Form <b>990</b>
Department of the Treasury
Internal Revenue Service

# \*\* 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)

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



AF	or th	e 2012 calendar year, or tax year beginning ${ m OCT}$ $1$ , $2012$ and $e$	ending S	EP 30, 2013	
	heck if oplicab			D Employer identific	cation number
X	Addre chang	INTERNATIONAL ACTION, INC.			
	]Name ]chang	Doing Business As	05-0	591194	
	Initial	Number and street (or P.O. box if mail is not delivered to street address)	E Telephone number		
	Termi ated	OIU L SIREEI SE		202-4	488-0735
	Amen returr	City, town, or post office, state, and ZIP code		G Gross receipts \$	366,182.
	Appli dtion pendi	WASHINGION, DC 20003		H(a) Is this a group re	
		F Name and address of principal officer: ZACHARY BREHMER		for affiliates?	Yes X No
		SAME AS C ABOVE		H(b) Are all affiliates incl	
		empt status: ⊥ 501(c)(3) ⊥ 501(c) ( ) ◀ (insert no.) ⊥ 4947(a)(1) o te: ► WWW • HAITIWATER • ORG	or 527		list. (see instructions)
		forganization: X Corporation Trust Association Other	I Voor	H(c) Group exemption	n number ▶ I State of legal domicile: DC
	rt I	-			State of legal dominine. DC
	1	Briefly describe the organization's mission or most significant activities: SEE	PART T	TT. LINE 1.	
Activities & Governance	•				
rnal	2	Check this box      if the organization discontinued its operations or dispos	ed of more	than 25% of its net as	sets.
Iovel	3	Number of voting members of the governing body (Part VI, line 1a)			10
ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)			10
s se	5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)		4	
vitie	6	Total number of volunteers (estimate if necessary)		24	
Acti	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
1	b	Net unrelated business taxable income from Form 990-T, line 34			0.
				Prior Year	Current Year
er	8	Contributions and grants (Part VIII, line 1h)		447,908.	361,050.
Revenue	9	Program service revenue (Part VIII, line 2g)		0.	0.
Rev		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		2,674.	1,492.
_		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	3,640.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		450,582.	366,182.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		2,400.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		205,856.	108,867.
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) _		205,850.	0.
nəc		Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25)	3.	• •	• •
EX		Total fundraising expenses (Part IX, column (D), line 25) ► 40, 3 J Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		300,378.	281,101.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		508,634.	389,968.
	19	Revenue less expenses. Subtract line 18 from line 12		-58,052.	-23,786.
or				ginning of Current Year	End of Year
sets llanc	20	Total assets (Part X, line 16)		95,386.	69,795.
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26)		35,605.	42,041.
Fun	22	Net assets or fund balances. Subtract line 21 from line 20		59,781.	27,754.
Pa	rt II	Signature Block			
Unde	er pen	alties of perjury, I declare that I have examined this return, including accompanying schedules	and statem	ents, and to the best of my	v knowledge and belief, it is
true	corre	et and complete. Declaration of preparer (other than officer) is based on all information of wh	ich nrenarer	has any knowledge	

Sign Here	Signature of officer JEFFERY SEJOUR, ASSOCI Type or print name and title	ATE DIRECTOR		Date				
Paid Preparer	Print/Type preparer's name	Preparer's signature G & FREEDMAN	Date	Check PTIN if self-employed Firm's EIN ► 52-1392008				
Use Only	Firm's address 4550 MONTGOMERY BETHESDA, MD 208	14-2930		Phone no. (301) 951-9090				
May the IRS discuss this return with the preparer shown above? (see instructions)       X       Yes       No         232001       12-10-12       LHA       For Paperwork Reduction Act Notice, see the separate instructions.       Form 990 (2012)								

1         Birlety describe the organization's mission:           TO CREATE CLEAN, SAFE WATER PROJECTS IN EACH PORT-AU-PRINCE NEIGHBORHOOD BY TRAINING LOCAL WATER BOARD MEMBERS AND INSTALLING SPECIAL WATER TANKS AND CHLORINATORS. INTERNATIONAL ACTION BELIEVI THAT CHLORINATING THE MUNICIPAL WATER IS THE ONLY SOLUTION TO FIGH 0           2         Dd the organization case conducting, or make significant torgen mervices during the year which were not listed on the port form 900 or 90027.         IV           1* "Yes," describe these changes on Schedule 0.         IV         IV           1< "Yes," describe these changes on Schedule 0.         IV         IV           1< "Yes," describe these obspreads         INTERNATIONAL ACTION Program service complishments for each of its three largest program services, as measured by expensioned and sol tight/do arganization case completed to epot the amount of grants and allocations to others, the total expense revenue, if any, for each program service completed.         INTERNATIONAL ACTION, INC: (IAI) INSTALLED A CHLORINATION SYSTEM T PROVIDED CLEAN, SAFE WATER TO THOUGHOUT HAITI. THESE CHLORINATORS PF THE POPULATION FROM WATEREONE DISEASES INCLUDING CHOLERA AND TYPE THIS METHOD IS INKEPENSIVE, SIMPLE TO USE, AND EFFECTIVE WE HAVE FROVIDED L252 COMMUNITIES AND 195 SCHOOLS WITH CHLORINATION SYSTEME ESTIMATES THAT 950,000 HAITIANS HAVE ACCESS TO CLEAN, SAFE DRINKIN WATER BECAUSE OF THE CHLORINATORS.           40         (come) (Revense 1	orm <b>990</b> (
<ul> <li>1 Breity describe the organization 's mission: TO CREATE CLEAN, SAFE WATER PROJECTS IN EACH PORT-AU-PRINCE NEIGHBORHOOD BY TRAINING LOCAL WATER BOARD MEMBERS AND INSTALLING SPECIAL WATER TANKS AND CHLORINATORS. INTERNATIONAL ACTION BELIEV THAT CHLORINATING THE MUNICIPAL WATER IS THE ONLY SOLUTION TO PIGE 2 Did the organization undertake any significant program services during the year which were not listed on the prior form 900 or 900-27 If 'Ys,' describe these new services on Schedule 0. If 'Ys,' describe these changes on Schedule 0. If Ys,' describe these changes on Schedule 0. If YS, describe the Schedule 0. If YS, describe the Schedule 0.0 If ys and services (Describe in Schedule 0.0 If ys and services appreces 310.278.</li> </ul>	
<ul> <li>Belly describe the organization a mission: TO CREATE CLEAN, SAFE WATER PROJECTS IN EACH PORT-AU-PRINCE NEIGHBORHOOD BY TRAINING LOCAL WATER BOARD MEMBERS AND INSTALLING SPECIAL WATER TANKS AND CHLORINATORS. INTERNATIONAL ACTION BELIEVI THAT CHLORINATION THE MUNICIPAL WATER IS THE ONLY SOLUTION TO FIGE the por form 990 or 996-27</li> <li>Zily If "ves," describe these new services on Schedule 0.</li> <li>3 Did the organization undertake any significant program services during the year which were not listed on the por form 990 or 996-27</li> <li>If "ves," describe these changes on Schedule 0.</li> <li>4 Ocacche the organization cange on Schedule 0.</li> <li>Describe the organization sprogram service accomplatments for each of its three largest program services?</li></ul>	
1 Brefly describe the organization's mission: TO CREATE CLEAN, SAFE WATER PROJECTS IN EACH PORT-AU-PRINCE NEIGHBORHOOD BY TRAINING LOCAL WATER BOARD MEMBERS AND INSTALLING SPECIAL WATER TANKS AND CHLORINATORS. INTERNATIONAL ACTION BELIEVY THAT CHLORINATING THE MUNICIPAL WATER IS THE ONLY SOLUTION TO FIGH the prior Form 990 or 990 E2? [	
Firstly describe the organization's mission: TO CREATE CLEAN, SAFE WATER PROJECTS IN EACH PORT-AU-PRINCE NEIGHBORHOOD BY TRAINING LOCAL WATER BOARD MEMBERS AND INSTALLING SPECIAL WATER TANKS AND CHLORINATORS. INTERNATIONAL ACTION BELIEVY THAT CHLORINATING THE MUNICIPAL WATER IS THE ONLY SOLUTION TO FIGH the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-E2? [IVES, 'INTERNATIONAL ACTION MALEND', 'I''''''''''''''''''''''''''''''''''	
<ul> <li>Brefly describe the organization's mission: TO CREATE CLEAN, SAFE WATER PROJECTS IN EACH PORT-AU-PRINCE TO CREATE CLEAN, SAFE WATER PROJECTS IN EACH PORT-AU-PRINCE SPECIAL WATER TANKS AND CHLORINATORS. INTERNATIONAL ACTION BELIEVY THAT CHLORINATING THE MUNICIPAL WATER IS THE ONLY SOLUTION TO FIGH Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-E27 If 'Yes,' describe these new services on Schedule 0.</li> <li>Did the organization clean conducting, or make significant changes in how it conducts, any program services, as measured by expen Section 501(c)(a) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses revenue, if any, for each program service reported.</li> <li>(Code)(Expense 3 310, 278. including grants of 5) (Revenue 5 INTERNATIONNAL ACTION, INC. (IAI) INSTALLED A CHLORINATOR SYSTEM TH PROVIDED CLEAN, SAFE WATER TO THOUSANDS OF PEOPLE. IAI INSTALLED 7 IN COMMUNITIES AND SCHOOLS THROUGHOUT HAITI. THESE CHLORINATORS PE THE POPULATION FROM WATERBORNE DISEASES INCLUDING CHOLERA AND TYPH THS METHOD IS INEXPENSIVE, SIMPLE TO USE, AND EFFECTIVE. WE HAVE PROVIDED 125 COMMUNITIES AND 195 SCHOOLS WITH CHLORINATION SYSTEMS ESTIMATES THAT 950,000 HAITIANS HAVE ACCESS TO CLEAN, SAFE DRINK IN WATER BECAUSE OF THE CHLORINATORS.</li> <li>TODAY, INTERNATIONAL ACTION PROVIDES CRITICAL ACCESS TO CLEAN WATH OVUER 300,000 HAITIANS PER DAY AND HAS BECOME A RECOGNIZED LEADER I HEALTH AND WATER SANITATION AMONGST COMMUNITIES, GOVERNMENT becluding grants of s</li></ul>	
<ul> <li>Briefly describe the organization's mission: TO CREATE CLEAN, SAFE WATER PROJECTS IN EACH PORT-AU-PRINCE NEIGHBORHOOD BY TRAINING LOCAL WATER BOARD MEMBERS AND INSTALLING SPECIAL WATER TANKS AND CHLORINATORS. INTERNATIONAL ACTION BELIEVY THAT CHLORINATING THE MUNICIPAL WATER IS THE ONLY SOLUTION TO FIGH     </li> <li>Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-E2? [IV Yes," describe these new services on Schedule 0.     </li> <li>Did the organization cases conducting, or make significant changes in how it conducts, any program services? [IV Yes," describe these changes on Schedule 0.     </li> <li>Describe the organization's program service accomplishments for each of its three largest program services, as measured by expen Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses revenue, if any, for each program service reported.         </li> <li>(Code: ) (Expenses § 310, 278. including grants of \$ ) (Revenue \$ INTERNATIONAL ACTION, INC. (IAI) INSTALLED A CHLORINATOR SYSTEM THE PROVIDED CLEAN, SAFE WATER TO THOUSANDS OF PEOPLE. IAI INSTALLED 7 IN COMMUNITIES AND SCHOOLS THROUGHOUT HAITI. THESE CHLORINATORS PHE THE POPULATION FROM WATERBORNE DISEASES INCLUDING CHOLERA AND TYPE THE POPULATION FROM WATERBORNE DISEASES INCLUDING CHOLERA AND TYPE THE POPULATION FROM WATERBORNE DISEASES TO CLEAN, SAFE DRINKIN WATER BECAUSE OF THE CHLORINATORS.     </li> <li>TODAY, INTERNATIONAL ACTION PROVIDES CRITICAL ACCESS TO CLEAN WATER OVER 300,000 HAITIANS PER DAY AND HAS BECOME A RECOGNIZED LEADER I HEALTH AND WATER SANITATION AMONGST COMMUNITIES, GOVERNMENT     </li> </ul>	
<ul> <li>Briefly describe the organization's mission:</li> <li>TO CREATE CLEAN, SAFE WATER PROJECTS IN EACH PORT-AU-PRINCE</li> <li>NEIGHBORHOOD BY TRAINING LOCAL WATER BOARD MEMBERS AND INSTALLING</li> <li>SPECIAL WATER TANKS AND CHLORINATORS. INTERNATIONAL ACTION BELIEVE</li> <li>THAT CHLORINATING THE MUNICIPAL WATER IS THE ONLY SOLUTION TO FIGH</li> <li>Did the organization undertake any significant program services during the year which were not listed on</li> <li>the prior Form 990 or 990-E2?</li> <li>If "Yes," describe these new services on Schedule O.</li> <li>Did the organization cases conducting, or make significant changes in how it conducts, any program services, as measured by expen Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expense revenue, if any, for each program service reported.</li> <li>(Code: ) (Expenses \$ 310, 278. including grants of \$ ) (Revenue \$ 100000000000000000000000000000000000</li></ul>	
<ul> <li>Briefly describe the organization's mission:</li> <li>TO CREATE CLEAN, SAFE WATER PROJECTS IN EACH PORT-AU-PRINCE</li> <li>NEIGHBORHOOD BY TRAINING LOCAL WATER BOARD MEMBERS AND INSTALLING</li> <li>SPECIAL WATER TANKS AND CHLORINATORS. INTERNATIONAL ACTION BELIEVE</li> <li>THAT CHLORINATING THE MUNICIPAL WATER IS THE ONLY SOLUTION TO FIGH</li> <li>Did the organization undertake any significant program services during the year which were not listed on</li> <li>the prior Form 990 or 990-E2?</li> <li>If "Yes," describe these new services on Schedule O.</li> <li>Did the organization cases conducting, or make significant changes in how it conducts, any program services, as measured by expen Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expense revenue, if any, for each program service reported.</li> <li>(Code: ) (Expenses \$ 310, 278. including grants of \$ ) (Revenue \$ 100000000000000000000000000000000000</li></ul>	
<ul> <li>Briefly describe the organization's mission:</li> <li>TO CREATE CLEAN, SAFE WATER PROJECTS IN EACH PORT-AU-PRINCE</li> <li>NEIGHBORHOOD BY TRAINING LOCAL WATER BOARD MEMBERS AND INSTALLING</li> <li>SPECIAL WATER TANKS AND CHLORINATORS. INTERNATIONAL ACTION BELIEVE</li> <li>THAT CHLORINATING THE MUNICIPAL WATER IS THE ONLY SOLUTION TO FIGH</li> <li>Did the organization undertake any significant program services during the year which were not listed on</li> <li>the prior Form 990 or 990-E2?</li> <li>If "Yes," describe these new services on Schedule O.</li> <li>Did the organization cases conducting, or make significant changes in how it conducts, any program services, as measured by expense section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expense revenue, if any, for each program service reported.</li> <li>(code: ) (Expenses 3 10, 278 - including grants of \$ ) (Revenue \$ 100000000000000000000000000000000000</li></ul>	
<ul> <li>Briefly describe the organization's mission:</li> <li>TO CREATE CLEAN, SAFE WATER PROJECTS IN EACH PORT-AU-PRINCE</li> <li>NEIGHBORHOOD BY TRAINING LOCAL WATER BOARD MEMBERS AND INSTALLING</li> <li>SPECIAL WATER TANKS AND CHLORINATORS. INTERNATIONAL ACTION BELIEVE</li> <li>THAT CHLORINATING THE MUNICIPAL WATER IS THE ONLY SOLUTION TO FIGH</li> <li>Did the organization undertake any significant program services during the year which were not listed on</li> <li>the prior Form 990 or 990-E2?</li> <li>If "Yes," describe these new services on Schedule O.</li> <li>Did the organization cases conducting, or make significant changes in how it conducts, any program services, as measured by expen Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expense revenue, if any, for each program service reported.</li> <li>(Code: ) (Expenses \$ 310, 278. including grants of \$ ) (Revenue \$ 100000000000000000000000000000000000</li></ul>	
Briefly describe the organization's mission:         TO CREATE CLEAN, SAFE WATER PROJECTS IN EACH PORT-AU-PRINCE         NEIGHBORHOOD BY TRAINING LOCAL WATER BOARD MEMBERS AND INSTALLING         SPECIAL WATER TANKS AND CHLORINATORS. INTERNATIONAL ACTION BELIEVE         THAT CHLORINATING THE MUNICIPAL WATER IS THE ONLY SOLUTION TO FIGH         Did the organization undertake any significant program services during the year which were not listed on         the prior Form 990 or 990-E2?         If "Yes," describe these new services on Schedule O.         Did the organization cease conducting, or make significant changes in how it conducts, any program services?         If "Yes," describe these changes on Schedule O.         Describe the organization's program service accomplishments for each of its three largest program services, as measured by expense service so 101(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expense revenue, if any, for each program service reported.         Ia       (code: ) (Expenses 310, 278. including grants of \$) (Revenue \$         INTERNATIONAL ACTION, INC. (IAI) INSTALLED A CHLORINATOR SYSTEM THE PROVIDED CLEAN, SAFE WATER TO THOUSANDS OF PEOPLE. IAI INSTALLED TO INCOMMUNITIES AND SCHOOLS THROUGHOUT HAITI. THESE CHLORINATORS PTHE POPULATION FROM WATERBORNE DISEASES INCLUDING CHOLERA AND TYPE THIS METHOD IS INEXPENSIVE, SIMPLE TO USE, AND EFFECTIVE. WE HAVE PROVIDED 125 COMMUNITIES AND 195 SCHOOLS WITH CHLORINATION SYSTEMS ESTIMATES THAT 950,000 HAITIANS HAVE ACCESS TO CLEAN, SAFE DRINKIN WATER BECAUSE OF THE CHLORINATORS.	
<ul> <li>Briefly describe the organization's mission:</li> <li>TO CREATE CLEAN, SAFE WATER PROJECTS IN EACH PORT-AU-PRINCE</li> <li>NEIGHBORHOOD BY TRAINING LOCAL WATER BOARD MEMBERS AND INSTALLING</li> <li>SPECIAL WATER TANKS AND CHLORINATORS. INTERNATIONAL ACTION BELIEVE</li> <li>THAT CHLORINATING THE MUNICIPAL WATER IS THE ONLY SOLUTION TO FIGH</li> <li>2 Did the organization undertake any significant program services during the year which were not listed on</li> <li>the prior Form 990 or 990-E2?</li> <li>If "Yes," describe these new services on Schedule O.</li> <li>3 Did the organization cease conducting, or make significant changes in how it conducts, any program services, as measured by expen</li> <li>Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expense revenue, if any, for each program service reported.</li> <li>4a (code: ) (Expenses 310, 278. including grants of \$ ) (Revenue \$ INTERNATIONAL ACTION, INC. (IAI) INSTALLED A CHLORINATOR SYSTEM TH PROVIDED CLEAN, SAFE WATER TO THOUSANDS OF PEOPLE. IAI INSTALLED FINDERNATIONAL ACTION, SUCHOOLS THROUGHOUT HAITI. THESE CHLORINATORS PETHE POPULATION FROM WATERBORNE DISEASES INCLUDING CHOLERA AND TYPE THIS METHOD IS INEXPENSIVE, SIMPLE TO USE, AND EFFECTIVE. WE HAVE PROVIDED 125 COMMUNITIES AND 195 SCHOOLS WITH CHLORINATION SYSTEMS ESTIMATES THAT 950,000 HAITIANS HAVE ACCESS TO CLEAN, SAFE DRINKING</li> </ul>	
<ul> <li>Briefly describe the organization's mission: TO CREATE CLEAN, SAFE WATER PROJECTS IN EACH PORT-AU-PRINCE NEIGHBORHOOD BY TRAINING LOCAL WATER BOARD MEMBERS AND INSTALLING SPECIAL WATER TANKS AND CHLORINATORS. INTERNATIONAL ACTION BELIEVE THAT CHLORINATING THE MUNICIPAL WATER IS THE ONLY SOLUTION TO FIGH Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [</li></ul>	ING
Briefly describe the organization's mission:          TO       CREATE       CLEAN, SAFE       WATER       PROJECTS       IN       EACH       PORT-AU-PRINCE         NEIGHBORHOOD       BY       TRAINING       LOCAL       WATER       BOARD       MEMBERS       AND       INSTALLING         SPECIAL       WATER       TANKS       AND       CHLORINATORS       INTERNATIONAL       ACTION       BELIEVE         THAT       CHLORINATING       THE       MUNICIPAL       WATER       IS       THE       ONLY       SOLUTION       TO       FIGH         2       Did the organization undertake any significant program services during the year which were not listed on       The prior Form 990 or 990-EZ?       TX       Y         1f       "Yes,"       describe these new services on Schedule O.       TY       If       Yes,"       describe these changes on Schedule O.       TY       If       'Yes,"       describe the organization's program service accomplishments for each of its three largest program services, as measured by expense section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expense revenue, if any, for each program service reported.       INTERNATIONAL       ACTION, INC.       INISTALLED       A CHLORINATOR       SYSTEM       THE         INTERNATIONAL       ACTION, INC.       IIAI       INST	MS. I
<ul> <li>Briefly describe the organization's mission:</li> <li>TO CREATE CLEAN, SAFE WATER PROJECTS IN EACH PORT-AU-PRINCE</li> <li>NEIGHBORHOOD BY TRAINING LOCAL WATER BOARD MEMBERS AND INSTALLING</li> <li>SPECIAL WATER TANKS AND CHLORINATORS. INTERNATIONAL ACTION BELIEVE</li> <li>THAT CHLORINATING THE MUNICIPAL WATER IS THE ONLY SOLUTION TO FIGH</li> <li>Did the organization undertake any significant program services during the year which were not listed on</li> <li>the prior Form 990 or 990-EZ?</li> <li>If "Yes," describe these new services on Schedule O.</li> <li>Did the organization cease conducting, or make significant changes in how it conducts, any program services, as measured by expen Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses revenue, if any, for each program service reported.</li> <li>(code:) (Expenses \$ 310, 278. including grants of \$) (Revenue \$) (Revenue \$</li></ul>	PHOID
<ul> <li>Briefly describe the organization's mission:</li> <li>TO CREATE CLEAN, SAFE WATER PROJECTS IN EACH PORT-AU-PRINCE</li> <li>NEIGHBORHOOD BY TRAINING LOCAL WATER BOARD MEMBERS AND INSTALLING</li> <li>SPECIAL WATER TANKS AND CHLORINATORS. INTERNATIONAL ACTION BELIEVE</li> <li>THAT CHLORINATING THE MUNICIPAL WATER IS THE ONLY SOLUTION TO FIGH</li> <li>Did the organization undertake any significant program services during the year which were not listed on</li> <li>the prior Form 990 or 990-EZ?</li> <li>If "Yes," describe these new services on Schedule O.</li> <li>Did the organization cease conducting, or make significant changes in how it conducts, any program services?</li> <li>If "Yes," describe these changes on Schedule O.</li> <li>Did the organization's program service accomplishments for each of its three largest program services, as measured by expen Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses revenue, if any, for each program service reported.</li> <li>4a (code:) (Expenses \$ 310, 278. including grants of \$) (Revenue \$</li> </ul>	THEM
<ul> <li>Briefly describe the organization's mission:</li> <li><u>TO CREATE CLEAN, SAFE WATER PROJECTS IN EACH PORT-AU-PRINCE</u></li> <li><u>NEIGHBORHOOD BY TRAINING LOCAL WATER BOARD MEMBERS AND INSTALLING</u></li> <li><u>SPECIAL WATER TANKS AND CHLORINATORS. INTERNATIONAL ACTION BELIEVE</u></li> <li><u>THAT CHLORINATING THE MUNICIPAL WATER IS THE ONLY SOLUTION TO FIGH</u></li> <li>2 Did the organization undertake any significant program services during the year which were not listed on</li> <li>the prior Form 990 or 990-EZ?</li> <li>If "Yes," describe these new services on Schedule O.</li> <li>3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?</li> <li>If "Yes," describe these changes on Schedule O.</li> <li>4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expen Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expense</li> </ul>	ኮፒአጦ
<ul> <li>Briefly describe the organization's mission: TO CREATE CLEAN, SAFE WATER PROJECTS IN EACH PORT-AU-PRINCE NEIGHBORHOOD BY TRAINING LOCAL WATER BOARD MEMBERS AND INSTALLING SPECIAL WATER TANKS AND CHLORINATORS. INTERNATIONAL ACTION BELIEVE THAT CHLORINATING THE MUNICIPAL WATER IS THE ONLY SOLUTION TO FIGH     </li> <li>Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.     </li> <li>Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O.     </li> </ul>	
<ul> <li>Briefly describe the organization's mission: TO CREATE CLEAN, SAFE WATER PROJECTS IN EACH PORT-AU-PRINCE NEIGHBORHOOD BY TRAINING LOCAL WATER BOARD MEMBERS AND INSTALLING SPECIAL WATER TANKS AND CHLORINATORS. INTERNATIONAL ACTION BELIEVE THAT CHLORINATING THE MUNICIPAL WATER IS THE ONLY SOLUTION TO FIGH Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.</li> </ul>	enses
<ul> <li>Briefly describe the organization's mission: TO CREATE CLEAN, SAFE WATER PROJECTS IN EACH PORT-AU-PRINCE NEIGHBORHOOD BY TRAINING LOCAL WATER BOARD MEMBERS AND INSTALLING SPECIAL WATER TANKS AND CHLORINATORS. INTERNATIONAL ACTION BELIEVE THAT CHLORINATING THE MUNICIPAL WATER IS THE ONLY SOLUTION TO FIGH Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?</li></ul>	Yes X
Briefly describe the organization's mission: TO CREATE CLEAN, SAFE WATER PROJECTS IN EACH PORT-AU-PRINCE NEIGHBORHOOD BY TRAINING LOCAL WATER BOARD MEMBERS AND INSTALLING SPECIAL WATER TANKS AND CHLORINATORS. INTERNATIONAL ACTION BELIEVE THAT CHLORINATING THE MUNICIPAL WATER IS THE ONLY SOLUTION TO FIGH	Yes 🗌
1 Briefly describe the organization's mission: TO CREATE CLEAN, SAFE WATER PROJECTS IN EACH PORT-AU-PRINCE NEIGHBORHOOD BY TRAINING LOCAL WATER BOARD MEMBERS AND INSTALLING	
1 Briefly describe the organization's mission: TO CREATE CLEAN, SAFE WATER PROJECTS IN EACH PORT-AU-PRINCE	
Check if Schedule O contains a response to any question in this Part III	<u></u>
Form 990 (2012)         INTERNATIONAL ACTION, INC.         05-0591194           Part III         Statement of Program Service Accomplishments         05-0591194	94 Pa

	Form 990 (		
1	Part IV	Che	ecklist of Required Schedules

INTERNATIONAL ACTION, INC.

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		х	
•	If "Yes," complete Schedule A	1 2	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	Z	<u></u>	
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	3		
4	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	-		
5	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	5		
Ŭ	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		
'	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	-		
Ŭ	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
-	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		х
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		х
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	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
с	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		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	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
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			v
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			v
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If</i> "Yes," <i>complete Schedule E</i>	13	Х	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Δ	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If</i> "Yes," <i>complete Schedule F, Parts I and IV</i>	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	140	~~	
15	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	15		
10	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10		
.,	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			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Form 990 (2012)

232003 12-10-12

INTERNATIONAL ACTION, INC. Form 990 (2012) INTERNATIONAL ACTI Part IV Checklist of Required Schedules (continued)

			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? If "Yes," complete Schedule I, Parts I and II	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		<u> </u>
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		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			v
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> </u>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			v
~~	Schedule L, Part I	25b		<u> </u>
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified			x
07	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		
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 of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	21		- 21
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		x
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		
•	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		х
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		х
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		Х
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		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
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		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			37
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		v	
	Note. All Form 990 filers are required to complete Schedule O	38	X	

Form **990** (2012)

232004 12-10-12

13460418 745960 19480

Pai	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	<u>1a</u> 7	1		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b C			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and re				
	(gambling) winnings to prize winners?		1c	X	
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	2a 4			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retur		2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions				
	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X
	· · · · · · · · · · · · · · · · · · ·		3b		L
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	•			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	account)?	4a	X	
b	If "Yes," enter the name of the foreign country: ► HAITI				
_	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial A		_		77
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction tax shelter transaction tax shelter transaction tax shelter tax shelter tax shelter transaction tax shelter tax she		5b		
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				v
	any contributions that were not tax deductible as charitable contributions?		<u>6a</u>		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	-			
-	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).	vices provided to the pover?	7-		x
a L	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser		7a 7b		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?		70		<u> </u>
C	to file Form 8282?		7c		x
Ь	If "Yes," indicate the number of Forms 8282 filed during the year				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c		7e		x
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Di				
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at a		8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the organization make any taxable distributions under section 4966?	N/A	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	N/A	9b		
10	Section 501(c)(7) organizations. Enter:				
а	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:				
а	Gross income from members or shareholders	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			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the yearN/A	12b	-		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	<b>NT / 7</b>	-		
а	Is the organization licensed to issue qualified health plans in more than one state?	N/A	13a		
	<b>Note.</b> 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	104			
-	organization is licensed to issue qualified health plans	13b	-		
	Enter the amount of reserves on hand	13c	14-		x
14a h		۵ <u>۰</u>	14a		
D	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	, •	14b	L	L

INTERNATIONAL ACTION, INC.

Form **990** (2012)

0<u>5-0591194 Page</u> 5

232005 12-10-12

Form 990 (2012)

INTERNATIONAL ACTION, INC.

05-0591194 Page 6

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

Check if Schedule O contains a response to a		nuoction in	thic Dart VI	
Check il Schedule O contains a response to a	any c	question in	this Part VI	

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 10	)									
	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 0.										
b	Enter the number of voting members included in line 1a, above, who are independent 1b 10	)									
2											
-	officer, director, trustee, or key employee?	2		х							
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	<u> </u>									
•	of officers, directors, or trustees, or key employees to a management company or other person?	3		x							
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X							
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X							
6	Did the organization have members or stockholders?	6		X							
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or										
74	more members of the governing body?	7a		x							
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or										
~		7b		x							
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:										
-	The governing body?	8a	x								
h	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 reached at the										
Ŭ	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		x							
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)										
			Yes	No							
10a	Did the organization have local chapters, branches, or affiliates?	10a		X							
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	100									
~	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b									
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X								
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.										
	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	12a	Х								
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х								
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe										
	in Schedule O how this was done	12c	x	1							
13	Did the organization have a written whistleblower policy?	13	Х								
14	Did the organization have a written document retention and destruction policy?	14	Х								
15	Did the process for determining compensation of the following persons include a review and approval by independent										
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?										
а	The organization's CEO, Executive Director, or top management official	15a	X								
	Other officers or key employees of the organization	15b		Х							
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).										
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a										
	taxable entity during the year?	16a		Х							
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation										
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's										
	exempt status with respect to such arrangements?	16b									
Sec	tion C. Disclosure										
17	List the states with which a copy of this Form 990 is required to be filed <b>NONE</b>										
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availat	ole								
	for public inspection. Indicate how you made these available. Check all that apply.										
	X Own website X Another's website X Upon request Other (explain in Schedule O)										
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and	nd finai	ncial								
	statements available to the public during the tax year.										
20											
	JEFFERY SEJOUR - 202-488-0735										
	810 L STREET SE, WASHINGTON, DC 20003										
23200 12-10-	12	Form	9 <b>90</b>	(2012)							
	6	<i></i> -									
460	418 745960 19480 2012.05070 INTERNATIONAL ACTION, INC.	194	180_	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 an of 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.

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

Name and Title         Average hours per weak (list any blow of all affectivities) and all affectivities) below         Pepotable and affectivities below         Repotable and affectivities below         Repotable and affectivities         Estimated and related organization (W2/1099MISC)         Estimated and related organization (W2/1099MISC)           (1) LINDEAY MATTISON         40.00 Minet         x         x         29,868.         0.           (3) ANE ZILL         2.00 X         x         x         45,776.         0.         4,668.           (3) ANE ZILL         2.00 X         x         x         0.         0.         0.           (4) WILLIAM CURRY         2.00 X         x         x         0.         0.         0.           (5) VICTOR N. GRINEY         2.00 X         x         x         0.         0.         0.           (6) BETHER BRORS         2.00 X         x         x         0.         0.         0.           (9) THORAR MACCREW, JR.         2.00 X         x         0.         0.         0.         0.           (6) BETHER BRORS         2.00 X         x         0.         0.         0.         0.           (9) THORAR MACCREW, JR.         2.00 X         x         0.         0.         0.         0.	(A)	(B)		(C)					(D)	(E)	(F)
hours per week (list any hours for nelated organizations below, week (list any hours for nelated organizations (W2/1099-MISC)         compensation from melated organizations (W2/1099-MISC)         amount of other compensation from the organizations and related organizations           (1) LINDSAY MATTISON         40.00         X         X         29,868.         0.         0.           (2) YOUNGHIN CLANG CAN DERCOR (THROUGH 12/12)         X         X         40.00         X         X         0.         0.           (3) ANNE ZILL         2.000         X         X         0.         0.         0.           (4) WILLIAM CURRY         2.000         X         X         X         0.         0.         0.           (5) VICTOR N. GRINEV         2.000         X         X         0.         0.         0.           (6) MEDME HVAN LEE         2.000         X         X         0.         0.         0.           (10) NEMER HOUGH 8/13)         X         X         0.         0.         0.         0.           (10) RENE GLIVTER         2.000         X         X         0.         0.         0.           (21 EVENANG HVAN LEE         2.000	Name and Title	Average	(do	Position		Reportable	Reportable	Estimated			
Week (ist ary burs for leaded organizations line)         Week (ist ary burs for leaded organizations line)         Inom burs for leaded organizations (W2/1099/MISC)         Inom organizations (W2/1099/MISC)         Inom organizations (W2/1099/MISC)         Compensation from the organizations (W2/1099/MISC)           (1)         LINDSAY MATTISON         40.00         X         X         29,868.         0.         0.           (2)         YOUNGKIN CHARG ASSOCIATE DIRECTOR (THROUGH 12/12)         X         X         45,776.         0.         4,668.           (3)         ANNE ZILL         2.00         X         X         0.         0.         0.           (4)         WILLIAM CURRY         2.00         X         X         0.         0.         0.           (5)         VICTOR N. GRINEV         2.00         X         X         0.         0.         0.           (6)         HEING HWAN LEE         2.000         X         X         0.         0.         0.           (8)         ALTEME ORKER         2.000         X         X         0.         0.         0.           (6)         HEING HWAN LEE         2.000         X         X         0.         0.         0.           (9)         THOMAS MCCARTHY, JR.         2.000		hours per	box	oox, unless person is both		h an	compensation	compensation	amount of		
(1) LINDSAY MATTISON       40.00       X       X       29,868.       0.       0.         EXECUTIVE DIRECTOR (THROUGH 4/13)       X       X       X       29,868.       0.       0.         ASSOCIATE DIRECTOR (THROUGH 12/12)       X       X       X       45,776.       0.       4,668.         (3) ANNE ZILL       2.00       X       X       0.       0.       0.         (4) WILLIAM CURRY       2.00       X       X       0.       0.       0.         (5) VICTOR N. GRINEV       2.00       X       X       0.       0.       0.         (5) VICTOR N. GRINEV       2.00       X       X       0.       0.       0.       0.         (6) HUNG HWAN LEE       2.00       X       X       0.       0.       0.       0.         (7) ESTHER BROCKS       2.00       X       X       0.       0.       0.       0.         (9) ATRENED FORTI       2.00       X       0.       0.       0.       0.       0.         BOARD MEMBER       2.00       X       0.       0.       0.       0.       0.         (10) RENE DIVERT       2.00       X       0.       0.       0.		week	-	officer and a directo		ector/irustee)					
(1) LINDSAY MATTISON       40.00       X       X       29,868.       0.       0.         EXECUTIVE DIRECTOR (THROUGH 4/13)       X       X       40.00       X       X       45,776.       0.       4,668.         (3) YOUNGHIN CHANG       X       X       45,776.       0.       4,668.         (3) ANNE ZILL       2.00       X       X       0.       0.       0.         (4) WILLIAM CURRY       2.00       X       X       0.       0.       0.       0.         (4) WILLIAM CURRY       2.00       X       X       0.       0.       0.       0.       0.       0.         (5) VICTOR N. GRINEV       2.00       X       X       0.			rector							, and a second s	•
(1) LINDSAY MATTISON       40.00       X       X       29,868.       0.       0.         EXECUTIVE DIRECTOR (THROUGH 4/13)       X       X       40.00       X       X       45,776.       0.       4,668.         (3) YOUNGHIN CHANG       X       X       45,776.       0.       4,668.         (3) ANNE ZILL       2.00       X       X       0.       0.       0.         (4) WILLIAM CURRY       2.00       X       X       0.       0.       0.       0.         (4) WILLIAM CURRY       2.00       X       X       0.       0.       0.       0.       0.       0.         (5) VICTOR N. GRINEV       2.00       X       X       0.			ordi	ee			ated			(W-2/1099-MISC)	
(1) LINDSAY MATTISON       40.00       X       X       29,868.       0.       0.         EXECUTIVE DIRECTOR (THROUGH 4/13)       X       X       40.00       X       X       45,776.       0.       4,668.         (3) YOUNGHIN CHANG       X       X       45,776.       0.       4,668.         (3) ANNE ZILL       2.00       X       X       0.       0.       0.         (4) WILLIAM CURRY       2.00       X       X       0.       0.       0.       0.         (4) WILLIAM CURRY       2.00       X       X       0.       0.       0.       0.       0.       0.         (5) VICTOR N. GRINEV       2.00       X       X       0.			ustee	trust		e	upens		(W-2/1099-MISC)		J. J
(1) LINDSAY MATTISON       40.00       X       X       29,868.       0.       0.         EXECUTIVE DIRECTOR (THROUGH 4/13)       X       X       40.00       X       X       45,776.       0.       4,668.         (3) YOUNGHIN CHANG       X       X       45,776.       0.       4,668.         (3) ANNE ZILL       2.00       X       X       0.       0.       0.         (4) WILLIAM CURRY       2.00       X       X       0.       0.       0.       0.         (4) WILLIAM CURRY       2.00       X       X       0.       0.       0.       0.       0.       0.         (5) VICTOR N. GRINEV       2.00       X       X       0.		J. J	lual tr	tional		loy	st con yee				
(1) LINDSAY MATTISON       40.00       X       X       29,868.       0.       0.         EXECUTIVE DIRECTOR (THROUGH 4/13)       X       X       40.00       X       X       45,776.       0.       4,668.         (3) YOUNGHIN CHANG       X       X       45,776.       0.       4,668.         (3) ANNE ZILL       2.00       X       X       0.       0.       0.         (4) WILLIAM CURRY       2.00       X       X       0.       0.       0.       0.         (4) WILLIAM CURRY       2.00       X       X       0.       0.       0.       0.       0.       0.         (5) VICTOR N. GRINEV       2.00       X       X       0.			ndivic	n stitu	Officer	(ey en	Highes	orme			organizationo
(2) YOUNGMIN CRANG       40.00       X       X       X       45,776.       0.       4,668.         ASSOCIATE DIRECTOR (THROUGH 12/12)       X       X       X       0.       0.       0.         (3) ANNE ZILL       2.00       X       X       0.       0.       0.         (4) WILLIAM CURRY       2.00       X       X       0.       0.       0.         (5) VICTOR N. GRINEV       2.00       X       X       0.       0.       0.         (6) HEUNG HWAN LEE       2.00       X       X       0.       0.       0.         SECRETARY       X       X       0.       0.       0.       0.       0.         (7) ESTHER BROKS       2.00       X       X       0.       0.       0.       0.         BOARD MEMBER       2.00       X       0.       0.       0.       0.       0.         (9) THOMAS MCCARTHY, JR.       2.00       X       0.       0.       0.       0.       0.         BOARD MEMBER       2.00       X       0.       0.       0.       0.       0.         (10) RNE OLIVIER       2.000       X       0.       0.       0.       0.	(1) LINDSAY MATTISON	40.00	-	_		-					
(2) YOUNGMIN CRANG       40.00       X       X       X       45,776.       0.       4,668.         ASSOCIATE DIRECTOR (THROUGH 12/12)       X       X       X       0.       0.       0.         (3) ANNE ZILL       2.00       X       X       0.       0.       0.         (4) WILLIAM CURRY       2.00       X       X       0.       0.       0.         (5) VICTOR N. GRINEV       2.00       X       X       0.       0.       0.         (6) HEUNG HWAN LEE       2.00       X       X       0.       0.       0.         SECRETARY       X       X       0.       0.       0.       0.       0.         (7) ESTHER BROKS       2.00       X       X       0.       0.       0.       0.         BOARD MEMBER       2.00       X       0.       0.       0.       0.       0.         (9) THOMAS MCCARTHY, JR.       2.00       X       0.       0.       0.       0.       0.         BOARD MEMBER       2.00       X       0.       0.       0.       0.       0.         (10) RNE OLIVIER       2.000       X       0.       0.       0.       0.	EXECUTIVE DIRECTOR (THROUGH 4/13)		x		x				29,868.	0.	0.
(3) ANNE ZILL       2.00       X       X       0.       0.       0.         CHAIR       X       X       0.       0.       0.       0.         CHAIR       X       X       0.       0.       0.       0.         PRESIDENT       X       X       0.       0.       0.       0.         C(5) VICTOR N. GRINEV       2.00       X       X       0.       0.       0.         TERASURER       X       X       0.       0.       0.       0.       0.         SECERTARY       X       X       0.       0.       0.       0.       0.       0.         (7) ESTHER BROKS       2.000       X       X       0.       0.       0.       0.         BOARD MEMBER       (THROUGH 8/13)       X       0.       0.       0.       0.       0.         (9) THONAS MCCARTHY, JR.       2.000       X       0.       0.       0.       0.       0.       0.         BOARD MEMBER       X       0.0       0.       0.       0.       0.       0.       0.       0.         IDARD MEMBER       X       0.0       0.       0.       0.       0. <td>(2) YOUNGMIN CHANG</td> <td>40.00</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	(2) YOUNGMIN CHANG	40.00									
CHAIR         X         X         X         X         0.         0.         0.           PRESIDENT         X         X         X         0.         0.         0.         0.           PRESIDENT         X         X         X         0.         0.         0.         0.           TREASURER         X         X         0.         0.         0.         0.         0.           (6) HEUNG HWAN LEE         2.000         X         X         0.         0.         0.         0.           (7) ESTHER BROKS         2.000         X         X         0.         0.         0.         0.           BOARD MEMBER         (HROUGH 8/13)         X         0. <td>ASSOCIATE DIRECTOR (THROUGH 12/12)</td> <td></td> <td>x</td> <td></td> <td>Х</td> <td></td> <td></td> <td></td> <td>45,776.</td> <td>0.</td> <td>4,668.</td>	ASSOCIATE DIRECTOR (THROUGH 12/12)		x		Х				45,776.	0.	4,668.
(4) WILLIAM CURRY       2.00       X       X       X       0.       0.       0.         (5) VICTOR N. GRINEV       2.00       X       X       0.       0.       0.       0.         (5) VICTOR N. GRINEV       2.00       X       X       0.       0.       0.       0.         (6) HEUNG HWAN LEE       2.00       X       X       0.       0.       0.       0.         (7) ESTHER BROOKS       2.00       X       0.       0.       0.       0.       0.         (8) ALFREDO FORTI       2.00       X       0.       0.       0.       0.       0.         (9) THOMAS MCCARTHY, JR.       2.00       X       0.       0.       0.       0.       0.         (10) RENE OLIVIER       2.00       X       0.       0.       0.       0.       0.       0.         (11) DAVID FOTTER       2.00       X       0.	(3) ANNE ZILL	2.00									
PRESIDENT         X         X         X         X         0.         0.         0.           (5)         VICTOR N. GRINEV         2.00         X         X         0.         0.         0.           TREASURER         X         X         X         0.         0.         0.         0.           G(6)         HEUNG HWAN LEE         2.000         X         X         0.         0.         0.           SECRETARY         X         X         0.         0.         0.         0.           BOARD MEMBER (THROUGH 8/13)         X         0.         0.         0.         0.           BOARD MEMBER         2.000         X         0.         0.         0.         0.           BOARD MEMBER         X         0.         0.         0.         0.         0.         0.           BOARD MEMBER         X         0.         0.         0.         0.         0.         0.           (10) RENE OLIVIER         2.000         X         0.         0.         0.         0.         0.           BOARD MEMBER         X         0.         0.         0.         0.         0.           (11) DAVID POTTER         <	CHAIR		Х		Х				0.	0.	0.
(5) VICTOR N. GRINEV       2.00       X       X       0.       0.       0.         (6) HEUNG HWAN LEE       2.00       X       X       0.       0.       0.       0.         (6) HEUNG HWAN LEE       2.00       X       X       0.       0.       0.       0.         BOARD MEMBER       X       0.       0.       0.       0.       0.       0.         BOARD MEMBER       2.00       X       0.       0.       0.       0.       0.         BOARD MEMBER       2.00       X       0.       0.       0.       0.       0.         BOARD MEMBER       X       0.       0.       0.       0.       0.       0.         BOARD MEMBER       X       0.       0.       0.       0.       0.       0.         BOARD MEMBER       X       0.	(4) WILLIAM CURRY	2.00									
TREASURER         X         X         X         X         0.         0.         0.           (6) HEUNG HWAN LEE         2.00         X         X         X         0.         0.         0.         0.           SECRETARY         X         X         X         0.         0.         0.         0.           (7)         ESTHER BROOKS         2.00         X         X         0.         0.         0.           BOARD MEMBER (THROUGH 8/13)         X         0.         0.         0.         0.         0.           BOARD MEMBER         X         0.         0.         0.         0.         0.         0.           BOARD MEMBER         X         0.         0.         0.         0.         0.         0.           BOARD MEMBER         X         0.         0.         0.         0.         0.         0.           BOARD MEMBER         2.00         X         0.         0.         0.         0.         0.         0.           BOARD MEMBER         2.00         X         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0. <td>PRESIDENT</td> <td></td> <td>Х</td> <td></td> <td>Х</td> <td></td> <td></td> <td></td> <td>0.</td> <td>0.</td> <td>0.</td>	PRESIDENT		Х		Х				0.	0.	0.
(6) HEUNG HWAN LEE       2.00       X       X       X       0.       0.       0.         SECRETARY       X       X       X       0.       0.       0.       0.         GOARD MEMBER (THROUGH 8/13)       X       0.       0.       0.       0.       0.         BOARD MEMBER (THROUGH 8/13)       X       0.       0.       0.       0.       0.         BOARD MEMBER (THROUGH 8/13)       X       0.       0.       0.       0.       0.         BOARD MEMBER       X       0.       0.       0.       0.       0.       0.         BOARD MEMBER       X       0.       0.       0.       0.       0.       0.         BOARD MEMBER       Z.000       X       0.       0.       0.       0.       0.         BOARD MEMBER       Z.000       X       0.       0.       0.       0.       0.         I1) DAVID POTTER       Z.000       X       0.       0.       0.       0.       0.         I2) EDWARD RAWSON       Z.000       X       0.       0.       0.       0.       0.         I3) VICTORIA ROWELL       Z.000       X       0.       0.       0	(5) VICTOR N. GRINEV	2.00									_
SECRETARY         X         X         X         X         0.         0.         0.         0.           (7)         ESTHER BROOKS         2.00         X         X         0.			Х		Х				0.	0.	0.
(7) ESTHER BROOKS       2.00       X       0.       0.       0.         BOARD MEMBER (THROUGH 8/13)       X       0.       0.       0.       0.       0.         BOARD MEMBER       X       0.       0.       0.       0.       0.       0.         BOARD MEMBER       X       0.       0.       0.       0.       0.       0.         BOARD MEMBER       X       0.       0.       0.       0.       0.       0.         BOARD MEMBER       X       0.       0.       0.       0.       0.       0.         BOARD MEMBER       X       0. <t< td=""><td></td><td>2.00</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>-</td></t<>		2.00									-
BOARD MEMBER (THROUGH 8/13)         X         0.         0.         0.         0.           (8) ALFREDO FORTI         2.00         X         0. </td <td></td> <td></td> <td>X</td> <td></td> <td>Х</td> <td></td> <td></td> <td></td> <td>0.</td> <td>0.</td> <td>0.</td>			X		Х				0.	0.	0.
(8) ALFREDO FORTI       2.00       X       0.       0.       0.         BOARD MEMBER       X       0.       0.       0.       0.       0.         (9) THOMAS MCCARTHY, JR.       2.00       X       0.       0.       0.       0.         BOARD MEMBER       X       0.       0.       0.       0.       0.       0.         BOARD MEMBER       X       0.       0.       0.       0.       0.       0.         BOARD MEMBER       2.00       X       0.       0.       0.       0.       0.         BOARD MEMBER       2.00       X       0.       0.       0.       0.       0.         BOARD MEMBER       2.00       X       0.       0.       0.       0.       0.         BOARD MEMBER       X       0.       0.       0.       0.       0.       0.       0.         I(1) DAVID POTTER       2.00       X       0.       0.       0.       0.       0.       0.       0.         BOARD MEMBER       2.00       X       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0. <t< td=""><td>(7) ESTHER BROOKS</td><td>2.00</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>-</td></t<>	(7) ESTHER BROOKS	2.00									-
BOARD MEMBERX0.0.0.(9) THOMAS MCCARTHY, JR.2.00X0.0.0.BOARD MEMBERX0.0.0.0.(10) RENE OLIVIER2.00X0.0.0.BOARD MEMBERX0.0.0.0.BOARD MEMBERX0.0.0.0.BOARD MEMBERX0.0.0.0.BOARD MEMBERX0.0.0.0.BOARD MEMBERX0.0.0.0.BOARD MEMBERX0.0.0.0.BOARD MEMBER2.00X0.0.0.BOARD MEMBER2.00X0.0.0.BOARD MEMBER2.00X0.0.0.BOARD MEMBER2.00X0.0.0.BOARD MEMBER2.00X0.0.0.BOARD MEMBERX0.0.0.0.(14) FRANZ STUPPARD2.00X0.0.0.BOARD MEMBER40.00X0.0.0.(15) ZACHARY BREHMER40.00X0.0.0.EXECUTIVE DIRECTOR (BEGAN 4/13)X0.0.0.ASSOCIATE DIRECTOR (BEGAN 4/13)X0.0.0.Image: Director (BEGAN 4/13)Image: Director (BEGAN 4/13)Image: Director (BEGAN 4/13)Image: Director (BEGAN 4/13)			X						0.	0.	0.
(9)THOMAS MCCARTHY, JR.2.00X0.0.0.BOARD MEMBERX0.0.0.0.0.(10)RENE OLIVIER2.00X0.0.0.BOARD MEMBERX0.0.0.0.0.(11)DAVID FOTTER2.00X0.0.0.BOARD MEMBERX0.0.0.0.0.(12)EDWARD RAWSON2.00X0.0.0.BOARD MEMBERX0.0.0.0.0.(13)VICTORIA ROWELL2.00X0.0.0.BOARD MEMBER2.00X0.0.0.0.(14)FRANZ STUPPARD2.00X0.0.0.BOARD MEMBER40.00X0.0.0.0.(15)ZACHARY BREHMER40.00X0.0.0.EXECUTIVE DIRECTOR (BEGAN 4/13)X0.0.0.0.ASSOCIATE DIRECTOR (BEGAN 4/13)X0.0.0.0.		2.00									-
BOARD MEMBER         X         0.         0.         0.         0.           (10) RENE OLIVIER         2.00         X         0.         0.         0.         0.           BOARD MEMBER         X         0.         0.         0.         0.         0.           (11) DAVID POTTER         2.00         X         0.         0.         0.         0.           BOARD MEMBER         X         0.         0.         0.         0.         0.           BOARD MEMBER         2.00         X         0.         0.         0.         0.           BOARD MEMBER         2.00         X         0.         0.         0.         0.           BOARD MEMBER         X         0.0         0.         0.         0.         0.           (14) FRANZ STUPPARD         2.00         X         0.         0.         0.         0. <td< td=""><td></td><td></td><td>X</td><td></td><td></td><td></td><td></td><td></td><td>0.</td><td>0.</td><td>0.</td></td<>			X						0.	0.	0.
(10) RENE OLIVIER       2.00       X       0.       0.       0.         BOARD MEMBER       X       0.       0.       0.       0.       0.         (11) DAVID POTTER       2.00       X       0.       0.       0.       0.         BOARD MEMBER       X       0.       0.       0.       0.       0.       0.         (12) EDWARD RAWSON       2.00       X       0.       0.       0.       0.       0.         BOARD MEMBER       X       0.       0.       0.       0.       0.       0.         (13) VICTORIA ROWELL       2.00       X       0.       0.       0.       0.       0.         BOARD MEMBER (THROUGH 9/13)       X       0.       0.       0.       0.       0.       0.         (14) FRANZ STUPPARD       2.00       X       0. <t< td=""><td></td><td>2.00</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>		2.00									
BOARD MEMBER         X         0.         0.         0.           (11) DAVID POTTER         2.00			X						0.	0.	0.
(11) DAVID POTTER BOARD MEMBER2.00 XX0.0.(12) EDWARD RAWSON BOARD MEMBER2.00 XX0.0.0.BOARD MEMBERX0.0.0.0.(13) VICTORIA ROWELL BOARD MEMBER (THROUGH 9/13)X0.0.0.0.BOARD MEMBER2.00 XX0.0.0.0.BOARD MEMBER (THROUGH 9/13)X0.0.0.0.0.BOARD MEMBER2.00 XX0.0.0.0.BOARD MEMBER40.00 XX0.0.0.0.(15) ZACHARY BREHMER (15) JEACHARY BREHMER40.00 (16) JEFFERY SEJOUR ASSOCIATE DIRECTOR (BEGAN 4/13)X0.0.0.Image: Comparison of the second secon		2.00									
BOARD MEMBERX0.0.0.(12) EDWARD RAWSON2.00X0.0.0.BOARD MEMBERX0.0.0.0.(13) VICTORIA ROWELL2.00X0.0.0.BOARD MEMBER (THROUGH 9/13)X0.0.0.0.BOARD MEMBER (THROUGH 9/13)X0.0.0.0.BOARD MEMBER (THROUGH 9/13)X0.0.0.0.BOARD MEMBER2.00X0.0.0.BOARD MEMBERX0.0.0.0.(14) FRANZ STUPPARDX0.0.0.0.BOARD MEMBER40.00X0.0.0.(15) ZACHARY BREHMER40.00X0.0.0.EXECUTIVE DIRECTOR (BEGAN 4/13)X0.0.0.0.(16) JEFFERY SEJOUR40.00X0.0.0.ASSOCIATE DIRECTOR (BEGAN 4/13)X0.0.0.0.			х						0.	0.	0.
(12) EDWARD RAWSON       2.00       X       0.       0.       0.         BOARD MEMBER       X       2.00       X       0.       0.       0.       0.         (13) VICTORIA ROWELL       2.00       X       0.       0.       0.       0.       0.         BOARD MEMBER (THROUGH 9/13)       X       0.       0.       0.       0.       0.       0.         (14) FRANZ STUPPARD       2.00       X       0.       0.       0.       0.       0.         BOARD MEMBER       X       0.       0.       0.       0.       0.       0.       0.         (14) FRANZ STUPPARD       2.00       X       0. </td <td></td> <td>2.00</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>		2.00									
BOARD MEMBER         X         0.			X						0.	0.	0.
(13) VICTORIA ROWELL2.00X0.0.0.BOARD MEMBER (THROUGH 9/13)X2.00X0.0.0.(14) FRANZ STUPPARD2.00X0.0.0.0.BOARD MEMBERX0.0.0.0.0.(15) ZACHARY BREHMER40.00X0.0.0.0.EXECUTIVE DIRECTOR (BEGAN 4/13)X0.0.0.0.(16) JEFFERY SEJOUR40.00X0.0.0.ASSOCIATE DIRECTOR (BEGAN 4/13)X0.0.0.0.		2.00									
BOARD MEMBER (THROUGH 9/13)       X       0.       0.       0.       0.         (14) FRANZ STUPPARD       2.00       X       0.       0.       0.       0.         BOARD MEMBER       X       0.       0.       0.       0.       0.       0.         BOARD MEMBER       X       0.       0.       0.       0.       0.       0.         (15) ZACHARY BREHMER       40.00       X       0.       0.       0.       0.         EXECUTIVE DIRECTOR (BEGAN 4/13)       X       0.       0.       0.       0.       0.         (16) JEFFERY SEJOUR       40.00       X       0.       0.       0.       0.       0.         ASSOCIATE DIRECTOR (BEGAN 4/13)       X       0.       0.       0.       0.       0.		0.00	X						0.	0.	0.
(14) FRANZ STUPPARD2.00X0.0.0.BOARD MEMBERX0.0.0.0.0.(15) ZACHARY BREHMER40.00X0.0.0.0.EXECUTIVE DIRECTOR (BEGAN 4/13)X0.0.0.0.(16) JEFFERY SEJOUR40.00X0.0.0.0.ASSOCIATE DIRECTOR (BEGAN 4/13)X0.0.0.0.		2.00								0	0
BOARD MEMBERX0.0.0.(15) ZACHARY BREHMER40.00X0.0.0.EXECUTIVE DIRECTOR (BEGAN 4/13)X0.0.0.0.(16) JEFFERY SEJOUR40.00X0.0.0.ASSOCIATE DIRECTOR (BEGAN 4/13)X0.0.0.0.			X						0.	0.	0.
(15) ZACHARY BREHMER       40.00       X       0.00       0.00         EXECUTIVE DIRECTOR (BEGAN 4/13)       X       0.00       0.00       0.00         (16) JEFFERY SEJOUR       40.00       X       0.00       0.00       0.00         ASSOCIATE DIRECTOR (BEGAN 4/13)       X       0.00       0.00       0.00		2.00							0	0	0
EXECUTIVE DIRECTOR (BEGAN 4/13)       X       0.       0.       0.         (16) JEFFERY SEJOUR       40.00       X       0.       0.       0.         ASSOCIATE DIRECTOR (BEGAN 4/13)       X       0.       0.       0.       0.		40.00	X						0.	0.	0.
(16) JEFFERY SEJOUR     40.00     X     0.00     0.00       ASSOCIATE DIRECTOR (BEGAN 4/13)     X     0.00     0.00		40.00			37				0	0	0
ASSOCIATE DIRECTOR (BEGAN 4/13) X O. O. O.		40.00			A				0.	0.	0.
		40.00	-		v				0	0	0
	ASSOCIATE DIRECTOR (BEGAN 4/13)				<u>^</u>				0.	0.	0.
232007 12.10.12 Earm QQD (2012)			{								
	222007 12 10 12		1	I			1		1		Eorm <b>990</b> (2012)

Form 990 (2012)

13460418 745960 19480

2012.05070 INTERNATIONAL ACTION, INC. 19480\_1

7

	990 (2012) INTERNAT									05-0	5911	94	Pag	ge <b>8</b>
Par	t VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	vees	, an	d Hi	ghe	st C		es (continued)				
	(A) Name and title	<b>(B)</b> Average hours per week (list any	box offi	not c , unle	Pos heck ss pe	more rson	than is bot pr/trus	h an	(D) Reportable compensation from the	<b>(E)</b> Reportable compensatic from relatec organization	n I	Esti amo o	<b>(F)</b> mated ount of ther ensation	f
		hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MIS	SC)	orgai and	m the nizatio related nizatior	d
			-											
	Sub-total								75,644.		0.	4	,66	8.
	Total from continuation sheets to Part V								0.		0.			0.
-	Total (add lines 1b and 1c)								75,644.		0.	4	,66	8.
2	Total number of individuals (including but n compensation from the organization	ot limited to th	lose	liste	ed al	bove	e) wr	10 r	eceived more than \$100	0,000 of reportab	le		/es	0 No
3	Did the organization list any <b>former</b> officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i> s					•	-		highest compensated e			3		x
4	For any individual listed on line 1a, is the su and related organizations greater than \$15	um of reportab	le co	omp	ensa	atior	n and	d ot	her compensation from			4		x
5	Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com					-			-	idual for services		5		x
-	tion B. Independent Contractors									•···· ·				
1	Complete this table for your five highest co the organization. Report compensation for								n the organization's tax		npensa			
	(A) Name and business	address	N	ONI	Ξ				<b>(B)</b> Description of s	services	Co	(C) ompens		
2	Total number of independent contractors (i \$100,000 of compensation from the organi	-	iot li	mite	d to		se lis )	stec	d above) who received n	nore than				
232008							-				F	Form <b>9</b>	<b>90</b> (20	)12)

Form 990 (20		INTERNA
Part VIII	Statement	of Revenue

INTERNATIONAL ACTION, INC. 05-0591194 Page 9

		Check if Schedule O cont	tains a response	to any question i	n this Part VIII			
					<b>(A)</b> Total revenue	<b>(B)</b> Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ts s	1 a	Federated campaigns	1a					, í
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues						
∆°°.		Fundraising events						
a ĝi		Related organizations						
inil inil		Government grants (contribut						
rior S	f	All other contributions, gifts, gran	its, and					
ibu		similar amounts not included abo	ve 1f	361,050.				
dut	g	Noncash contributions included in lines	s 1a-1f: \$	56,942.				
aŭ	h	Total. Add lines 1a-1f		▶	361,050.			
				Business Code				
ice	2 a							
er v	b							
Program Service Revenue	С							
Be	d							<u> </u>
ŝ	e							
-		All other program service reve						
_	<u>g</u> 3	Total. Add lines 2a-2f						
	3	Investment income (including other similar amounts)			1,492.			1,492.
	4	Income from investment of ta		I	1/1/20			
	5	Royalties						+
	Ũ		(i) Real	(ii) Personal				
	6 a	Gross rents	<u> </u>					
		Less: rental expenses						
		Rental income or (loss)						
		Net rental income or (loss)		►				
		Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory						
	b	Less: cost or other basis						
		and sales expenses						
	С	Gain or (loss)						
		Net gain or (loss)		🕨				
an	8 a	Gross income from fundraisin	•					
<b>E</b> 1		including \$						
Other Reve		contributions reported on line	,					
her		Part IV, line 18						
đ		Less: direct expenses						
		Net income or (loss) from fund Gross income from gaming ad	-	▶				
	эd	Part IV, line 19						
	h	Less: direct expenses						
		Net income or (loss) from gar						
		Gross sales of inventory, less						
		and allowances						
	b	Less: cost of goods sold						
		Net income or (loss) from sale		🕨				
		Miscellaneous Revenu		Business Code				
	11 a	MISCELLANEOUS		900099	3,640.			3,640.
	b							
	с							
		All other revenue						<u> </u>
	е	Total. Add lines 11a-11d			3,640.			
22000	12	Total revenue. See instructions.		►	366,182.	0.	0.	
23200 12-10-	12							Form <b>990</b> (2012)

9

13460418 745960 19480 2012.05070 INTERNATIONAL ACTION, INC. 19480\_1

12

13

14

Advertising and promotion

#### INTERNATIONAL ACTION, INC.

#### Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response to any question in this Part IX (B) (C)(D) (A) Do not include amounts reported on lines 6b. Management and general expenses Total expenses Program service Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to governments and 1 organizations in the United States. See Part IV, line 21 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 Benefits paid to or for members 4 5 Compensation of current officers, directors, 82,790. 54,236. 13,434. trustees, and key employees 15,120. Compensation not included above, to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 3,190. 7,245. Other salaries and wages 14,876. 4,441. 7 Pension plan accruals and contributions (include 8 section 401(k) and 403(b) employer contributions) Other employee benefits 3,738. 2,606. 292. 840. 9 7,463. 4,403. 1,551. 1,509. Payroll taxes 10 11 Fees for services (non-employees): Management а Legal b 6,510. 3,841. 1,353. 1,316. Accounting С d Lobbying Professional fundraising services. See Part IV. line 17 ρ Investment management fees f Other, (If line 11g amount exceeds 10% of line 25, 21,800. 21,800. column (A) amount, list line 11g expenses on Sch 0.)

174.

27,304.

103.

20,357.

36.

2,908.

15 Royalties 48,407. 33,482. 7,565. 16 Occupancy 22,157. 19,341. 1,400. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings ..... 19 2,427. 1,620. 409. 20 Interest Payments to affiliates 21 15,521. 14,852. 339. 22 Depreciation, depletion, and amortization 2,899. 1,711. 602. 23 Insurance Other expenses. Itemize expenses not covered 24 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.) 68,901. 68,901. PROGRAM SUPPLIES а DONATED GOODS 52,800. 52,800. h 2,272. 3,850. STAFF DEVELOPMENT 800. С 1,666. DUES & SUBSCRIPTIONS 3,102. 352. d 5,249. 3,097. 1,091. е All other expenses 389,968. 310,278. 39,377. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization 26 reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720) 232010 12-10-12 10

13460418 745960 19480

2012.05070 INTERNATIONAL ACTION, INC.

Form **990** (2012)

19480 1

35.

4,039.

7,360.

1,416.

398.

330.

586.

778.

1,084.

1,061.

40,313.

13460418 745960 19480

11 2012.05070 INTERNATIONAL ACTION, INC. 19480\_\_1

INTERNATIONAL ACTION, INC. Form 990 (2012)
Part X Balance Sheet

		Check if Schedule O contains a response to any o	question in this Part X			
				<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing		3,099.	1	21,601.
	2	Savings and temporary cash investments		15,143.	2	1.
	3	Pledges and grants receivable, net		23,000.	3	10,000.
	4	Accounts receivable, net			4	
	5	Loans and other receivables from current and for	mer officers, directors,			
		trustees, key employees, and highest compensate	ed employees. Complete			
		Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified	ed persons (as defined under			
		section 4958(f)(1)), persons described in section 4	1958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section				
s		employees' beneficiary organizations (see instr). C		6		
Assets	7	Notes and loans receivable, net			7	
As	8	Inventories for sale or use		2 200	8	0.000
	9	Prepaid expenses and deferred charges		3,320.	9	2,890.
	10a	Land, buildings, and equipment: cost or other	02 622			
		basis. Complete Part VI of Schedule D		16 221		20 002
		Less: accumulated depreciation	46,324.	10c	30,803.	
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, line 11		12		
	13	Investments - program-related. See Part IV, line 11		13		
	14	Intangible assets		4,500.	14	4,500.
	15 16	Other assets. See Part IV, line 11	95,386.	15 16	69,795.	
	17	Total assets. Add lines 1 through 15 (must equal Accounts payable and accrued expenses		25,605.	17	32,041.
	18	Grants payable		18		
	19	Deferred revenue		19		
	20	Tax-exempt bond liabilities		20		
Ś	21	Escrow or custodial account liability. Complete Pa			21	
Liabilities	22	Loans and other payables to current and former of				
abil		key employees, highest compensated employees				
		Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelate		10,000.	23	10,000.
	24	Unsecured notes and loans payable to unrelated	third parties		24	
	25	Other liabilities (including federal income tax, paya	ables to related third			
		parties, and other liabilities not included on lines 1	7-24). Complete Part X of			
		Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		35,605.	26	42,041.
		Organizations that follow SFAS 117 (ASC 958),				
sec		complete lines 27 through 29, and lines 33 and		111 (00		<b>C</b> OC
lanc	27	Unrestricted net assets		-111,688.	27	686.
Ba	28	Temporarily restricted net assets		171,469.	28	27,068.
pur	29				29	
ц		Organizations that do not follow SFAS 117 (AS	C 958), check here 🕨 📖			
S S	20	and complete lines 30 through 34.			20	
set	30	Capital stock or trust principal, or current funds			30 31	
Net Assets or Fund Balances	31	Paid-in or capital surplus, or land, building, or equ			31	
Nei	32 33	Retained earnings, endowment, accumulated inco		59,781.	32	27,754.
	33 34	Total net assets or fund balances		95,386.	33	69,795.
	34	Total liabilities and net assets/fund balances		55,500	04	

Form **990** (2012)

orm	99	90	(20	12)	)

232012 12-10-12

Form	1990 (2012) INTERNATIONAL ACTION, INC.	05-	-0591194	Pa	ige <b>12</b>
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				
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			68.
3	Revenue less expenses. Subtract line 2 from line 1	3			86.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5		/81.
5	Net unrealized gains (losses) on investments	5		1,8	847.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8	-1	.0,0	88.
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,		_	_	
	column (B))	10	2	7,7	<u>′54.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			Yes	No
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	e O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	te basis	i,		
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	ne 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	nedule C	).		
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 Au	ıdit		
	Act and OMB Circular A-133?		За		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ		dit		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits				
			L a ma		(2012)

INTERNATIONAL ACTION, INC.

Form 990 (2012)

SCHEDULE A	
------------	--

(Form 990 or 990-E2	/
---------------------	---

Department of the Treasury

# **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 **Open to Public** Inspection

Internal	ernal Revenue Service			ttach to Form 990 or Form 990-EZ. ► See separate instructions.							Inspection		
Name	e of t	the organizati	on						E	mployer	identificat	ion nu	mber
			INTERNA	TIONAL ACTIO	N, IN	C.				0	5-0591	.194	
Par	tl	Reason	for Public Char	<b>ity Status</b> (All organiz	ations mu	st complet	e this par	t.) See inst	ructions.				
The o	rgan	ization is not a	a private foundation	because it is: (For lines 1	1 through <sup>-</sup>	11, check	only one b	oox.)					
1 [		A church, co	nvention of churches	s, or association of chur	ches desc	ribed in <b>se</b>	ction 170	(b)(1)(A)(i)					
2 [		A school des	cribed in section 17	<b>'0(b)(1)(A)(ii).</b> (Attach Sc	hedule E.)								
з [		A hospital or	a cooperative hospi	tal service organization of	described	in <b>section</b>	170(b)(1)	(A)(iii).					
4 [		A medical res	earch organization	operated in conjunction	with a hos	pital desci	ribed in <b>se</b>	ction 170	(b)(1)(A)(i	ii). Enter	the hospita	l's nam	ne,
		city, and stat	e:										
5		An organizati	on operated for the	benefit of a college or ur	niversity ov	wned or op	perated by	/ a governi	mental un	it describ	ed in		
-		section 170	(b)(1)(A)(iv). (Comple	ete Part II.)									
6		A federal, sta	te, or local governm	ent or governmental unit	t described	d in <b>sectio</b>	n 170(b)(	1)(A)(v).					
7	Х	An organizati	on that normally rec	eives a substantial part	of its supp	ort from a	governme	ental unit c	or from the	e general	public desc	cribed i	in
г		section 170(	<b>b)(1)(A)(vi).</b> (Comple	te Part II.)									
<b>8</b> [	_	A community	trust described in s	ection 170(b)(1)(A)(vi).	(Complete	Part II.)							
9		An organizati	on that normally rec	eives: (1) more than 33 1	1/3% of its	support f	rom contri	ibutions, m	nembersh	ip fees, a	nd gross re	ceipts	from
		activities rela	ted to its exempt fur	nctions - subject to certa	ain excepti	ons, and (2	2) no more	e than 33 1	/3% of its	s support	from gross	s invest	tment
		income and ι	inrelated business ta	axable income (less sect	tion 511 ta	x) from bu	sinesses a	acquired b	y the org	anization	after June	30, 197	75.
r			509(a)(2). (Complete										
<b>10</b>	_	An organizati	on organized and op	perated exclusively to te	st for publ	ic safety. S	See <b>sectic</b>	on 509(a)(4	4).				
<b>11</b> L		An organizati	on organized and op	perated exclusively for th	ne benefit (	of, to perfo	orm the fu	nctions of,	or to car	ry out the	purposes	of one	or
		more publicly	supported organiza	ations described in section	on 509(a)( <sup>-</sup>	1) or sectio	on 509(a)(2	2). See <b>sec</b>	tion 509	( <b>a)(3).</b> Ch	eck the boy	<pre>&lt; that</pre>	
				organization and comple		•							
г		<b>a</b> 🛄 Type I	<b>b</b> [] Ту	/pe II c └── Ty	Type III - Functionally integrated     d     Type III - Non-functionally integrate							grated	
e		, ,	· •	t the organization is not		•	-			•	•		
				han one or more publicly						9(a)(1) or	section 50	9(a)(2).	
f				ten determination from t	the IRS tha	at it is a Ty	ре I, Туре	II, or Type	e III				
			rganization, check th										. 📖
g				organization accepted ar									i
				irectly controls, either al								Yes	No
				upported organization?									
				n described in (i) above?									
				person described in (i) o							<b>11g(iii</b> )		
h		Provide the fe	ollowing information	about the supported or	ganization	(s).							
			<i>//// –</i> ···	//// <del>-</del>	(iv) le the e	ragnization	(v) Did vo	u notify the	(vi)	s the	<i>. .</i>		
(i) N		of supported	(ii) EIN	(iii) Type of organization (described on lines 1-9	(IV) IS the d in col. (i) lis	organization sted in your		u notify the ion in col.	organizati	on in col.	(vii) Amoun		netary
	orga	anization		above or IRC section		document?		r support?	(i) organiz U.S	zed in the S.?	sup	oport	
				(see instructions))	Yes	No	Yes	No	Yes	No			

Total LHA For Paperwork Reduction Act Notice, see the Instructions for

Schedule A (Form 990 or 990-EZ) 2012

232021 12-04-12

Form 990 or 990-EZ.

#### Schedule A (Form 990 or 990-EZ) 2012 INTERNATIONAL ACTION, INC.

05-0591194 Page 2

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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2008	<b>(b)</b> 2009	<b>(c)</b> 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	289,944.	1,054,290.	568,850.	447,908.	361,050.	2,722,042.
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						
4	Total. Add lines 1 through 3	289,944.	1,054,290.	568,850.	447,908.	361,050.	2,722,042.
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)						792,636.
	Public support. Subtract line 5 from line 4.						1,929,406.
	ction B. Total Support						
	ndar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e)2012 361,050.	(f) Total
7	Amounts from line 4	289,944.	1,054,290.	568,850.	447,908.	361,050.	2,722,042.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties	1	1 0 2 6	<b>F11</b>	0 674	1 400	C F14
	and income from similar sources	1.	1,836.	511.	2,674.	1,492.	6,514.
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		19.			2 6 4 0	2 650
	assets (Explain in Part IV.)		19.			3,640.	3,659. 2,732,215.
	Total support. Add lines 7 through 10					40	780.
	Gross receipts from related activities, First five years. If the Form 990 is for	•	,			12	700•
13	-	•	s first, second, thir	d, tourth, or titth ta	ax year as a sectio	n 501(c)(3)	
Sec	organization, check this box and stop ction C. Computation of Publ	ic Support Pe	rcentage	·····			
	Public support percentage for 2012 (I			column (f))		14	70.62 %
	Public support percentage from 2011		•			15	68.89 %
	<b>33 1/3% support test - 2012.</b> If the c						,
	stop here. The organization qualifies	-					
b	<b>33 1/3% support test - 2011.</b> If the c						is box
	and <b>stop here.</b> The organization qual						
17a	10% -facts-and-circumstances tes						or more.
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"			-	-	-	
b	10% -facts-and-circumstances tes	-	-				
	more, and if the organization meets th						
	organization meets the "facts-and-circ						
18	Private foundation. If the organizatio		-		• • • •		s
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~					dule A (Form 990	

232022 12-04-12

#### 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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 201	2 (f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support (Subtract line 7c from line 6.)						
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 201	2 (f) Total
9	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
	Total support. (Add lines 9, 10c, 11, and 12.)	L					
14	First five years. If the Form 990 is for	-			•		
_	check this box and stop here						▶∟
	ction C. Computation of Publ						
	Public support percentage for 2012 (			column (f))		15	%
	Public support percentage from 2011					16	%
Sec	ction D. Computation of Investion	stment Incom	ne Percentage			- <u>i i</u>	
	Investment income percentage for 20						%
	Investment income percentage from						%
19a	<b>33 1/3% support tests - 2012.</b> If the	organization did	not check the box	on line 14, and lin	e 15 is more than	33 1/3%, and	d line 17 is not
	more than 33 1/3%, check this box a	nd stop here. The	e organization qua	lifies as a publicly	supported organi	zation	▶∟
b	33 1/3% support tests - 2011. If the	organization did	not check a box o	n line 14 or line 19	a, and line 16 is m	ore than 33 1	/3%, and
	line 18 is not more than 33 1/3%, che	ck this box and <b>s</b>	<b>stop here.</b> The org	anization qualifies	as a publicly sup	ported organi	zation
20	Private foundation. If the organization	n did not check a	u box on line 14, 19	a, or 19b, check t	this box and see ir	nstructions	<b>&gt;</b>
	23 12-04-12						rm 990 or 990-EZ) 201
				15		-	-
460	418 745960 19480	20	12.05070	INTERNATI	ONAL ACTI	ON, INC	C. 19480_1

13460418 745960 19480

## Schedule of Contributors

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

OMB No. 1545-0047

2012

Employer identification number

01 330-F1 )	
Department of the Treasury	
Internal Revenue Service	

Schedule B

(Form 990, 990-EZ,

#### Name of the organization

	INTERNATIONAL ACTION, INC.	05-0591194			
Organization type (che	ck one):				
Filers of:	Section:				
Form 990 or 990-EZ	n 990 or 990-EZ ISO1(c)( 3) (enter number) organization				
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation				
	527 political organization				
Form 990-PF	501(c)(3) exempt private foundation				
	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.

□ 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) (2012)

13460418 745960 19480

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 1 Person Payroll 52,800. Noncash X \$ (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 25,000. 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 18,000. 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 15,000. 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 12,300. 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 12,000. Noncash \$ (Complete Part II if there is a noncash contribution.) 223452 12-21-12 Schedule B (Form 990, 990-EZ, or 990-PF) (2012) 17

2012.05070 INTERNATIONAL ACTION, INC.

Employer identification number

(d)

(d)

(d)

X

X

Name of organization INTERNATIONAL ACTION, INC. 05-0591194 Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 7 Person Payroll 11,500. Noncash \$ (Complete Part II if there is a noncash contribution.) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 8 Person Payroll 10,500. Noncash \$ (Complete Part II if there is a noncash contribution.) (b) (c) (a) Total contributions Type of contribution Name, address, and ZIP + 4 No. 9 Person

9		\$10,000.	Person     X       Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
10		\$10,000.	Person X 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
11		\$10,000.	Person X 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
12		\$10,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
223452 12-21	18		990, 990-EZ, or 990-PF) (2012)
13460418	745960 19480 2012.05070 INTERN		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 13 X Person Payroll 7,500. 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) **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) (2012) 223452 12-21-12 19 13460418 745960 19480 2012.05070 INTERNATIONAL ACTION, INC. 19480\_\_1

Schedule B (Form 990, 990-EZ, or 990-PF) (2012)
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
1	CHLORINE TABLETS	_	
		\$52,800.	09/30/13
(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

13460418 745960 19480

2012.05070 INTERNATIONAL ACTION, INC. 19480\_1

Part III	TIONAL ACTION, INC. Exclusively religious, charitable, etc., ind year. Complete columns (a) through (e) and the total of exclusively religious, charitable, e Use duplicate copies of Part III if addition	ividual contributions to section 501( the following line entry. For organizati tc., contributions of <b>\$1,000 or less</b> fo nal space is needed.	c)(7), (8), or (10) organizations that total more than \$1,000 ons completing Part III, enter r the year. (Enter this information once.) \$
a) No. from Part I –	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer of gir and ZIP + 4	ft Relationship of transferor to transferee
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer of given the second seco	ft Relationship of transferor to transferee
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-   -		(e) Transfer of give	
-	Transferee's name, address, a		Relationship of transferor to transferee
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-  -  -		(e) Transfer of gir	
-	Transferee's name, address, a	Ind ZIP + 4	Relationship of transferor to transferee
-			

<b>SCHEDULE I</b>	D
-------------------	---

#### (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.

Nam	e of the organization INTERNATIONAL ACTI	ION, INC.	Employer identification number 05-0591194
Pa			
	organization answered "Yes" to Form 990, Part IV, lir		·
		(a) Donor 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		
5	Did the organization inform all donors and donor advisors in		sed funds
-	are the organization's property, subject to the organization's	-	
6	Did the organization inform all grantees, donors, and donor		
•	for charitable purposes and not for the benefit of the donor		
	impermissible private benefit?		ě 🖂 🦳
Pa	t II Conservation Easements. Complete if the or		
1	Purpose(s) of conservation easements held by the organiza		· · · · · · · · · · · · · · · · · · ·
•	Preservation of land for public use (e.g., recreation or	· · · · · · · · · · · · · · · · · · ·	storically important land area
	Protection of natural habitat		tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qual	lified conservation contribution in the form	of a conservation easement on the last
-	day of the tax year.		Tor a conservation casement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		
	Total acreage restricted by conservation easements		
b	Number of conservation easements on a certified historic st		
d	Number of conservation easements included in (c) acquired		
u		-	2d
3	listed in the National Register Number of conservation easements modified, transferred, re		
5	year	eleased, extinguished, or terminated by th	le organization during the tax
4	Number of states where property subject to conservation ea	asement is located	
5	Does the organization have a written policy regarding the pe		
Ŭ	violations, and enforcement of the conservation easements		
6	Staff and volunteer hours devoted to monitoring, inspecting		
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) abo		
0			
9	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation		
9	include, if applicable, the text of the footnote to the organization		
			s the organization's accounting for
Pa	conservation easements. t III Organizations Maintaining Collections of	of Art. Historical Treasures, or (	Other Similar Assets
	Complete if the organization answered "Yes" to Forn		
12	If the organization elected, as permitted under SFAS 116 (A		ment and balance sheet works of art
iu	historical treasures, or other similar assets held for public ex		
	the text of the footnote to its financial statements that desc		
h			at and balance aboat works of art biotorical
U	If the organization elected, as permitted under SFAS 116 (A		
	treasures, or other similar assets held for public exhibition, e	education, or research in furtherance of p	ublic service, provide the following amounts
	relating to these items:		► ¢
	(i) Revenues included in Form 990, Part VIII, line 1		
~			
2	If the organization received or held works of art, historical tr		al gain, provide
	the following amounts required to be reported under SFAS		
а	Revenues included in Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 232051 12-10-12

20

Schedule D (Form 990) 2012

19480\_\_1

OMB No. 1545-0047

**Open to Public** 

Inspection

ŋ

22

13460418 745960 19480

12.05070	INTERNATIONAL	ACTION,	INC.
----------	---------------	---------	------

<u>Sche</u>		TIONAL ACT						059119		, <b>2</b>
Par	t III Organizations Maintaining C	Collections of A	rt, His	storical Tr	easures, c	or Othe	r Similar A	ssets(cont	inued)	
3	Using the organization's acquisition, access	ion, and other record	ds, che	ck any of the	following that	t are a sig	gnificant use c	of its collecti	on items	
	(check all that apply):									
а	Public exhibition	c	ı 🖳	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	in how <sup>.</sup>	they further t	he organizatio	on's exerr	npt purpose ir	n Part XIII.		
5	During the year, did the organization solicit of	or receive donations	of art, ł	nistorical trea	sures, or othe	er similar :	assets			
	to be sold to raise funds rather than to be m							Yes		ю
Par	t IV Escrow and Custodial Arran		ete if th	e organizatio	n answered "	'Yes" to F	Form 990, Parl	t IV, line 9, c	r	
	reported an amount on Form 990, Pa	rt X, line 21.								
1a	Is the organization an agent, trustee, custod									
	on Form 990, Part X?							_ L Yes		lo
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing	table:			<b></b>			
								Amou	nt	
	Beginning balance									
	Additions during the year									
e	Distributions during the year									
t	Ending balance									_
	Did the organization include an amount on F							. L Yes		ю
Par	If "Yes," explain the arrangement in Part XIII <b>t V</b> Endowment Funds. Complete						<u></u> ו		[]	
1 0		(a) Current year	<b>I</b>	Prior year	· · · · · · · · · · · · · · · · · · ·		d) Three years t	hack (a) Fo	ur veare had	
10	Paginning of year balance	(a) Current year	(0)	FIIOI year					ur yoars bao	'n
1a b	Beginning of year balance Contributions									
0	Net investment earnings, gains, and losses									
с д	Grants or scholarships									
	Other expenditures for facilities									—
C										
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the cur	rent vear end balanc	L ce (line	1a. column (a	I a)) held as:					
- a	Board designated or quasi-endowment	-	%	rg, column (c						
b	Permanent endowment	%								
	Temporarily restricted endowment	%								
-	The percentages in lines 2a, 2b, and 2c show									
3a	Are there endowment funds not in the posse		ation th	nat are held a	nd administe	red for th	e organizatior	ı		
	by:	C C					0		Yes N	。
	(i) unrelated organizations							3a(i)		
	(ii) related organizations									
b	If "Yes" to 3a(ii), are the related organization									
4	Describe in Part XIII the intended uses of the	e organization's endo	owmen	t funds.						
Par	t VI Land, Buildings, and Equipn	nent. See Form 990	), Part X	K, line 10.						
	Description of property	<b>(a)</b> Cost or c basis (investr			or other (other)	• •	cumulated reciation	<b>(d)</b> Bo	ok value	
1a	Land									
	Buildings									
с	Leasehold improvements				2,000.		1,917.		83	
d	Equipment				7,000.		5,827.		1,173	
	Other				4,623.		45,076.		29,547	
Tota	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, colu	ımn (B), line 1	10(c).)		►		30,803	
							<u> </u>	dula D (Car	0001 00	

Schedule D (Form 990) 2012

232052 12-10-12

Schedu	le D (Form 990) 2012	INTERNATION	AL ACTION,	INC.	05	-0591194 Page 3
		Other Securities. See	e Form 990, Part X, I	ine 12.		
(a) Des	scription of security or cate	GOTY (including name of security)	(b) Book value	(c) Method o	f valuation: Cost or end	d-of-year market value
(1) Fina	ncial derivatives					
		S				
(3) Oth	er					
(A)						
(B)						
(C)						
(D)						
(E)						
(F)						
(G)						
(H)						
(I)						
		0, Part X, col. (B) line 12.) 🕨				
Part V		Program Related. Se	ee Form 990, Part X,	line 13.		
	(a) Description of in	vestment type	(b) Book value	(c) Method o	f valuation: Cost or end	d-of-year market value
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						
Total. (C	ol. (b) must equal Form 99	0, Part X, col. (B) line 13.) 🕨				
Part I	X Other Assets.	See Form 990, Part X, line	15.			
		(a)	Description			(b) Book value
(1)	DEPOSIT					4,500.
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						
Total. (0	Column (b) must equal F	orm 990, Part X, col. (B) line	e 15.)			4,500.
Part 2	C Other Liabilitie	<b>es.</b> See Form 990, Part X, I	line 25.			
1.	<b>(a)</b> D	escription of liability		<b>(b)</b> Book value		
	Federal income taxes					
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)					-	
(10)						
(11)						
<u> </u>	Column (b) must eaual F	orm 990, Part X, col. (B) line	e 25.) 🕨			
		In Part XIII, provide the tex		the organization's financ	cial statements that rer	ports the organization's
		sitions under FIN 48 (ASC 7				
		·				edule D (Form 990) 2012

13460418 745960 19480

24 2012.05070 INTERNATIONAL ACTION, INC. 19480\_1

Sche	edule D (Form 990) 2012 INTERNATIONAL ACTION, IN	с.	05-0591194 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial State	ments With Reve	
1	Total revenue, gains, and other support per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains on investments	2a	
b	Donated services and use of facilities		
с	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
с	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		
Pa	rt XII Reconciliation of Expenses per Audited Financial State	ements With Exp	enses per Return
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
с	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
с	Add lines 4a and 4b		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		
Pa	rt XIII Supplemental Information		
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part II, lines 3, bart II, lines 3, 5, and 9; Part II, lines 3, 5, and 9; Part II, lines 3, and 9; Part	art III, lines 1a and 4: F	Part IV, lines 1b and 2b; Part V, line 4; Part

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, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Schedule D (Form 990) 2012

(Form 990) Complete if the organization answered "Yes" to Form Part IV, line 14b, 15, or 16.				2012		
Department of the Treasury Internal Revenue Service			orm 990. See separate instructi	ons.		Open to Public nspection
Name of the organization					Employer identi	•
INTERNATIONAL	ACTION, I	INC.			05-059119	94
Part I General In	formation on A		tside the United States. Comp	lete if the organ		
	Part IV, line 14b.	n maintain ragar	ds to substantiate the amount of its g	ranta and other		
-	-		the selection criteria used to award th			Yes 🗌 No
2 For grantmakers. D United States.	escribe in Part V th	e organization's	procedures for monitoring the use of i	its grants and o	ther assistance out	side the
3 Activities per Region	. (The following Par	t I, line 3 table c	an be duplicated if additional space is	needed.)		-
<b>(a)</b> Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	is a pro describe	vity listed in (d) gram service, e specific type ce(s) in region	(f) Total expenditures for and investments in region
CENTRAL AMERICA AND				HUMANITARIA - PROVIDING DRINKING WA		
THE CARIBBEAN	1	4	PROGRAM SERVICES	INSTALLING	A CHLORINATOR	68,977.
3 a Sub-total	1	. 4				68,977.
<b>b</b> Total from continuati sheets to Part I	on	0 0				0.
c Totals (add lines 3a and 3b)		4				68,977.

**Statement of Activities Outside the United States** 

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. SEE PART V FOR COLUMN (E) DESCRIPTIONS Schedule F (Form 990) 2012

OMB No. 1545-0047

232071 12-10-12

SCHEDULE F (Form 990)

Schedule F (Form 990) 2012

#### 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. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	<b>(d)</b> Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV appraisal, other)
	the grantee or counse	el has provided a section	recognized as charities by the n 501(c)(3) equivalency letter					

27

#### 05-0591194

Page 2

Schedule F (Form 990) 2012

Schedule F (Form 990) 2012	INTERNATIONAL

#### ACTION, INC. 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.

Part III can be duplicated if additional space is needed.

Part III can be duplicated if a	dditional space is need		1				
(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)

28

Page 3

05-0591194

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," 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)	Yes	X 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 <i>Instructions for Form 8621</i> )	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? <i>If</i> "Yes," <i>the organization may be required to file Form 5713, International Boycott Report. (see Instructions for Form 5713)</i>	Yes	X No

Schedule F (Form 990) 2012

13460418 745960 19480

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

232075 12-10-12

#### SCHEDULE M (Form 990)

Department of the Treasury

Internal Revenue Service

## **Noncash Contributions**

Complete if the organizations answered "Yes" on Form

990, Part IV, lines 29 or 30.

Attach to Form 990.

7 L

OMB No. 1545-0047

**Open to Public** . Inspection

Employer identification number 05-0591194

Name of the organization

#### INTERNATIONAL ACTION, INC.

Pai	t I Types of Property		-						
	·	<b>(a)</b> Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribut amounts reported Form 990, Part VIII, lii	on	(d) Method of d noncash contrib	etermin	•	s
1	Art - Works of art				ne rg				
2	Art - Historical treasures								
3	Art - Fractional interests								
4	Books and publications								
5	Clothing and household goods								
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
9	Securities - Publicly traded	X	1	4,14	2.	FMV			
10	Securities - Closely held stock								
11	Securities - Partnership, LLC, or								
	trust interests								
12	Securities - Miscellaneous								
13	Qualified conservation contribution -								
	Historic structures								
14	Qualified conservation contribution - Other								
15	Real estate - Residential								
16	Real estate - Commercial								
17	Real estate - Other								
18	Collectibles								
19	Food inventory								
20	Drugs and medical supplies								
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts								
25	Other $\blacktriangleright$ ( CHLORINE TABL )	X	1	52,80	0.	FMV			
26	Other ()								
27	Other ( )								
28	Other 🕨 ( )								
29	Number of Forms 8283 received by the organi							•	
	for which the organization completed Form 82	83, Part IV,	Donee Acknowled	gement 29	)			0	
								Yes	No
30a	During the year, did the organization receive b								
	at least three years from the date of the initial			•					v
	the entire holding period?						30a		X
	<b>b</b> If "Yes," describe the arrangement in Part II.								
31	Does the organization have a gift acceptance						31		Х
32a	Does the organization hire or use third parties		-						v
-	contributions?						32a		Х
	If "Yes," describe in Part II.								
33	If the organization did not report an amount in	column (c) f	for a type of prope	rty for which column (a	a) is ch	iecked,			
	describe in Part II.			•		<u> </u>			
LHA	For Paperwork Reduction Act Notice, see	the Instruc	tions for Form 99	υ.		Schedule M	(⊦orm	990) (	2012)

13460418 745960 19480

31 2012.05070 INTERNATIONAL ACTION, INC. 19480\_\_1

Part II

SCHEDULE M, PART I, COLUMN (B): THE NUMBER OF CONTRIBUTIONS HAS BEEN

#### REPORTED ON SCHEDULE M, PART I COLUMN (B).

Schedule M (Form 990) (2012)

05-0591194

Page 2

232142 12-20-12

32 2012.05070 INTERNATIONAL ACTION, INC. 19480\_1 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.

OMB No. 1545-0047 Open to Public Inspection

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 2, NEW PROGRAM SERVICES:

DURING 2013, IAI BEGAN THE SUSTAINABILITY INITIATIVE - SEE PART III,

LINE 4A FOR A MORE DETAILED DESCRIPTION.

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

ORGANIZATIONS AND NGO'S.

IN CONJUNCTION WITH OUR CLEAN WATER PROJECTS, WE HAVE SUSTAINED OUR HEALTH CAMPAIGNS TO COMBAT MALNUTRITION AMONGST THE MOST VULNERABLE POPULATION IN HAITI. IN 2013, WE DISTRIBUTED 297,600 ALBENDAZOLE (DE-WORMING) TABLETS AND PROVIDED OVER 22,000 HAITIAN CHILDREN AND 350 PREGNANT MOTHERS WITH VITAMIN A AND MULTIVITAMIN TABLETS TO COMMUNITY THIS CAMPAIGN HAS BEEN A TREMENDOUS SCHOOLS AND HEALTH CLINICS. SUCCESS WITH DEMAND FROM RECIPIENTS INCREASING EACH YEAR.

A MAJOR ACCOMPLISHMENT IN 2013 WAS LAYING THE GROUNDWORK FOR OUR NEW

SUSTAINABILITY INITIATIVE - THE CHLORINE DISTRIBUTION SYSTEM. OVER THE

INTERNATIONAL ACTION HAS WORKED TO BUILD THE FOUNDATION OF PAST YEAR,

THE FIRST CHLORINE DISTRIBUTION CENTER IN PORT-AU-PRINCE BY SECURING

THE FUNDING, COMPLETING THE NECESSARY CONSTRUCTION SURVEY FOR THE

Schedule O (Form 990 or 990-EZ) (2012) LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 232211 01-04-13 33

Schedule O (Form 990 or 990 EZ) (2012)	Page <b>2</b>
Name of the organization INTERNATIONAL ACTION, INC.	Employer identification number $05-0591194$
BUILDING SITE, AND OBTAINING THE SUPPORT OF CRITICAL STAK	EHOLDERS, SUCH
AS THE GOVERNMENT WATER AGENCY AND COMMUNITY LEADERS. IN	OCTOBER, WE
HELD THE FIRST OF FIVE CHLORINE DISTRIBUTION SYSTEM BOARD	MEMBER
TRAININGS IN WHICH 20 LEADERS FROM 10 COMMUNITIES IN THE	WEST
DEPARTMENT WILL OBTAIN IN-DEPTH INSTRUCTION ON INVENTORY	AND FINANCIAL
MANAGEMENT. THE TRAININGS AND THE SUCCESS OF THE CHLORIN	E DISTRIBUTION
SYSTEM WILL EMPOWER THESE COMMUNITIES TO MANAGE THEIR ACC	ESS TO CLEAN
WATER AND IMPROVE THE HEALTH OF THEIR PEOPLE FOR MANY GEN	ERATIONS TO
COME.	

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 ACCOUNTANTS AND REVIEWED BY SENIOR MANAGEMENT. A COPY OF THE FINAL FORM 990 WAS SENT BY REGULAR MAIL TO EACH MEMBER OF THE BOARD ASKING FOR COMMENTS AND SUGGESTIONS. IT WAS ALSO REVIEWED AT THE BOARD'S BIANNUAL MEETING. AFTER ALLOWING TWO WEEKS FOR COMMENTS THE 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 232212 01-04-13 Schedule O (Form 990 or 990-EZ) (2012) 34 13460418 745960 19480 2012.05070 INTERNATIONAL ACTION, INC. 19480\_1 Name of the organization

Employer identification number 05-0591194

EMPLOYEES TO SCRUTINIZE THEIR TRANSACTIONS AND OUTSIDE BUSINESS INTERESTS AND RELATIONSHIPS FOR POTENTIAL CONFLICTS AND TO IMMEDIATELY MAKE SUCH DISCLOSURES.

INTERNATIONAL ACTION, INC.

DISCLOSURES IN THE ORGANIZATION ARE MADE TO THE CHIEF EXECUTIVE OFFICER (OR IF SHE OR HE 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 SHE OR HE 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 ONLY IF ALL OF THE FOLLOWING ARE OBSERVED: THE CONFLICTING INTEREST IS FULLY DISCLOSED, THE PERSON WITH THE CONFLICT OF INTEREST IS EXCLUDED FROM THE DISCUSSION AND APPROVAL OF SUCH TRANSACTION, A COMPETITIVE 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 APRIL 2013.

 
 THE EXECUTIVE DIRECTOR REVIEWS AND APPROVES COMPENSATION FOR ALL OTHER

 232212 01-04-13
 Schedule O (Form 990 or 990-EZ) (2012)

 35
 35

 13460418 745960 19480
 2012.05070 INTERNATIONAL ACTION, INC. 19480\_1

INTERNATIONAL ACT			05-0591194
EMPLOYEES.	ion, inc.		05-0591194
FORM 990, PART VI, SECTION C, L	INE 19: THE C	RGANIZATION'S	STAFF HANDBOOK
CONTAINING THE CONFLICT OF INTE	REST POLICY,	CORPORATE BY-	LAWS AND FINANCI
STATEMENTS ARE SHARED WITH ANY	DONOR WHO REG	QUESTS SUCH DO	CUMENTS. OTHER
REQUESTS ARE CONSIDERED ON A CA	SE BY CASE BA	ASIS.	
232212 )1-04-13			dule O (Form 990 or 990-EZ) (2

## TAX RETURN FILING INSTRUCTIONS

#### FORM 990-T

#### FOR THE YEAR ENDING

SEPTEMBER 30, 2013

INTERNATIONAL ACTION, INC. 810 L STREET SE
WASHINGTON, DC 20003
GELMAN, ROSENBERG & FREEDMAN 4550 MONTGOMERY AVE SUITE 650N BETHESDA, MD 20814-2930
NO AMOUNT IS DUE. THE ORGANIZATION WILL RECEIVE A REFUND IN THE AMOUNT OF \$2,097
NO AMOUNT IS DUE.
DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE CENTER OGDEN, UT 84201-0027
AUGUST 15, 2014
THE RETURN SHOULD BE SIGNED AND DATED.

Form <b>990-T</b> Department of the Treasury	E	REQUEST FOR 45 Exempt Organization Bu (and proxy tax und	sine	ess Income	Tax Return	ן ו	<u>2012</u>
nternal Revenue Service	For c	alendar year 2012 or other tax year beginning $\operatorname{OCT}$			SEP 30, 20	13 <sup>Op</sup> <sub>50</sub>	en to Public Inspect 1(c)(3) Organizations
A X Check box if		Name of organization ( Check box if name	changed	d and see instructions.)		(Employe	er identification num ees' trust, see
address changed						instructio	
<b>B</b> Exempt under section	Print or	INTERNATIONAL ACTION,					-059119
<b>X</b> 501( <b>c</b> )( <b>3</b> ) 408(e) 220(e)	Туре	Number, street, and room or suite no. If a P.O. bo 810 L STREET SE	ox, see i	nstructions.		(See inst	
408(e) 220(e) 408A 530(a)		City or town, state, and ZIP code				-	
529(a)		WASHINGTON, DC 20003					
()	F Grour	exemption number (see instructions)					
at end of year		corganization type <b>X</b> 501(c) corporation	on	501(c) trust	401(a) trust		Other trust
69,795.							
	n's prim	ary unrelated business activity. 🕨					
During the tax year, was	the corp	oration a subsidiary in an affiliated group or a pare	ent-subs	sidiary controlled group	? <b>&gt;</b> [	Yes	No
		ifying number of the parent corporation. 🕨					
	-	JEFFERY SEJOUR			hone number 🕨 2		
Part I Unrelate	d Trac	le or Business Income		(A) Income	(B) Expense	s	(C) Net
1 a Gross receipts or sale							
<b>b</b> Less returns and allo		<b> c</b> Balance►	1c				
		A, line 7)	2				
<b>3</b> Gross profit. Subtrac			3				
4 a Capital gain net incor	ne (attac	h Schedule D)	4a				
		art II, line 17) (attach Form 4797)	4b				
		its	4c				
		ips and S corporations (attach statement)	5				
6 Rent income (Schedu			6				
		ne (Schedule E)	7				
		nd rents from controlled organizations (Sch. F)	8				
		n 501(c)(7), (9), or (17) organization					
(Scriedule G)		me (Schedule I)	9 10				
			11				
		s; attach statement)	12				
13 Total. Combine lines	3 throu	gh 12	13	0	•		
Part II Deductio	ons No	ot Taken Elsewhere (see instructions f		-			
		itions, deductions must be directly connected					
14 Compensation of of	ficers, di	rectors, and trustees (Schedule K)				14	
						15	
						16	
						17	
						18	
						19	
20 Charitable contribut	ions (see	instructions for limitation rules)				20	
21 Depreciation (attach	Form 48	562)					
22 Less depreciation cl	aimed or	Schedule A and elsewhere on return		22a		22b	
						23	
		mpensation plans				24	
25 Employee benefit pr	ograms					25	
26 Excess exempt expe	enses (So	chedule I)				26	
27 Excess readership c	osts (Sc	hedule J)				27	
28 Other deductions (a	ttach sta	tement)				28	
		es 14 through 28				29	
		ncome before net operating loss deduction. Subtra				30	
30 Unrelated business	eduction	(limited to the amount on line 30)				31	
<ul><li>30 Unrelated business</li><li>31 Net operating loss d</li></ul>			rom lin			32	1 0
<ul><li>30 Unrelated business</li><li>31 Net operating loss d</li><li>32 Unrelated business</li></ul>	taxable ii	ncome before specific deduction. Subtract line 31 t					
<ul> <li>30 Unrelated business</li> <li>31 Net operating loss d</li> <li>32 Unrelated business</li> <li>33 Specific deduction (</li> </ul>	taxable ii generally	$^{\$1,000}$ , but see instructions for exceptions) $\dots$				33	1,0
<ul> <li>30 Unrelated business</li> <li>31 Net operating loss d</li> <li>32 Unrelated business</li> <li>33 Specific deduction (</li> <li>34 Unrelated busines)</li> </ul>	taxable ii generally <b>ess tax</b> a		: 33 is g	reater than line 32, ente	r the smaller	33	1,0

Δ	7	Λ	т

	Form 9	990-T (20	012)	INT	ERNATIONA	L ACTION,	INC
l				•			

Pa	art III	Tax Computation										
	35 (	Organizations taxable as corporat	i <b>ons</b> (see instru	ctions for tax co	mputati	on).						
	(	Controlled group members (sectior	is 1561 and 156	63) check here		See instruction	s and:					
	<b>a</b> [	nter your share of the \$50,000, \$2	5,000, and \$9,9	925,000 taxable	income	brackets (in that o	order):					
	(	1) \$	(2) \$			(3) \$						
	b E	nter organization's share of: (1) A	dditional 5% ta	k (not more that	1\$11,75	0) \$						
		2) Additional 3% tax (not more that										
		ncome tax on the amount on line 3						 ▶	► 35c			Ο.
		<b>Frusts taxable at trust rates</b> (see ir										
	Γ	Tax rate schedule or							▶ 36			
	37 I	Proxy tax (see instructions)										
		Fotal. Add lines 37 and 38 to line 3	5c or 36. which	ever applies					39			0.
	nt IV	Tax and Payments		. or or upprice								
		oreign tax credit (corporations atta	ach Form 1118:	trusts attach Fo	rm 1116	6)	40a					
		Other credits (see instructions)										
		General business credit. Attach For										
		Credit for prior year minimum tax (										
		<b>Fotal credits.</b> Add lines 40a throug							40e			
												0.
	42 (	Subtract line 40e from line 39 Other taxes. Check if from: 🔲 Fo	rm 4255	Form 8611	Form	8697 Forn	n 8866	Other (attach statemer	nt) <b>42</b>			•••
												0.
		Payments: A 2011 overpayment cr							. 10			•••
		2012 estimated tax payments							-			
		Tax deposited with Form 8868							-			
		oreign organizations: Tax paid or v							_			
		Backup withholding (see instruction							_			
		Credit for small employer health ins						2,097	,			
		ther eradite and payments:		orm 0400				2,007	-			
	9 (	Form 4136		orm 2439		Total	► 44a					
	45 <sup>-</sup>	10111 4130				Total	44y		45	2	٥c	97.
	45 46 E	<b>Fotal payments.</b> Add lines 44a thro stimated tax penalty (see instruction	uyii 449						45	2	,0,	
		<b>Fax due.</b> If line 45 is less than the t										
		<b>Dverpayment.</b> If line 45 is larger th							47	2	00	97.
		Enter the amount of line 48 you wa						Refunded	40			97.
	49 [ art V						ation (see		49	2	,03	
		y time during the 2012 calendar ye	-					-	account (han	k V	'es	No
		ities, or other) in a foreign country				•		•		<u>к,</u>	63	NU
		unts. If "Yes," enter the name of the				ITI	-22.1, hepon	. OTT OTEIGIT DATIK ATTU	i manciai		x	
2	During	the tax year, did the organization receive, ," see instructions for other forms the org	e a distribution fro	n, or was it the gra			gn trust?			<u>'</u>		X
3		," see instructions for other forms the org the amount of tax-exempt interest									-	
-		Ile A - Cost of Goods S					I/A					
1		tory at beginning of year			-		-		6			
2			2			Cost of goods sol						
2		nases of labor	3					Part I, line 2	7			
-			4a		-	Do the rules of sec			. /		'es	No
		costs (attach statement)	4a 4b		-						<del>5</del> 5	NU
5			5				-	for resale) apply to				
0	TULA	Add lines 1 through 4b Under penalties of perjury, I declare th		d this return, includ	ding acco	mpanving schedules	and statements	s, and to the best of my k	nowledge and	belief. it is tru	e.	
Sig	n	correct, and complete. Declaration of	preparer (other tha	n taxpayer) is base	ed on all ir	nformation of which p	preparer has any	y knowledge.				
Hei				1		ASSOC	ТАТЕ І	DIRECTOR	May the IRS d the preparer sl			ith
		Signature of officer		Date		Title		JINDEION	instructions)?			No
		Print/Type preparer's name		Preparer's sig	nature		Date	Check	if PTIN	21 103		NO
_					naturo		Duto	self- employe				
Pa								Sch chiploye	Ju			
	epar		N ROSE	I INBERC A	- FR	FEDMAN		Firm's EIN	► <u>52</u>	-1392	008	2
Us	se O					SUITE 65	0N		, ,,			-
		Firm's address <b>BET</b>						Phone no.	(301	) 951·	-90	90
2237 ·	11 01- <sup>.</sup>									orm <b>990</b>		
						39					- (4	- · <b>-</b> )
											-	

05-0591194 Page 2

<sup>13460418 745960 19480 2012.05070</sup> INTERNATIONAL ACTION, INC. 19480\_1

## Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

0 1

File a separate application for each return.

If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box

• If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

**Electronic filing** (*e-file*). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/efile* and click on *e-file* for *Charities & Nonprofits*.

#### Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or
File by the due date for filing your return. See instructions.	INTERNATIONAL ACTION, INC.	05-0591194
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>810 L STREET SE</b>	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. WASHINGTON, DC 20003	

Enter the Return code for the return that this application is for (file a separate application for each return)

Application	Return	Application			Return
Is For	Code	Is For C		Code	
Form 990 or Form 990-EZ	01	Form 990-T (corporation)			07
Form 990-BL	02	Form 1041-A		08	
Form 4720 (individual)	03	Form 4720			09
Form 990-PF	04	Form 5227			10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 990-T (trust other than above)	06	Form 8870			12
is for the organization's return for: ▶ □ calendar year or	s in the Un Group Exe and atta required t t organiza , an	FAX No. ►	s is foi <u>memb</u> il	r the whole group, cl ers the extension is The extension	
Change in accounting period     If this application is for Form 990-BL, 990-PF, 990-T, 4720, c					
nonrefundable credits. See instructions.	, •	·······, ·····,	3a	\$	Ο.
<b>b</b> If this application is for Form 990-PF, 990-T, 4720, or 6069,	enter any	refundable credits and			
estimated tax payments made. Include any prior year overp	ayment al	lowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your pa	yment wit	h this form, if required,			
by using EFTPS (Electronic Federal Tax Payment System).	See instru	ctions.	3c	\$	0.
Caution. If you are going to make an electronic fund withdrawal w	vith this Fo	orm 8868, see Form 8453-EO and Form	8879-	EO for payment inst	ructions.
LHA For Privacy Act and Paperwork Reduction Act Notice,	see instru	uctions.		Form <b>8868</b> (Re	v. 1-2013)
223841 01-21-13		40			

13460418 745960 19480

2012.05070 INTERNATIONAL ACTION, INC. 19480\_1

Form	8941
	ent of the Treasury levenue Service

## **Credit for Small Employer Health Insurance Premiums**

OMB No. 1545-2198

Attachment Sequence No. 63

Attach to your tax return.

Information about Form 8941 and its separate instructions is at www irs gov/forms8941

Nam	e(s) shown on return	Ident	tifying number
	INTERNATIONAL ACTION, INC.	05	-0591194
1;	a Enter the number of individuals you employed during the tax year who are considered employees for purposes of this credit (see instructions)	1a	4
11	<ul> <li>Enter the employer identification number (EIN) used to report employment taxes for individuals included on line 1a (see instructions)</li> </ul>	1b	05-0591194
2	Enter the number of full-time equivalent employees you had for the tax year (see instructions). If you entered 25 or more, skip lines 3 through 11 and enter -0- on line 12	2	4
3	Average annual wages you paid for the tax year (see instructions). If you entered \$50,000 or more, skip lines 4 through 11 and enter -0- on line 12	3	22,000.
4	under a qualifying arrangement (see instructions)	4	8,386.
5	Premiums you would have entered on line 4 if the total premium for each employee equaled the average premium for the small group market in which you offered health insurance coverage (see instructions)	5	18,051.
6 7		6	8,386.
	<ul> <li>Tax-exempt small employers, multiply line 6 by 25% (.25)</li> <li>All other small employers, multiply line 6 by 35% (.35)</li> </ul>	7	2,097.
8 9	If line 2 is 10 or less, enter the amount from line 7. Otherwise, see instructions If line 3 is \$25,000 or less, enter the amount from line 8. Otherwise, see instructions	8	2,097. 2,097.
10	Enter the total amount of any state premium subsidies paid and any state tax credits available to you for	10	
11	premiums included on line 4 (see instructions) Subtract line 10 from line 4. If zero or less, enter -0-	11	8,386.
12	Enter the <b>smaller</b> of line 9 or line 11	12	2,097.
13	If line 12 is zero, skip lines 13 and 14 and go to line 15. Otherwise, enter the number of employees included on line 1a for whom you paid premiums during the tax year for health insurance coverage under a qualifying arrangement (see instructions)	13	3
14	Enter the number of full-time equivalent employees you would have entered on line 2 if you only included employees included on line 13	14	3
15	Credit for small employer health insurance premiums from partnerships, S corporations, cooperatives, estates, and trusts (see instructions)	15	
16	Add lines 12 and 15. Cooperatives, estates, and trusts, go to line 17. Tax-exempt small employers, skip lines 17 and 18 and go to line 19. Partnerships and S corporations, stop here and report this amount on Schedule K. All others, stop here and report this amount on Form 3800, line 4h	16	2,097.
17	Amount allocated to patrons of the cooperative or beneficiaries of the estate or trust (see instructions)	17	
18		18	
19	Enter the amount you paid in 2012 for taxes considered payroll taxes for purposes of this credit (see instructions)	19	5,462.
20	Tax-exempt small employers, enter the <b>smaller</b> of line 16 or line 19 here and on Form 990-T, line 44f	20	2,097.
LHA	For Paperwork Reduction Act Notice, see separate instructions.		Form <b>8941</b> (2012)

223001 11-26-12

13460418 745960 19480

#### INTERNATIONAL ACTION, INC.

05-0591194

### Information Needed to Complete Lines 1-3

(a) Individuals Considered Employees	Employee Hours of Service	(c) Employee Wages Paid
1	2,080.	22,955.
2	2,080.	22,955.
3	2,080.	22,955.
4	2,080.	22,954.
Total	8,320.	91,819.
Full-Time Equivalent Employees (FTEs)		
. Enter the total employee hours of service from column (b) above		8,320.
2. Hours of service per FTE		2,080
3. Full-time equivalent employees. Divide line 1 by line 2		4

### **Average Annual Wages**

1.	Enter the total employee wages paid from column (c) above	91,819.
2.	Enter FTEs from line 3 above	4
3.	Average wages. Divide line 1 by line 2	22,000.

217791 05-01-12

Form	8941
------	------

#### INTERNATIONAL ACTION, INC.

05-0591194

Additional Information Needed to	Complete Lines 4-14	1	
(a) Enrolled Individuals Considered Employees	(b) Employer Premiums Paid	(c) Employer State Average Premiums	(d) Enrolled Employee Hours of Service
1	0.	6,017.	
2	0.	6,017.	
3	0.	6,017.	2,080.
		10 051	6 240
Total		18,051.	6,240.
FTE Limitation			
1. Enter the amount from Form 8941, line 7			2,097.
2. Enter the amount from Form 8941, line 2			4
3. Subtract 10 from line 2 (if line 2 is 10 or less, skip to line 6)			
4. Divide line 3 by 15			
5. Multiply line 1 by line 4			
6. Subtract line 5 from line 1. Reported this amount on Form 8941, line 8			2,097.
Average Annual Wages Limitation			
1. Enter the amount from Form 8941, line 8			2,097.
<ol> <li>2. Enter the amount from Form 8941, line 7</li> </ol>			2,097.
3. Enter the amount from Form 8941, line 3			22,000.
4. Subtract 25,000 form line 3			-
5. Divide line 4 by 25,000			
6. Multiply line 2 by line 5			
7. Subtract line 6 from line 1. Reported this amount on Form 8941, line 9			2,097.

#### **FTEs Enrolled in Coverage**

1. E	inter the total enrolled employee hours of service from column (d) above	6,240.
2. H	lours of service per FTE	2,080
3. D	Vivide line 1 by line 2. Report this amount on Form 8941, line 14	3

217792 05-01-12