Form 990
Department of the Treasury

** PUBLIC DISCLOSURE COPY **

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

		The organization may	have to use a copy	of this return to satisfy	state reporting requirements
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	arrieri		,	1 5 1	
AF	or th	e 2011 calendar year, or tax year beginning ${ m OCT}$ 1 , 2011 and e	ending S	EP 30, 2012	
B C a	heck if pplicab	C Name of organization		D Employer identific	ation number
	Addre	e I INTERNATIONAL ACTION, INC.			
	Name Chang	e Doing Business As	05-05	591194	
	Initial		Room/suite	E Telephone number	
	Termi	OLA D DIKEEL DE		202-4	188-0735
	Amer	City or town, state or country, and ZIP + 4		G Gross receipts \$	450,582.
	Appli tion pend	WASHINGION, DC 20005		H(a) Is this a group ret	
	pond	F Name and address of principal officer: LINDSAY MATTISON		for affiliates?	
		SAME AS C ABOVE		H(b) Are all affiliates inclu	
		empt status: $X 501(c)(3) 501(c) () \neq (insert no.) 4947(a)(1) o$	or 527	í í	ist. (see instructions)
_		te: WWW.HAITIWATER.ORG		H(c) Group exemption	
		forganization: X Corporation Trust Association Other	L Year	of formation: 2003 M	State of legal domicile: DC
Pa	rt I	Summary		TT TTNE 1	
S	1	Briefly describe the organization's mission or most significant activities: SEE I	FARI I	II, DING I.	
Activities & Governance					4 -
veri	2	Check this box b if the organization discontinued its operations or dispose			14 sets.
ĝ	3	Number of voting members of the governing body (Part VI, line 1a)		12	
دە دە	4	Number of independent voting members of the governing body (Part VI, line 1b)		·····	8
tie	5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	·····	20	
ž	6	Total number of volunteers (estimate if necessary)			0.
Ă		Total unrelated business revenue from Part VIII, column (C), line 12			0.
			<u> </u>	Prior Year	Current Year
•	8	Contributions and grants (Part VIII, line 1h)		568,850.	447,908.
Revenue	9	Program service revenue (Part VIII, line 2g)		0.	0.
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		511.	2,674.
č	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		780.	0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		570,141.	450,582.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		1,500.	2,400.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
ş	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		258,847.	205,856.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
фе		Total fundraising expenses (Part IX, column (D), line 25) 51,55	54.		
ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		492,743.	300,378.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		753,090.	508,634.
	19	Revenue less expenses. Subtract line 18 from line 12		-182,949.	-58,052.
or ces				ginning of Current Year	End of Year
d Balanc	20	Total assets (Part X, line 16)		151,638.	95,386.
t As id B	21	Total liabilities (Part X, line 26)		34,879.	35,605.
Fund		Net assets or fund balances. Subtract line 21 from line 20		116,759.	59,781.
Pa	rt II	Signature Block			

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign	Signature of officer		Date				
Here	LINDSAY MATTISON, EXEC	UTIVE DIRECTOR					
	Type or print name and title						
	Print/Type preparer's name	Preparer's signature Date	Check PTIN				
Paid			it self-employed				
Preparer	Firm's name 🕞 GELMAN, ROSENBER	G & FREEDMAN	Firm's EIN 52–1392008				
Use Only	Firm's address 4550 MONTGOMERY	AVE SUITE 650N					
	BETHESDA, MD 208	14-2930	Phone no. (301) 951-9090				
May the IRS discuss this return with the preparer shown above? (see instructions)							
132001 01-2	3-12 LHA For Paperwork Reduction Act Notic	e, see the separate instructions.	Form 990 (2011)				

orm	990 (2011) INTERNATIONAL ACTION, INC.	05-0591194	Pa
Par	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response to any question in this Part III		
1	Briefly describe the organization's mission:	DDINCE	
	TO CREATE CLEAN, SAFE WATER PROJECTS IN EACH PORT-AU- NEIGHBORHOOD BY TRAINING LOCAL WATER BOARD MEMBERS AN		
	SPECIAL WATER TANKS AND CHLORINATORS. INTERNATIONAL		!
	THAT CHLORINATING THE MUNICIPAL WATER IS THE ONLY SO		
2	Did the organization undertake any significant program services during the year which were not listed on		
~	the prior Form 990 or 990-EZ?	Yes	X
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program serv	vices?	X
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program servic	es, as measured by expense	s.
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amou		
	others, the total expenses, and revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ 418,387. including grants of \$ 2,400.)	(Revenue \$	
	INTERNATIONAL ACTION, INC. (IAI) INSTALLED A CHLORINA	ATOR SYSTEM THA	Т
	PROVIDED CLEAN, SAFE WATER TO THOUSANDS OF PEOPLE. IA		
	IN COMMUNITIES AND SCHOOLS THROUGHOUT HAITI. THESE CH		
	THE POPULATION FROM WATERBORNE DISEASES INCLUDING CHO		DID
	THIS METHOD IS INEXPENSIVE, SIMPLE TO USE, AND EFFECT		
	PROVIDED 125 COMMUNITIES AND 192 SCHOOLS WITH CHLORIN		
	ESTIMATES THAT 945,000 HAITIANS HAVE ACCESS TO CLEAN	<u>, SAFE DRINKING</u>	;
	WATER BECAUSE OF THE CHLORINATORS.		
	IN 2012 ALONE WE PROVIDED ROUGHLY 160,000 MORE HAITIN		
	CLEAN WATER. THIS MEANS THAT AS OF YEAR-END, OUR CHLC		U.
4b	PROTECT OVER 900,000 HAITIANS FROM WATERBORNE DISEASE (Code:) (Expenses \$ including grants of \$)) <td>(Revenue \$</td> <td></td>	(Revenue \$	
4c	(Code:) (Expenses \$ including grants of \$)	(Revenue \$	
4d	Other program services (Describe in Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 418, 387.	,	
		Form 9	90 (2
32002 2-09-	12 SEE SCHEDULE O FOR CONTINUATIO		,
	2		
30	403 745960 19480 2011.05070 INTERNATIONAL ACT	ION, INC. 1948	80_

Form 990 (2011)	INTE	RNATIONA
Part IV	Checklist o	f Required	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		37	
_	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If</i> "Yes," <i>complete Schedule C, Part I</i>	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			v
_	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		x
e	similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If</i> "Yes," <i>complete Schedule D, Part I</i>	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	0		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI		х	
b	Part VI Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	11a	- 23	
U	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VI	11b		x
с	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	110		
-	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			37
	Schedule D, Parts XI, XII, and XIII	12a		x
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	104		x
10	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b 13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	110		
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			v
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	10		x
19	1c and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"	18		
13	complete Schedule G, Part III	19		x
20a		20a		x
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

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			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If</i> "Yes," <i>complete Schedule I, Parts I and II</i>	21		x
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b		25b		x
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	07		x
~	of any of these persons? If "Yes," complete Schedule L, Part III	27		
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		x
a b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	20a		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		
Ŭ	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		x
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?		37	
	Note. All Form 990 filers are required to complete Schedule O	38	X	
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Pa	Check if Schedule O contains a response to any question in this Part V					
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	5			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable					
С	Did the organization comply with backup withholding rules for reportable payments to vendors and r				х	
	(gambling) winnings to prize winners?					
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return		8		37	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu		···· 🛓	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction	,				37
	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X
	· · · · · · · · · · · · · · · · · · ·		L	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other				37	
	financial account in a foreign country (such as a bank account, securities account, or other financial	account)?	···· 🛓	4a	Х	
b	If "Yes," enter the name of the foreign country: ► HAITI		— I.			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial					37
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa			5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		L
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did t	•				
	any contributions that were not tax deductible?		L	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribu	-				
	were not tax deductible?		🛓	6b		
7	Organizations that may receive deductible contributions under section 170(c).			_		v
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se			7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?		L	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w			7c		v
						X
	If "Yes," indicate the number of Forms 8282 filed during the year			_		v
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of			7e		X X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont		···· ⊢	7f 7g		<u>^</u>
g						
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization provide a contribution of cars, boats, airplanes, or other vehicles, did the organization of th			7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. D organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at					
9	Sponsoring organizations maintaining donor advised funds.	any time during the years	' –	8		
y	Did the organization make any taxable distributions under section 4966?	N/A		9a		
d h	Did the organization make a distribution to a donor, donor advisor, or related person?		···· 🛏	9a 9b		
10	Section 501(c)(7) organizations. Enter:		•••• -	90		
a	Initiation fees and capital contributions included on Part VIII, line 12 N/A	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:					
a	Gross income from members or shareholders N/A	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form			12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year M/A	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	120				
а	Is the organization licensed to issue qualified health plans in more than one state?	N/A	⊾ T	13a		
-	Note. See the instructions for additional information the organization must report on Schedule O.		···			
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
2	organization is licensed to issue qualified health plans	13b				
с	Enter the amount of reserves on hand					
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedu			14b		
-					000	0011

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INTERNATIONAL ACTION, INC.

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

Chack if Schodula O contains a ray	nonce to env a	uportion in this D	ort VI	
Check if Schedule O contains a res	ponse to any q	uestion in this P	artvi	

X

Sec	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	14			
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.					
b	Enter the number of voting members included in line 1a, above, who are independent	1b	12			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationshi		anv other			
	officer, director, trustee, or key employee?			2		Х
3	Did the organization delegate control over management duties customarily performed by or under th					
	of officers, directors, or trustees, or key employees to a management company or other person?			3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 9			4		X
5	Did the organization become aware during the year of a significant diversion of the organization's as			5		Х
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a					
	more members of the governing body?			7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s					
	persons other than the governing body?			7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by th	e following:			
а	The governing body?			8a	Х	
b	Each committee with authority to act on behalf of the governing body?			8b		X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea					
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R					
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such cl					
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	ly befo	re filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	e to con	flicts?	12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	′es," de	escribe			
	in Schedule O how this was done			12c	Х	
13	Did the organization have a written whistleblower policy?			13	Х	
14	Did the organization have a written document retention and destruction policy?			14	Х	
15	Did the process for determining compensation of the following persons include a review and approva	al by ir	ndependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
	The organization's CEO, Executive Director, or top management official			15a	Х	
b	Other officers or key employees of the organization			15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment v	vith a			
	taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua		-			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	nizatio	n's			
	exempt status with respect to such arrangements?			16b		
	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed NONE					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-1	Г (Sect	ion 501(c)(3)s only) a	ivailab	le	
	for public inspection. Indicate how you made these available. Check all that apply.					
	X Own website Another's website J Upon request	<i>.</i>				
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, co	onflict	of interest policy, an	d finar	ncial	
00	statements available to the public during the tax year.		and a fille			
20	State the name, physical address, and telephone number of the person who possesses the books a JEFFERY SEJOUR $-202-488-0735$	na rec	orus of the organiza	lion: 🏓	-	
	819 L STREET SE, WASHINGTON, DC 20003					
132000				Form	gan	2011)
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2011.05070 INTERNATIONAL ACTION, INC. 19480_1

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors** Check if Schedule O contains a response to any question in this Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and Title	Average	(do	not c	Pos	ition	1 than	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ess pe	rson	is bot pr/trus	h an	compensation	compensation	amount of
	week			10 a 0	recto	or/trus	itee)	from	from related	other
	(describe	rector						the	organizations	compensation
	hours for	ordi	66			sated		organization	(W-2/1099-MISC)	from the
	related	ustee	trust		ee	npens		(W-2/1099-MISC)		organization and related
	in Schedule	dual tr	tional		nploy	st con yee	L_			organizations
	(describe hours for related organizations in Schedule O)	ndivid	In stitutional trustee	Officer	Key employee	Highest compensated employee	orme			e gameaterie
(1) LINDSAY MATTISON	,					1.0	<u> </u>			
EXECUTIVE DIRECTOR	40.00	X		Х				42,997.	0.	Ο.
(2) YOUNGMIN CHANG										
ASSOCIATE DIRECTOR	40.00	X		Х				64,639.	0.	4,587.
(3) ANNE ZILL										
CHAIR	2.00	X		Х				0.	0.	0.
(4) WILLIAM CURRY										
PRESIDENT	2.00	X		Х				0.	0.	0.
(5) VICTOR N. GRINEV										
TREASURER	2.00	Х		Х				0.	0.	0.
(6) HEUNG HWAN LEE										
SECRETARY	2.00	Х		Х				0.	0.	0.
(7) ESTHER BROOKS										
BOARD MEMBER	2.00	Х						0.	0.	0.
(8) ALFREDO FORTI										
BOARD MEMBER	2.00	Х						0.	0.	0.
(9) THOMAS MCCARTHY, JR.										
BOARD MEMBER	2.00	Х						0.	0.	0.
(10) RENE OLIVIER										_
BOARD MEMBER	2.00	x						0.	0.	0.
(11) DAVID POTTER										
BOARD MEMBER	2.00	х						0.	0.	0.
(12) EDWARD RAWSON										0
BOARD MEMBER	2.00	X						0.	0.	0.
(13) VICTORIA ROWELL	0.00									0
BOARD MEMBER	2.00	X						0.	0.	0.
(14) FRANZ STUPPARD	2 00	37							0	0
BOARD MEMBER	2.00	X						0.	0.	0.
122007 01 22 12										Form 990 (2011)
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7

	TIONAL A								05-059	9119	4 F	⊃ _{age} 8
Part VII Section A. Officers, Directors,		mplo	oyee			ligh	est		ees (continued)			
(A) Name and title	(B) Average hours per week	box offic	not c , unle	ss per	i tion more rson i	than o than o is botl pr/trus	h an	(D) Reportable compensation from	(E) Reportable compensation from related	6	(F) Estimat amoun othe	t of r
	(describe hours for related organizations in Schedule O)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC) o a	mpens from ti rganiza nd rela ganiza	he ation ated
1b Sub-total c Total from continuation sheets to Par	t VII, Section A							107,636. 0.	().).		587. 0.
d Total (add lines 1b and 1c) 2 Total number of individuals (including b)	ut not limited to th						no re	107,636. eceived more than \$100).	4,5	587.
compensation from the organization	•										Yes	0 No
3 Did the organization list any former offic line 1a? If "Yes," complete Schedule J f								highest compensated e				x
4 For any individual listed on line 1a, is the and related organizations greater than \$		ole co	ompe	ensa	ation	n anc	d oth	her compensation from	the organization			x
5 Did any person listed on line 1a receive rendered to the organization? <i>If</i> "Yes," of	or accrue compe	nsat	ion f	rom	any	unr	elat	ed organization or indiv	idual for services			x
Section B. Independent Contractors 1 Complete this table for your five highest										ensatior	n from	
the organization. Report compensation								n the organization's tax				
(A) Name and busin	ess address	NC	ONE	3				(B) Description of s	services		(C) ensati	on
							_					
2 Total number of independent contracto		not lii	mite	d to		se lis	sted	l above) who received n	nore than			
\$100,000 of compensation from the org	anization 🕨					<u>,</u>				Forr	n 990	(2011)

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	1 1/1		0.

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Pa	rt VII	Statement of Revenue					
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	b c d e f	Federated campaigns1aMembership dues1bFundraising events1cRelated organizations1dGovernment grants (contributions)1eAll other contributions, gifts, grants, and similar amounts not included above1fNoncash contributions included in lines 1a-1f: \$Total. Add lines 1a-1f	447,908. 945. ■ Business Code	447,908.			
Program Service Revenue		All other program service revenue Total. Add lines 2a-2f					
	3 4 5	Investment income (including dividends, intere- other similar amounts) Income from investment of tax-exempt bond p Royalties	oroceeds	2,674.			2,674.
	6a b c	(i) Real (i) Real (i) Real Rental expenses Rental income or (loss)	(ii) Personal				
	7 a b	Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses	(ii) Other				
Other Revenue	d	Gain or (loss) Net gain or (loss) Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 a					
Other	с 9 а	Less: direct expensesbNet income or (loss) from fundraising eventsGross income from gaming activities. SeePart IV, line 19a	····· ►				
	с 10 а b	Less: direct expenses b Net income or (loss) from gaming activities Gross sales of inventory, less returns and allowances and allowances a Less: cost of goods sold b Nat income or (loss) from sales of inventory	►				
	11 a b c		Business Code				
13200 01-23	е 12	All other revenue	►	450,582.	0.	0.	2 , 674 . Form 990 (2011)

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Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	Check if Schedule O contains a respons	se to any question in thi	s Part IX		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<u>10,</u>	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21		espenses	general expenses	expenses
2	Grants and other assistance to individuals in				
2	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				
-	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16	2,400.	2,400.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	84,616.	69,732.	1,137.	13,747
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	97,054.	55,948.	22,991.	18,115
8	Pension plan accruals and contributions (include				
	section 401(k) and section 403(b) employer contributions)	0.007	- - - - - - - - - -		1 = 0 0
9	Other employee benefits	8,907.	5,629.	1,770.	1,508
10	Payroll taxes	15,279.	10,679.	2,048.	2,552
11	Fees for services (non-employees):				
	Management	3,069.	2,698.	161.	210
	Legal	10,772.	7,875.	1,264.	1,633
	Accounting	10,112.	7,075.	1,204.	1,055
	Lobbying Professional fundraising services. See Part IV, line 17				
	F				
f	Investment management fees	14,974.	14,913.	27.	34
9 12	Other Advertising and promotion	249.	211.	17.	21
13	Office expenses	36,588.	31,587.	1,788.	3,213
14	Information technology	2,910.	2,207.	305.	398
15	Royalties	,	, -		
16	Occupancy	48,420.	36,811.	5,035.	6,574
17	Travel	27,634.	26,122.	656.	856
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	15,061.	14,584.	207.	270
23	Insurance	3,513.	2,436.	455.	622
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	PROGRAM SUPPLIES	128,391.	128,391.		
b	DUES & SUBSCRIPTIONS	3,408.	2,433.	108.	867
с	PAYROLL PROCESSING	2,642.	1,833.	358.	451
d	STAFF DEVELOPMENT	1,424.	995.	190.	239
е	All other expenses	1,323.	903.	176.	244
25	Total functional expenses. Add lines 1 through 24e	508,634.	418,387.	38,693.	51,554
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
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7	Notes and loans receivable, net			
8	Inventories for sale or use			
9				11,827.
10a	Land, buildings, and equipment: cost or other			
	basis. Complete Part VI of Schedule D	10a	83,623.	
b	Less: accumulated depreciation	10b	37,299.	55,342.
11	Investments - publicly traded securities			1,973.
12	Investments - other securities. See Part IV, line 1	1		
13	Investments - program-related. See Part IV, line 1	11		
14	Intangible assets			
15	Other assets. See Part IV, line 11			4,500.
16	Total assets. Add lines 1 through 15 (must equa			151,638.
17	Accounts payable and accrued expenses			29,879.
18	Grants payable		ſ	
19	Deferred revenue			
20	Tax-exempt bond liabilities			
21	Escrow or custodial account liability. Complete F		ſ	
22	Payables to current and former officers, directors	s, truste	ees, key employees,	
	highest compensated employees, and disqualified	ed pers	ons. Complete Part II	
	of Schedule L			
23	Secured mortgages and notes payable to unrela	ted thir	d parties	5,000.
24	Unsecured notes and loans payable to unrelated	d third p	parties	
25	Other liabilities (including federal income tax, pay	ables t	to related third	
	parties, and other liabilities not included on lines	17-24).	. Complete Part X of	
	Schedule D			
26	Total liabilities. Add lines 17 through 25	<u></u>		34,879.
	Organizations that follow SFAS 117, check he	ere 🕨	X and complete	
	lines 27 through 29, and lines 33 and 34.			
27	Unrestricted net assets			79,800.

INTERNATIONAL ACTION, INC.

Cash - non-interest-bearing

Savings and temporary cash investments

Pledges and grants receivable, net

Accounts receivable, net

of Schedule L

employees' beneficiary organizations (see instructions)

Unrestricted net assets

Temporarily restricted net assets

Capital stock or trust principal, or current funds

Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Permanently restricted net assets

Organizations that do not follow SFAS 117, check here

complete lines 30 through 34.

Total liabilities and net assets/fund balances

Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II

Receivables from other disgualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary

Part X | Balance Sheet

Form 990 (2011)

1

2

3

4

5

6

28

29

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31

32

33

34

Liabilities

Net Assets or Fund Balances

Assets

(B) End of year

3,099.

23,000.

3,320.

46,324.

15,072.

4,500.

95,386.

25,605.

10,000.

35,605.

59,781.

0.

71.

0.

(A)

Beginning of year

27,175.

25,732.

25,000.

89.

1

2

3

4

5

6

7

8

9

10c

11

12

13 14

15

16

17

18

19

20 21

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24

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31 32

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34

36,959.

116,759.

151,638.

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59,781. 95,386.

Form	1990 (2011) INTERNATIONAL ACTION, INC.	05-059	1194	Pag	_{ge} 12
Ра	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1			82.
2	Total expenses (must equal Part IX, column (A), line 25)	2			34.
3	Revenue less expenses. Subtract line 2 from line 1	3			52.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			59.
5	Other changes in net assets or fund balances (explain in Schedule O)	5			74.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	59),7	81.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				
			`	Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
b	Were the organization's financial statements audited by an independent accountant?		2b		X
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			l
	Act and OMB Circular A-133?		. 3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ		T		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	<u></u>	. 3b		
			Form 9	990 (2011)

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SCHEDULE A

Department of the Treasury

(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

OMB No. 1545-0047
2011
Open to Public Inspection

Internal Reve	enue Service	► At	tach to Form 990 or Fo	orm 990-E	Z. 🕨 See	separate	instructio	ons.		Inspe	ction	
Name of	the organizati	on						E	mployer i	dentificati	on nu	mber
			TIONAL ACTIO						05	5-0591	194	
Part I	Reason	for Public Char	ity Status (All organiz	ations mu	st complet	te this par	t.) See inst	tructions.				
The organ	nization is not a	a private foundation	because it is: (For lines 1	1 through	11, check	only one b	ox.)					
1 🗂	A church, co	nvention of churche	s, or association of chur	ches desc	ribed in se	ction 170	(b)(1)(A)(i)					
2			'0(b)(1)(A)(ii). (Attach Sc									
3			tal service organization of		in section	170(b)(1)	(A)(iii).					
4			operated in conjunction					(b)(1)(A)(ii	i). Enter th	ne hospital	's nam	ıe,
	city, and stat	-								•		
5	•		benefit of a college or ur	niversity ov	wned or op	perated by	a governi	mental uni	t describe	ed in		
	-	(b)(1)(A)(iv). (Comple	-		•		C C					
6			ent or governmental uni	t describe	d in sectio	n 170(b)(1	I)(A)(v).					
7 X			eives a substantial part					or from the	general p	ublic desc	ribed i	in
		b)(1)(A)(vi). (Comple				5			5 1			
8			ection 170(b)(1)(A)(vi).	(Complete	Part II.)							
9			eives: (1) more than 33 1			rom contri	butions. m	nembershii	o fees. an	d aross rea	ceipts	from
			nctions - subject to certa									
			axable income (less sect									
		509(a)(2). (Complete			,		•	, 0			,	
10 🗌			perated exclusively to te	st for publ	ic safety. S	See sectio	n 509(a)(4	4).				
11 🗌			perated exclusively for th						y out the p	purposes c	of one	or
	-	•	ations described in section							-		
			organization and comple									
	а 🗔 Туре I	· ·		с 🗌 Тур			egrated		d 🗌	Type III - C	Other	
е 🗌	By checking	this box, I certify tha	t the organization is not	controlled	I directly o	r indirectly	by one oi	r more disc	qualified p	ersons oth	er tha	ın
			han one or more publicly									
f	If the organiz	ation received a writ	ten determination from t	the IRS tha	at it is a Ty	pe I, Type	II, or Type	e III				
	supporting or	rganization, check th	nis box									
g			organization accepted ar						sons?			
	(i) A perso	n who directly or ind	irectly controls, either al	one or tog	ether with	persons c	lescribed i	in (ii) and (i	iii) below,		Yes	No
			upported organization?							. 11g(i)		
			n described in (i) above?									
			person described in (i) o									
h			about the supported or									
		-		-								
(i) Name	e of supported	(ii) EIN		(iv) Is the a				(vi) Is		(vii) Am	nount o	f
org	anization		organization (described on lines 1-9	in col. (i) lis	sted in your	organizat	IUII III CUI .	organizatio (i) organiz	ed in the	sup	port	
			above or IRC section	governing	document?	(i) of your	support?	U.S.	.?			
			(see instructions))	Yes	No	Yes	No	Yes	No			

LHA For Paperwork Reduction Act Notice, see the Instructions for

<u>Total</u>

132021 01-24-12

Form 990 or 990-EZ.

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Schedule A (Form 990 or 990-EZ) 2011

Schedule A (Form 990 or 990-EZ) 2011 INTERNATIONAL ACTION, INC.

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Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	320,633.	289,944.	1,054,290.	568,850.	447,908.	2,681,625.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge \dots						
4	Total. Add lines 1 through 3	320,633.	289,944.	1,054,290.	568,850.	447,908.	2,681,625.
5	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)						827,271.
	Public support. Subtract line 5 from line 4.						1,854,354.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008 289,944.	(c) 2009	(d) 2010	(e) 2011 447,908.	(f) Total
7	Amounts from line 4	320,633.	289,944.	1,054,290.	568,850.	447,908.	2,681,625.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources \dots	661.	1.	1,836.	511.	2,674.	5,683.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on \dots						
10	Other income. Do not include gain						
	or loss from the sale of capital			1.0			1.0
	assets (Explain in Part IV.)			19.			19.
	Total support. Add lines 7 through 10						2,687,327.
	Gross receipts from related activities,		,			12	780.
13	First five years. If the Form 990 is for		s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
<u> </u>	organization, check this box and stor ction C. Computation of Publ	bhere	roontago				
							69.00 %
	Public support percentage for 2011 (•			14	<u> </u>
	Public support percentage from 2010					15	
168	33 1/3% support test - 2011. If the o	-					x and ► X
la la	stop here. The organization qualifies						
D	33 1/3% support test - 2010. If the c						
47.	and stop here. The organization qual						▶□
1/a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac			-	-	-	
1-	meets the "facts-and-circumstances"	-	-	• • • •			
D	10% -facts-and-circumstances tes						
	more, and if the organization meets the						· ⊾ □ ·
10	organization meets the "facts-and-circ						
18	Private foundation. If the organization			a, 100, 17a, 01 17k		dule A (Form 990	
					00110		

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Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

9 Amounts from line 6 10 11 <t< th=""><th>r (or fiscal year beginning in) 🕨 🔤</th><th>(a) 2007</th><th>(b) 2008</th><th>(c) 2009</th><th>(d) 2010</th><th>(e) 20</th><th>11 (f) To</th></t<>	r (or fiscal year beginning in) 🕨 🔤	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 20	11 (f) To
include any "unusual grants.")	, ,						
2 Gross receipts from admissions, marchandiss part for marchandiss part of the second of services part of the organization's tax-exempt purpose 3 Gross receipts from admissions and the second of the organization's tax-exempt purpose 3 Gross receipts from admissions and the second of the organization's tax-exempt purpose 3 Gross receipts from admissions and the second of the organization's tax-exempt purpose 3 Gross receipts from admissions and the second of the organization's tax-exempt purpose 3 Gross receipts from admissions and the second of the organization's tax-exempt purpose 3 Gross receipts from admissions and the second of the organization's tax-exempt purpose 3 Gross receipts admissions and the second of the organization without charge the second of t							
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16 Public support percentage from 2010 Schedule A, Part III, line 15 16 Section D. Computation of Investment Income Percentage 17 17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f)) 17 18 Investment income percentage from 2010 Schedule A, Part III, line 17 18 19a 33 1/3% support tests - 2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions 32023 01-24-12 Schedule A (Form 990 or 9)							
Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f)) 17 18 Investment income percentage from 2010 Schedule A, Part III, line 17 18 19a 33 1/3% support tests - 2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions 32023 01-24-12 Schedule A (Form 990 or 9)	support percentage for 2011 (line a	, column (f) div	vided by line 13,	column (f))		15	
 17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f)) 17 Investment income percentage from 2010 Schedule A, Part III, line 17 18 Investment income percentage from 2010 Schedule A, Part III, line 17 19a 33 1/3% support tests - 2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is nore than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions 32023 01-24-12 					<u></u>	16	
 18 Investment income percentage from 2010 Schedule A, Part III, line 17 19a 33 1/3% support tests - 2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions 32023 01-24-12 	0. Computation of Investm	ent Income	e Percentage				
 18 Investment income percentage from 2010 Schedule A, Part III, line 17 19a 33 1/3% support tests - 2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions 32023 01-24-12 	nent income percentage for 2011 (ne 10c, colum	nn (f) divided by li	ne 13, column (f))		17	
 19a 33 1/3% support tests - 2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions 32023 01-24-12 							
more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization							d line 17 is not
 b 33 1/3% support tests - 2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization							
line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions 32023 01-24-12 Schedule A (Form 990 or 9							
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions							
32023 01-24-12 Schedule A (Form 990 or 9							
		not check a b	box on line 14, 19	a, or 19b, check th			
1 k	2			4 -	Sc	hedule A (F	orm 990 or 990-l
			– -	15			C. 1948(

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No. 1545-0047

2011

Employer identification number

or 990-PF)	
Department of the Treasury	
Internal Revenue Service	

Schedule B

(Form 990, 990-EZ.

Name of the organization

	INTERNATIONAL ACTION, INC.	05-0591194
Organization type (ch	eck one):	
Filers of:	Section:	
Form 990 or 990-EZ	\fbox 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF		
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

X For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

J For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

J For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

Employer identification number

INTERNATIONAL ACTION, INC.

05-0591194 Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 X Person Payroll 20,000. Noncash \$ (Complete Part II if there is a noncash contribution.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 2 X Person Payroll 10,000. Noncash \$ (Complete Part II if there is a noncash contribution.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 3 X Person Payroll 40,000. Noncash \$ (Complete Part II if there is a noncash contribution.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 4 Х Person Payroll 20,000. Noncash (Complete Part II if there is a noncash contribution.) (a) (b) (c) (d) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 5 X Person Payroll 10,000. Noncash \$ (Complete Part II if there is a noncash contribution.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution X 6 Person Payroll 10,000. Noncash \$ (Complete Part II if there is a noncash contribution.) 123452 01-23-12 Schedule B (Form 990, 990-EZ, or 990-PF) (2011) 17 11430403 745960 19480 2011.05070 INTERNATIONAL ACTION, INC. 19480__1

Employer identification number

INTERNATIONAL ACTION, INC.

05-0591194 Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 7 X Person Payroll 20,000. Noncash \$ (Complete Part II if there is a noncash contribution.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 8 X Person Payroll 20,000. Noncash \$ (Complete Part II if there is a noncash contribution.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 9 X Person Payroll 10,000. Noncash \$ (Complete Part II if there is a noncash contribution.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 10 Х Person Payroll 10,000. Noncash (Complete Part II if there is a noncash contribution.) (a) (b) (c) (d) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 11 X Person Payroll 15,000. Noncash \$ (Complete Part II if there is a noncash contribution.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 12 X Person Payroll 35,000. Noncash \$ (Complete Part II if there is a noncash contribution.) 123452 01-23-12 Schedule B (Form 990, 990-EZ, or 990-PF) (2011) 18

11430403 745960 19480

2011.05070 INTERNATIONAL ACTION, INC. 19480__1

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Employer identification number

INTERNATIONAL ACTION,

INC. 05-0591194 Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 13 Person Payroll 20,000. Noncash \$ (Complete Part II if there is a noncash contribution.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 14 Person Payroll 30,000. Noncash \$ (Complete Part II if there is a noncash contribution.) (a) (b) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person Payroll Noncash \$ (Complete Part II if there is a noncash contribution.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash \$ (Complete Part II if there is a noncash contribution.) (a) (b) (c) (d) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution Person Payroll Noncash \$ (Complete Part II if there is a noncash contribution.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person Payroll Noncash \$ (Complete Part II if there is a noncash contribution.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

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123452 01-23-12

19 2011.05070 INTERNATIONAL ACTION, INC.

11430403 745960 19480

Schedule B (Form 990, 990-EZ, or 990-PF) (2011)
Name of organization

Page **3**

Employer identification number

05-0591194

INTERNATIONAL ACTION, INC.

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
23453 01-23-12		\$	990, 990-EZ, or 990-PF)

᠕ᡎ᠋ᢆᡏᢄᢂᢧᡆ	IONAL ACTION, INC.		05-0591194
art III	Exclusively religious, charitable, etc., invest Complete columns (a) through (a) and	dividual contributions to section 501	(c)(7), (8), or (10) organizations that total more than \$1,000 tions completing Part III, enter for the year. (Enter this information once.)
t	the total of exclusively religious, charitable,	etc., contributions of \$1,000 or less f	for the year. (Enter this information once.)
a) No.	Use duplicate copies of Part III if addition	nal space is needed.	
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of g	lift
	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee
a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I	(b) Fulbose of gift		
		(e) Transfer of g	jift
	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee
a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I	.,		
		(e) Transfer of g	iff
		(e) mansier of g	, it is a second s
	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee
		[
a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I			
			[
		e) Transfer of g	jift
	_		_
	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee
454 01-23-12			Schedule B (Form 990, 990-EZ, or 990-PI

SCHEDULE I	C
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(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990,
 Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
 ▲ Attach to Form 990. ▲ See separate instructions.

OMB No. 1545-0047
2011
Open to Public Inspection

19480_1

Nam	e of the organization INTERNATIONAL ACTION, INC	_	Employer identification number 05-0591194
Par			
1 41	organization answered "Yes" to Form 990, Part IV, line 6.		Cooline. Complete il the
		nor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		frue de
5	Did the organization inform all donors and donor advisors in writing that the		
~	are the organization's property, subject to the organization's exclusive legal		
6	Did the organization inform all grantees, donors, and donor advisors in writi		
	for charitable purposes and not for the benefit of the donor or donor adviso	· · · ·	·
Par	Impermissible private benefit? t II Conservation Easements. Complete if the organization answ		
			IV, IINE 7.
1	Purpose(s) of conservation easements held by the organization (check all the		
	Preservation of land for public use (e.g., recreation or education)	Preservation of an historic	
	Protection of natural habitat	Preservation of a certified	I historic structure
-	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified conservation	on contribution in the form of a	conservation easement on the last
	day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements		
b	Total acreage restricted by conservation easements		
С	Number of conservation easements on a certified historic structure include		<u>2</u> c
d	Number of conservation easements included in (c) acquired after 8/17/06, a		
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, released, extingu	ished, or terminated by the org	ganization during the tax
	year ►		
4	Number of states where property subject to conservation easement is local		
5	Does the organization have a written policy regarding the periodic monitoring	ig, inspection, handling of	
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing		
7	Amount of expenses incurred in monitoring, inspecting, and enforcing cons		
8	Does each conservation easement reported on line 2(d) above satisfy the re-		
	and section 170(h)(4)(B)(ii)?		
9	In Part XIV, describe how the organization reports conservation easements	-	
	include, if applicable, the text of the footnote to the organization's financial	statements that describes the	organization's accounting for
	conservation easements.	<u> </u>	.
Par	t III Organizations Maintaining Collections of Art, Histor		er Similar Assets.
	Complete if the organization answered "Yes" to Form 990, Part IV, li	1e 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to	report in its revenue statement	t and balance sheet works of art,
	historical treasures, or other similar assets held for public exhibition, educated	ion, or research in furtherance	of public service, provide, in Part XIV,
	the text of the footnote to its financial statements that describes these item	S.	
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to rep		
	treasures, or other similar assets held for public exhibition, education, or re-	search in furtherance of public	service, provide the following amounts
	relating to these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		
	(ii) Assets included in Form 990, Part X		► \$
2	If the organization received or held works of art, historical treasures, or othe	r similar assets for financial gai	in, provide
	the following amounts required to be reported under SFAS 116 (ASC 958) r	elating to these items:	
а	Revenues included in Form 990, Part VIII, line 1		► \$
b	Assets included in Form 990, Part X		
	For Paperwork Reduction Act Notice, see the Instructions for Form 990).	Schedule D (Form 990) 2011
132051 01-23-			-

22

11430403 745960 19480

2011.05070 INTERNATIONAL ACTION, INC.

		TIONAL ACT							9119		ige 2
Par	t III Organizations Maintaining C	Collections of A	rt, His	storical Tr	easures, c	or Othe	r Simila	r Asse	ts (cont	inued)	
3	Using the organization's acquisition, access	ion, and other record	ls, chec	ck any of the	following that	t are a sig	gnificant u	se of its	collectio	n items	S
	(check all that apply):										
а	Public exhibition	d	ıШ	Loan or exc	hange progra	ıms					
b	Scholarly research	e		Other							
с	Preservation for future generations										
4	Provide a description of the organization's c	ollections and explai	n how t	hey further t	he organizatio	on's exerr	npt purpos	se in Par	t XIV.		
5	During the year, did the organization solicit of	or receive donations	of art, h	nistorical trea	sures, or othe	er similar :	assets	_	-		
	to be sold to raise funds rather than to be m							L	Yes		No
Par	t IV Escrow and Custodial Arran		ete if th	e organizatic	n answered "	'Yes" to F	⁻ orm 990,	Part IV,	line 9, or		
	reported an amount on Form 990, Pa										
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for	r contributior	ns or other as	sets not i	ncluded	_	-		1
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	llowing	table:							
									Amoun	t	
	Beginning balance										
	Additions during the year										
е	Distributions during the year						. 1e				
f	Ending balance								1		
	Did the organization include an amount on F		21?					L	Yes		No
	If "Yes," explain the arrangement in Part XIV										
Par	t V Endowment Funds. Complete				1			<u> </u>			
		(a) Current year	(b) F	Prior year	(c) Two years	s back (d) Three ye	ars back	(e) Fou	r years I	Dack
1a	Beginning of year balance										
b	Contributions										
с	Net investment earnings, gains, and losses										
	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the cur	•		1g, column (a	a)) held as:						
a	Board designated or quasi-endowment		_%								
	Permanent endowment	%									
С	Temporarily restricted endowment	%									
	The percentages in lines 2a, 2b, and 2c show										
3a	Are there endowment funds not in the posse	ession of the organiz	ation th	lat are held a	nd administe	red for th	e organiza	ation	1	<u>v</u>	
	by:								0-(1)	Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations										
D	If "Yes" to 3a(ii), are the related organization								3b		
Par	t VI Land, Buildings, and Equipn										
I u				í	or other		cumulated				
	Description of property	(a) Cost or o basis (investr			or other (other)	• •	reciation		(d) Boo	k value	;
1a	Land										
	Buildings										
	Leasehold improvements				2,000.		1,41				33.
	Equipment				6,999.		4,60			2,39	
e	Other				4,624.		31,27	7.		3,34	
Total	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, colu	mn (B), line 1	0(c).)				4	6,32	24.
							•	ahadula	D /F		~ ~ ~

Schedule D (Form 990) 2011

132052 01-23-12

Schedule D	(Form 990) 2011
Dort VII	Invootmonto Ot

(a) Description of security or category (including name of security)	(b) Book value		(c) Method of valua t or end-of-year mar	
1) Financial derivatives				
2) Closely-held equity interests				
3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
(1)				
otal. (Col (b) must equal Form 990, Part X, col (B) line 12.) ►				
Part VIII Investments - Program Related.	See Form 990, Part X, li			
(a) Description of investment type	(b) Book value		(c) Method of valua t or end-of-year mar	
(1)				
(2)				
(3)				
(4)	+			
(5)				
(6)				
(7)				
(8)				
(9)				
(10) Dtal. (Col (b) must equal Form 990, Part X, col (B) line 13.)				
Part IX Other Assets. See Form 990, Part X, lin	 ne 15			
	a) Description			(b) Book value
(1)	, ,			()
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
otal. (Column (b) must equal Form 990, Part X, col (B) lii	ne 15.)		▶	
Part X Other Liabilities. See Form 990, Part >				
(a) Description of liability		(b) Book value		
(1) Federal income taxes				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
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2053 -23-12				edule D (Form 990) 20

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Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements 1 Total revenue (Form 90, Part VIII, column (A), line 12) 1 2 Total revenue (Form 90, Part X, column (A), line 25) 2 3 3 4 3 4 3 5 6 6 7 7 6 7 7 8 9 9 Total adjustments 6 7 7 7 8 9 9 Total adjustments (net). Add lines 4 through 8 10 Excess or (deficit) for the year paradited financial statements. Combine lines 3 and 9 11 Total revenue, gains, and other support paradited financial statements 11 Total revenue, gains, and other support paradited financial statements 11 Total revenue, gains, and other support paradited financial statements 12 Amounts included on form 90, Part VIII, line 12: 1 1 1 Total revenue, gains, and other support paradited financial statements 2a 2a 2a 2a	Sche	dule D (Form 990) 2011 INTERNATIONAL ACTION, INC	•		05-059	1194 Page 4
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Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Schedule D (Form 990) 2011

132054 01-23-12

25 2011.05070 INTERNATIONAL ACTION, INC. 19480_1

Statement of Activities Outside the United States

Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

Attach to Form 990. See separate instructions.



Internal Revenue Service Name of the organization

Department of the Treasury

Name of the organization					Employer identif	Employer identification number		
INTERNATIONAL A	CTION. I	NC.			05-059119	4		
			tside the United States. Comp	lete if the orgar				
to Form 990, Par				•				
1 For grantmakers. Does	the organization	n maintain recor	ds to substantiate the amount of its gr	ants and other	assistance,			
the grantees' eligibility f	or the grants or a	assistance, and	the selection criteria used to award the	e grants or ass	istance?	Yes 🛄 No		
								
2 For grantmakers. Desc United States.	ribe in Part V the	e organization's	procedures for monitoring the use of it	is grants and o	ther assistance out	side the		
	he following Par	t L line 3 table c	an be duplicated if additional space is	needed)				
(a) Region	(b) Number of	(c) Number of	(d) Activities conducted in region		vity listed in (d)	(f) Total		
	offices	employees,	(by type) (e.g., fundraising, program	1 .	gram service,	expenditures for and		
	in the region	agents, and independent contractors	services, investments, grants to		e specific type	investments		
		in region	recipients located in the region)		ce(s) in region	in region		
					AN AID SERVICE			
CENTRAL AMERICA AND				- PROVIDING				
CENTRAL AMERICA AND THE CARIBBEAN	1	10	PROGRAM SERVICES		A CHLORINATOR	107,460.		
		10	FROGRAM SERVICES	INSTALLING	A CHLORINATOR	107,480.		
CENTRAL AMERICA AND			GRANTS TO RECIPIENTS					
THE CARIBBEAN	0	0	LOCATED IN THE REGION			2,400.		
3 a Sub-total	1	10				109,860.		
b Total from continuation	<u>_</u>							
sheets to Part I	0	0				٥.		
c Totals (add lines 3a								
and 3b)	1	10				109 860.		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. SEE PART V FOR COLUMN (E) DESCRIPTIONS Schedule F (Form 990) 2011

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(a) Name of organization

Schedule F (Form 990) 2011

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

3 Enter total number of other organizations or entities

Schedule F (Form 990) 2011 INTERNATIONAL ACTION, INC.

(c) Region

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000

(e) Amount

of cash grant

(d) Purpose of

grant

Part II can be duplicated if additional space is needed.

(b) IRS code section

and EIN (if applicable)

Page **2**

(i) Method of

valuation (book, FMV,

appraisal, other)

05_	0591	101
0.0-	0 7 3 1	エンモ

(f) Manner of

cash disbursement

(g) Amount of

non-cash

assistance

(h) Description

of non-cash

assistance

Schedule F (Form 990) 2011

INTERNATIONAL ACTION, INC. Schedule F (Form 990) 2011

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

Dort III can be duplicated if additional appear is peeded

Part III can be duplicated if additional space is needed.							
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)

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05-0591194

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)</i>	X Yes	No No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund.</i> (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713)	Yes	X No

Schedule F (Form 990) 2011

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information.

PART I, LINE 3, COLUMN (E):

Supplemental Information

REGION: CENTRAL AMERICA AND THE CARIBBEAN

(E) SPECIFIC TYPES OF SERVICES IN REGION: HUMANITARIAN AID SERVICE -

PROVIDING CLEAN DRINKING WATER BY INSTALLING A CHLORINATOR ON COMMUNITY

WATER TANKS.

Part V

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service Name of the organization

Supplemental Information to Form 990 or 990-EZ

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



INTERNATIONAL ACTION, INC. Employer identification number 05-0591194

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

WATERBORNE DISEASES - CHOLERA, TYPHOID, HEPATITIS AND CHRONIC DIARRHEA

ON A COMMUNITY LEVEL. INTERNATIONAL ACTION WORKS IN THE MOST

IMPOVERISHED COMMUNITIES IN THE CITY, DEMONSTRATING THAT AN INEXPENSIVE

CHLORINATOR CAN PROVIDE CLEAN WATER AND IMPROVE PUBLIC HEALTH.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

HAITIAN'S ACCESS TO WATER IN PORT-AU-PRINCE WE BEGAN A SOLAR LIGHT

PROJECT. 10 LIGHTS HAVE BEEN INSTALLED THUS FAR. THE AIM OF THE PROJECT

IS TWOFOLD: (1) TO IMPROVE THE SAFETY OF HAITIAN NEIGHBORHOODS AND (2)

TO PRESENT AN OPPORTUNITY FOR PEOPLE TO RETRIEVE WATER AT NIGHT SO THAT

THEY CAN SPEND THEIR DAY WORKING, EARNING A MUCH NEEDED INCOME. THE

PROJECT HAS DONE BOTH. IN FACT DUE TO THE SUCCESS OF THE PROGRAM, WE

ARE BEGINNING TO WORK WITH SOLAR PUMPS IN 2013.

TO IMPROVE THE HEALTH OF HAITIAN CHILDREN WE BEGAN A FURTHERMORE,

VITAMIN A DISTRIBUTION PROGRAM IN PORT-AU-PRINCE, LEOGANE THE

SOUTHEAST, AND PETIT GOAVE. VITAMIN A IS ESSENTIAL TO IMMUNE FUNCTION,

ESPECIALLY IN CHILDREN UNDER THE AGE OF FIVE AS THEY ARE THE MOST

VULNERABLE TO COMMON INFECTIONS AND DISEASES. IN TOTAL, WE HELPED

IMPROVE THE HEALTH OF 46,000 CHILDREN WITH OUR 2012 VITAMIN A

DISTRIBUTION PROGRAM.

FORM 990, PART VI, SECTION A, LINE 8B: THERE ARE NO COMMITTEES WITH

AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY.

FORM 990, PART VI, SECTION B, LINE 11: THE RETURN WAS PREPARED BY OUTSIDE Schedule O (Form 990 or 990-EZ) (2011) LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 132211 01-23-12 31

Schedule O (Form 990 or 990-EZ) (2011)	Page 2		
Name of the organization INTERNATIONAL ACTION, INC.	Employer identification number 05-0591194		
ACCOUNTANTS AND REVIEWED BY SENIOR MANAGEMENT. A COPY OF	THE FINAL FORM 990		
WAS SENT BY REGULAR MAIL TO EACH MEMBER OF THE BOARD ASKI	NG FOR COMMENTS		
AND SUGGESTIONS. AFTER ALLOWING TWO WEEKS FOR COMMENTS TH	E 990 WAS		
SUBMITTED TO THE IRS.			

FORM 990, PART VI, SECTION B, LINE 12C: THE STAFF REGULARLY AVOIDS ANY CONTRACTS OR FINANCIAL RELATIONS WHICH WOULD PRESENT A CONFLICT OF INTEREST SITUATION. WE REGULARLY ANSWER TO THE BOARD ON ISSUES OF CONFLICT OF INTERESTS AND SINCE OUR INCORPORATION IN 2003 HAVE NEVER FOUND A CASE OF CONFLICT.

IT IS THE POLICY OF THE BOARD THAT THE EXISTENCE OF ANY POTENTIAL CONFLICT OF INTEREST MUST BE DISCLOSED BEFORE ANY TRANSACTION IS CONSUMMATED. IT IS THE CONTINUING RESPONSIBILITY OF THE BOARD, OFFICERS, AND MANAGEMENT EMPLOYEES TO SCRUTINIZE THEIR TRANSACTIONS AND OUTSIDE BUSINESS INTERESTS AND RELATIONSHIPS FOR POTENTIAL CONFLICTS AND TO IMMEDIATELY MAKE SUCH DISCLOSURES.

DISCLOSURES IN THE ORGANIZATION ARE MADE TO THE CHIEF EXECUTIVE OFFICER (OR IF HE OR SHE IS THE ONE WITH THE CONFLICT, TO THE BOARD CHAIR), WHO BRINGS THE MATTER TO THE ATTENTION OF THE BOARD.

DISCLOSURES INVOLVING DIRECTORS ARE MADE TO THE BOARD CHAIR, (OR IF HE OR SHE IS THE ONE WITH THE CONFLICT, TO THE BOARD VICE-CHAIR) WHO BRINGS THESE MATTERS TO THE BOARD. THE BOARD DETERMINES WHETHER A CONFLICT EXISTS AND, IN THE CASE OF AN EXISTING CONFLICT, WHETHER THE CONTEMPLATED TRANSACTION MAY BE AUTHORIZED AS JUST, FAIR, AND REASONABLE TO INTERNATIONAL ACTION.

TRANSACTIONS WITH PARTIES WITH CONFLICTING INTERESTS MAY BE UNDERTAKEN ONLYIF ALL OF THE FOLLOWING ARE OBSERVED: THE CONFLICTING INTEREST IS FULLY323211430403 745960 194802011.05070 INTERNATIONAL ACTION, INC. 19480_1

Schedule O (Form 990 or 990-EZ) (2011)	Page 2
Name of the organization INTERNATIONAL ACTION, INC.	Employer identification number $05-0591194$
DISCLOSED, THE PERSON WITH THE CONFLICT OF INTEREST IS EX	CLUDED FROM THE
DISCUSSION AND APPROVAL OF SUCH TRANSACTION, A COMPETITIV	E BID OR
COMPARABLE VALUATION EXISTS, AND THE BOARD HAS DETERMINED	THAT THE
TRANSACTION IS IN THE BEST INTEREST OF THE ORGANIZATION.	

FORM 990, PART VI, SECTION B, LINE 15A: THE BOARD CONSULTED WITH THE STUDY OF EXECUTIVE COMPENSATION OF NGO BY "PROFESSIONALS FOR NON-PROFITS" (PNP). ACCORDING TO THE PNP STUDY, THE SALARY OF THE EXECUTIVE DIRECTOR IS SIMILAR TO THOSE OF OTHER SIMILAR NON-PROFIT ORGANIZATIONS. THE PROCEDURE AND DECISION IS DOCUMENTED IN THE BOARD'S MINUTES. THE LAST COMPENSATION REVIEW TOOK PLACE IN NOVEMBER 2012.

THE EXECUTIVE DIRECTOR REVIEWS AND APPROVES COMPENSATION FOR ALL OTHER EMPLOYEES.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION'S STAFF HANDBOOK CONTAINING THE CONFLICT OF INTEREST POLICY, CORPORATE BY-LAWS AND FINANCIAL STATEMENTS ARE SHARED WITH ANY DONOR WHO REQUESTS SUCH DOCUMENTS. OTHER REQUESTS ARE CONSIDERED ON A CASE BY CASE BASIS.

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:	
NET UNREALIZED GAINS ON INVESTMENTS:	875.
PRIOR PERIOD ADJUSTMENTS:	199.
TOTAL TO FORM 990, PART XI, LINE 5	1,074.

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Page 2

If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

 If you Part 	are filing for an Automatic 3-Month Extension, comp Additional (Not Automatic) 3-Month				opice peeded	<u> </u>
Fail		LALEIISIU				
Type or					Ientifying number, see instruction mployer identification number (EIN)	
print						
- File by the	-			X	X 05-0591194	
due date f filing your return. See	Number, street, and room or suite no. If a P.O. box,	, see instruc	tions.	Social se	ecurity number (S	SN)
instruction	s. City, town or post office, state, and ZIP code. For a WASHINGTON, DC 20003	a foreign add	Iress, see instructions.			
Enter th	e Return code for the return that this application is for (file a separa	te application for each return)			0 1
Applica	tion	Return	Application			Return
Is For		Code	Is For			Code
Form 99	0	01				
Form 99	10-BL	02	Form 1041-A			08
Form 99	10-EZ	01	Form 4720			09
Form 99	0-PF	04	Form 5227			10
Form 99	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 99	0-T (trust other than above)	06	Form 8870			12
STOP!	Do not complete Part II if you were not already grant		natic 3-month extension on a prev	iously file	ed Form 8868.	
Telep	Dooks are in the care of \blacktriangleright 819 L STREET Science of No. \blacktriangleright 202-488-0735	SE – W	FAX No. 🕨			
	organization does not have an office or place of busine					
box ►	is for a Group Return, enter the organization's four dig \Box . If it is for part of the group, check this box \blacktriangleright		ach a list with the names and EINs of			
	equest an additional 3-month extension of time until		T 15, 2013	airmemb		13 101.
	pr calendar year, or other tax year beginning _			- SEP	30, 2012	2
	the tax year entered in line 5 is for less than 12 months, Change in accounting period			Final r		
	ate in detail why you need the extension DDITIONAL TIME IS REQUIRED !	TO FIL	E A COMPLETE AND A	CCURA	TE RETURI	J.
8a If	this application is for Form 990-BL, 990-PF, 990-T, 4720), or 6069, e	nter the tentative tax, less any			
n	onrefundable credits. See instructions.			8a	\$	0.
b If	this application is for Form 990-PF, 990-T, 4720, or 606	9, enter any	refundable credits and estimated			
ta	x payments made. Include any prior year overpayment	allowed as a	a credit and any amount paid			
p	reviously with Form 8868.			8b	\$	0.
c B	alance due. Subtract line 8b from line 8a. Include your	payment wit	h this form, if required, by using			
E	TPS (Electronic Federal Tax Payment System). See ins			8c	\$	0.
	•		st be completed for Part II o	•		
	nalties of perjury, I declare that I have examined this form, incl correct, and complete, and that I am authorized to prepare this		panying schedules and statements, and to	the best o	of my knowledge and	d belief,
Signatur	Title ►	- CPA		Date		
					Form 8868	(Rev. 1-2012)