	Part III.)			penses
What is the organization's primary exempt purpose? SEE STATEM				(Required   and (4) or	for 501(c)(3) ganizations and
Describe what was achieved in carrying out the organization's exempt purpos		escribe the services		4947(a)(1	) trusts, optional
provided, the number of persons benefited, or other relevant information for	each program title.			for others	)
28 <u>SEE STATEMENT 7</u>	-,				
(Grants \$ ) If this amount includes for	roign grants, about hore		$\overline{}$		262 520
(Grants \$ ) If this amount includes for 29	eigh grants, check here			28a	<u>262,539.</u>
29				1	
(Grants \$ ) If this amount includes for	rough grants, aback horo			29a	
30	eigh grants, check here			298	
(Grants \$ ) If this amount includes for	reign grants, check here			30a	
31 Other program services (attach schedule)	eign grants, check here			304	
(Grants \$ ) If this amount includes for	reign grants, check here			31a	
32 Total program service expenses (add lines 28a through 31a)	eign grants, eneck here			32	262,539.
Part IV List of Officers, Directors, Trustees, and K	ey Employees. List each one ex	en if not compensated	(See the	instructions (	or Part IV )
		The state of the s		ntributions	
(a) Name and address	(b) Title and average hours		∫` toe	mployee	(e) Expense
(a) Name and address	per week devoted to position	(If not paid, enter -0- )		fit plans & eferred	account and other allowances
	position	-0-,		pensation	other allowances
LINDSAY MATTISON	EXECUTIVE DIR	ECTOR			
ALL C/O THE ORGANIZATION'S ADDRESS		44,856.		0.	0.
YOUNGMIN CHANG	ASSOCIATE DIR				<u></u>
	40.00	47,000.		0.	0.
ANNE ZILL	CHAIR				
	1.00	0.		0.	0.
WILLIAM CURRY	PRESIDENT				
	1.00	0.		0.	0.
HEUNG HWAN LEE	SECRETARY				
	1.00	0.		0.	0.
VICTOR GRINEV	TREASURER				
	1.00	0.		0.	0.
ARTHUR LEWIS	BOARD MEMBER		i -		
	1.00	0.		0.	0.
EDWARD RAWSON	BOARD MEMBER				
	1.00	0.		0.	0.
ESTHER BROOKS	BOARD MEMBER				
	1.00	0.		0.	0.
ALFREDO FORTI	BOARD MEMBER				
	1.00	0.		0.	0.
RAYNALD LAMOTHE	BOARD MEMBER				
	1.00	0.		0.	0.
FRANZ STUPPARD	BOARD MEMBER				
	1.00	0.		0.	0.
WILLIAM BODRI	BOARD MEMBER				
	1.00	0.		0.	0.
GUIDO DEBOECK	BOARD MEMBER				
	1.00	0.		0.	0.
ANDREW WEISS	BOARD MEMBER				
	1.00	0.		0.	0.
BONNIE WEISS	BOARD MEMBER				
	1.00	0.		0.	0.
832172			L.,,		
out it t				-	000 E7 (0000)

تـــــــــــــــــــــــــــــــــــــ	(Note the statement requirements in the instructions for Part VI)		Yes	No					
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity								
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	34		X					
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not								
	reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.			İ					
a	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy								
	tax requirements?	35a		Х					
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	N/						
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Sch. N	36		X					
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions.	,							
b	Did the organization file Form 1120-POL for this year?	37b		X					
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made								
	in a prior year and still unpaid at the start of the period covered by this return?	38a	X						
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b								
39	Section 501(c)(7) organizations. Enter:								
а	Initiation fees and capital contributions included on line 9 39a N/A								
b	Gross receipts, included on line 9, for public use of club facilities  39b  N/A								
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	]							
	section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶ 0 .								
b	Section 501(c)(3) and (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? If "Yes," complete Schedule L, Part I	40b		X					
C	Enter amount of tax imposed on organization managers or disqualified persons during the year under								
	sections 4912, 4955, and 4958								
d	Enter amount of tax on line 40c reimbursed by the organization								
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter								
	transaction? If "Yes," complete Form 8886-T	40e		Х					
41	List the states with which a copy of this return is filed.   NONE								
42 a	The books are in care of $\blacktriangleright$ THE ORGANIZATION Telephone no $\blacktriangleright$ 202-48	8-0	735						
	Located at ► 819 L STREET, SE , WASHINGTON, DC ZIP+4 ► 2								
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority								
	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	No					
	account)?	42b		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 and Financial Accounts								
C	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		Х					
	If "Yes," enter the name of the foreign country:								
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here								
	and enter the amount of tax-exempt interest received or accrued during the tax year	N/A	<u> </u>						
		·							
			Yes	No					
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of	7							
	Form 990-EZ	44		Х					
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes,* Form 990 must be								
	completed instead of Form 990-EZ	45		X					
		Form 9	90-EZ (	(2008)					

Form 990-EZ (2008)

Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public Yesl No office? If "Yes," complete Schedule C, Part I 46 X 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II 47 X Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 48 49a Did the organization make any transfers to an exempt non-charitable related organization? 49a X b If "Yes," was the related organization(s) a section 527 organization? 49b Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." D) Contributions (b) Title and average hours (c) Compensation (E) Expense to employee (a) Name and address of each employee paid more per week devoted to account and benefit plans & than \$100,000 position deferred other allowances NONE compensation Total number of other employees paid over \$100,000 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." NONE (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation Total number of other independent contractors each receiving over \$100.000 I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge Sign Here Signature of of Type or print name and title Paid Date Check if self-Preparer's signature Preparer's Identifying Number (See instr.) employed ▶ [ Preparer's Use Only GELMAN, ROSENBERG & FREEDMAN EIN > Firm's name (or yours 4550 MONTGOMERY AVE., SUITE 650 NORTH Phone > address, and ZIP + 4 BETHESDA, MARYLAND 20814-2930 May the IRS discuss this return with the preparer shown above? See instructions X Yes

## **SCHEDULE A**

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

2008

OMB No 1545-0047

Open to Public Inspection

Name of the appealmenting

Name of the organization Employer identification number 05-0591194 INTERNATIONAL ACTION, INC Part I Reason for Public Charity Status (All organizations must complete this part ) (see instructions) The organization is not a private foundation because it is (Please check only one organization) A church. convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii), (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H) A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) R A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete the Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4), (see instructions) 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h a Type I **b** Type II c \_\_\_\_ Type III - Functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type II, Type III, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? q (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the organizations the organization supports h (iii) Type of (iv) Is the organization (v) Did you notify the (vi) Is the (i) Name of supported (ii) EIN (vii) Amount of organization organizátion in col in col. (i) listed in your organization in col organization support organized in the U.S.? (described on lines 1-9 governing document? (i) of your support? above or IRC section Yes Yes No (see instructions)) No Yes No

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule A (Form 990 or 990-EZ) 2008

the organization without charge

Total. Add lines 1 - 3

The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)

Public Support. Subtract line 5 from line 4

163,789. 6 Public Support. Subtract line 5 from line 4 1,079,649. Section B. Total Support Calendar year (or fiscal year beginning in) (b) 2005 (a) 2004 (c) 2006 (d) 2007 (e) 2008 (f) Total 399,819 21,467. 211,575 320,633. 289,944 7 Amounts from line 4 1,243,438.

8 Gross income from interest,
dividends, payments received on
securities loans, rents, royalties
and income from similar sources

9 Net income from unrelated business

activities, whether or not the business is regularly carried on

10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)

11 Total support. Add lines 7 through 10 1,247,775,

12 Gross receipts from related activities, etc (see instructions) 12

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)

organization, check this box and stop here

Section C. Computation of Public Support Percentage

14. Public support percentage for 2008 (lips 6, column (f) divided by lips 11, column (f)).

14Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))1486.53 %15Public support percentage from 2007 Schedule A, Part IV-A, line 26f1585.02 %

16a 33 1/3% support test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support test - 2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

17a 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.

b 10% -facts-and-circumstances test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2008

1

1 243 438.

4,337.

Pa	art III Support Schedule for C	Organizations	Described in	Section 509(a	(Complete only	ıf you ı	checked the b	ox on line 9 of	Part I
	ction A. Public Support			<u>-</u>					
Cal	endar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(	e) 2008	(f) Total	
1	Gifts, grants, contributions, and								
	membership fees received (Do not								
	include any "unusual grants ")								
2	Gross receipts from admissions,								f Part I al  % % % % %
	merchandise sold or services per- formed, or facilities furnished in								
	any activity that is related to the								
	organization's tax-exempt purpose					<u> </u>			
3	Gross receipts from activities that								
	are not an unrelated trade or bus-		•						
	iness under section 513					<del> </del>			
4	Tax revenues levied for the organ-			i					
	ization's benefit and either paid to								
_	or expended on its behalf		7		-	-			
5	The value of services or facilities			[					
	furnished by a governmental unit to the organization without charge								
•	· ·								
6	Total. Add lines 1 - 5				<del>                                     </del>	+			
7 2	Amounts included on lines 1, 2, and								
ŀ	3 received from disqualified persons Amounts included on lines 2 and 3 received					+			
•	from other than disqualified persons that								
	exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000								
,	Add lines 7a and 7b			<del> </del>					
	Public support (Subtract line 7c from line 6)		<del> </del>						
	ction B. Total Support		<del></del>	•	•				
Cal	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(	e) 2008	(f) Total	
9					<b>X</b> =2	,		(-)	
10a	Gross income from interest,								
	dividends, payments received on securities loans, rents, royalties								
	and income from similar sources								
t	Unrelated business taxable income	_							
	(less section 511 taxes) from businesses					İ			
	acquired after June 30, 1975								
c	: Add lines 10a and 10b								
11	Net income from unrelated business								
	activities not included in line 10b, whether or not the business is								
	regularly carried on						_		
12	Other income Do not include gain or loss from the sale of capital					-			
	assets (Explain in Part IV)					<u> </u>			
13	Total support (Add lines 9, 10c, 11, and 12)		j	<u> </u>		L			
14	First five years. If the Form 990 is for	the organization'	s first, second, thir	d, fourth, or fifth to	ax year as a sectio	on 501(	(c)(3) organız	ation,	
_	check this box and stop here							<u> </u>	
	ction C. Computation of Publ					1 1			
15	Public support percentage for 2008 (			column (f))		15			
16	Public support percentage from 2007					16			%
	ction D. Computation of Inve					TT			
	Investment income percentage for 20			ne 13, column (f))		17		_	
18	Investment income percentage from			an line dd i dd	. 45	18	·	7.5	%
19a	33 1/3% support tests - 2008. If the	=					∞, and line 1	/ IS NOT	
	more than 33 1/3%, check this box a	=	=	-	· · · · · ·		- 00 4 /00/	<b>▶</b> l	لـــا
t	33 1/3% support tests - 2007. If the	_						ariO ⊾ ∣	
~~	line 18 is not more than 33 1/3%, che			•			•		爿
20	Private foundation. If the organization	п ии пот спеск а	DOX On line 14, 19	a, or 190, check th				0 or 990-EZ)	200
					SCI	icuule	~ (FUIII) 39	∪ ∪ı <i>ээ</i> ∪-L <i>L</i> )	200

FORM 990-EZ	OTHER EXPENSES		STATEMENT	1
DESCRIPTION			AMOUNT	
SUPPLIES			24,0	74.
SUBSCRIPTIONS			2,1	
BANK FEES			1,8	
OTHER			1,2	
INSURANCE			1,1	
TRAVEL & ENTERTAINMENT TELECOMMUNICATIONS			22,3 8,2	
REPAIRS & MAINTENANCE				10.
EVENTS AND MEETINGS			3,6	
TOTAL TO FORM 990-EZ, LINE 16			64,6	87.
FORM 990-EZ	OTHER ASSETS		STATEMENT	2
DESCRIPTION		BEG. OF YEAR	END OF YEA	AR
DEPOSIT		1,500.	1,50	00.
ORGANIZATIONAL COST		2,508.		0.
EMPLOYEE ADVANCES		204.	2,00	
PREPAID EXPENSES		0.	4,38	
OTHER DEPRECIABLE ASSETS		9,292.	4,38	83.
TOTAL TO FORM 990-EZ, LINE 24		13,504.	12,20	64.
FORM 990-EZ	OTHER LIABILITIES		STATEMENT	3
DESCRIPTION		BEG. OF YEAR	END OF YEA	AR
ACCOUNTS PAYABLE AND ACCRUED E		14,458.	11,53	31.
LOANS FROM OFFICERS, DIRECTORS OTHER NOTES PAYABLE	, ETC.	2,500. 25,000.	25,00	0.

FORM 990-EZ	ОТНЕВ	CHANGES	TN	NET	ASSETS	OR	FIIND	BALANCES	STATEMENT	4
		СПИТОПО						DALLANCID	- DIATEMENT	<del></del>
DESCRIPTION	SCRIPTION RIOR PERIOD ADJUSTMENT OTAL TO FORM 990-EZ, LINE 20			AMOUNT						
PRIOR PERIOD	RIOR PERIOD ADJUSTMENT OTAL TO FORM 990-EZ, LINE 20				3,6	88.				
TOTAL TO FORM	990-EZ	, LINE 2	0						3,6	88.
FORM 990-EZ	occui	PANCY, R	ENT,	UT:	ILITIES	ANI	) MAII	NTENANCE	STATEMENT	5
DESCRIPTION									AMOUNT	
DEPRECIATION OTHER EXPENSE	q								3,2	
TOTAL TO FORM	990-EZ	. LINE 1	4						26,4	44

FORM 990-EZ	INFORMATION REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS	S	TATEMENT	6
DIRECTLY OF	GANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, RESEARCH INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL STRACT?	[ ]	YES [X]	NO
•	SANIZATION, DURING THE YEAR, PAY PREMIUMS, R INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? .	. [ ]	YES [X]	NO

990-EZ PG 2

STATEMENT

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THROUGH SEPTEMBER 2009, INTERNATIONAL ACTION HAS FOCUSED UPON ONE COUNTRY - HAITI - AND ONE PROBLEM - CLEAN, SAFE WATER. WE INSTALLED 140 CHLORINATORS ON WATER TANKS IN 40+ NEIGHBORHOODS IN THE CITY, PROVIDING SAFE WATER FOR DRINKING AND COOKING TO 400,000 RESIDENTS. OUR AIM IS TO PREVENT WATERBORNE DISEASE - CHOLERA, TYPHOID, HEPATITIS, AND CHRONIC DIARRHEA - WHICH IS THE LARGEST KILLER OF CHILDREN AND ADULTS IN HAITI. OURS IS THE FIRST CHLORINE SYSTEM WHICH IS PRACTICAL TO INSTALL IN URBAN AREAS IN THE THIRD WORLD. THERE IS NO TREATMENT SYSTEM FOR SEWAGE IN PORT-AU-PRINCE AND HAITI NOW HAS THE HIGHEST INFANT AND CHILD MORTALITY RATES IN THE WESTERN HEMISPHERE.

WE ALSO DISTRIBUTE MORE THAN A MILLION ALBENDAZOLE TABLETS WHICH DE-WORM THE RESIDENTS OF THE CITY. A SINGLE TABLET CAN DE-WORM A CHILD FOR SIX MONTHS. WE DISTRIBUTE THE TABLETS THROUGH OUR 1000 WATER BOARD MEMBERS IN 40+ NEIGHBORHOODS THROUGHOUT THE CITY.

FINALLY, WE HAVE DEVELOPED A 2000 GALLON WATER TANK TO ADD WATER ACCESS TO NEIGHBORHOODS THROUGHOUT PORT-AU-PRINCE. THESE TANKS WILL BE MADE IN HAITI AND EQUIPPED WITH AN ATTACHMENT FOR A CHLORINATOR TO GUARANTEE CLEAN WATER FROM THE TANK. WE HAVE ACQUIRED THE SITE FOR MAKING TANKS AND RENTED IT FOR 5 YEARS.

STATEMENT

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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.