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Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

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

OMB No 1545-0047

Open to Public Inspection

A	For the	2010 calendar year, or tax year beginning and	ending		
В	Check if applicable	C Name of organization		D Employer identifica	ation number
Г	Addres change	S ACTIONAID USA			
	Name change	Doing Business As		52-22	77575
Ļ	Initial	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	05 4040
Ļ	Termin- ated		900	202-8	35-1240
늗	Amend return Applica	City or town, state or country, and ZIP + 4		G Gross receipts \$	3,453,787.
_	Itiòn pendin			H(a) Is this a group ret	um Yes X No
		SAME AS C ABOVE		for affiliates? H(b) Are all affiliates inclu	
_	Tav.eve	mpt status	or 527	1	st (see instructions)
		E: ► WWW.ACTIONAIDUSA.ORG	0, 02,	H(c) Group exemption	
		organization: X Corporation Trust Association Other	L Year		State of legal domicile: DC
		Summary	10.11		
ه	1 6	Briefly describe the organization's mission or most significant activities AN I	NTERNA	TIONAL AGENC	Y WORKING
Activities & Governance	1	WITH POOR PEOPLE TO END POVERTY AND INJU	STICE	TOGETHER.	
Ĭ	2	Check this box if the organization discontinued its operations or dispo	sed of more	than 25% of its net ass	
ŏ	1 8	Number of voting members of the governing body (Part VI, line 1a)		3	10
ಶ	4 1	Number of independent voting members of the governing body (Part VI, line 1b)		4	10
ies	5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)		5	19
Š	6	Total number of volunteers (estimate if necessary)		6	15
Act		Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.
_	b1	Net unrelated business taxable income from Form 990-T, line 34	<u> </u>	7b	
	١.,	Santah diang and greate (Data VIII line 4h)	-	Prior Year 4,789,570.	3,371,463.
· a		Contributions and grants (Part VIII, line 1h)	<u> </u>	0.	0.
Revenue	i i	Program service revenue (Part VIII, line 2g) nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		13,612.	15,088.
æ		Other revenue (Part VIII, column (A), lines 5, 4, and 70)		13,874.	67,236.
		Fotal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		4,817,056.	3,453,787.
_		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		6,220,409.	3,921,423.
	1 1	Benefits pard to ar for members (Part IX, column (A), line 4)		0.	0.
S	1.1.	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		942,204.	912,912.
nse	16aul	Professional fundraising fees(Part IX, column (A), line 11e)		44,782.	577,121.
Expenses	63	Totall tundra Gin expenses (Gart IX, column (D), line 25) 1,513,6	88.		
ũ	17/	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		722,795.	936,159.
	18	Total expenses. Add lines 1397 (must equal Part IX, column (A), line 25)		7,930,190.	6,347,615.
_,	19-1	Revenue less expenses Subtract line 18 from line 12		<3,113,134.	
Net Assets or	<u> </u>	7	Be	ginning of Current Year	End of Year
Sset	20	Total assets (Part X, line 16)	<u> </u>	6,919,665.	3,587,008.
et	21	Total liabilities (Part X, line 26)	\vdash	1,577,115.	1,138,286.
	22 art II	Net assets or fund balances. Subtract line 21 from line 20 Signature Block		5,342,550.	2,448,722.
_		ties of perjury, I declare that I have examined this return, including accompanying schedule	e and statem	ente and to the hest of my	knowledge and helief it is
		i, and complete. Declaration of preparer (other than officer) is based on all information of w			kilowicage and belief, it is
-	, сопес	t and complete, occuration of prepare (outer than officer) is based on an information of w	men preparer	4-29-1	•
Sig	,,	Signature of officer		Date	
He		ISAAC M. MINTZ, CHIEF FINANCIAL OFFIC	ER.		
	.	Type or print name and title		· · · · · · · · · · · · · · · · · · ·	
_		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Pai	id	FRANK H. SMITH		4/28/11 If self-employed	
Pre	parer	Firm's name RAFFA, PC		Firm's EIN	
Us	e Only	Firm's address 1899 L STREET NW, SUITE 900			
		WASHINGTON, DC 20036		Phone no. 20	2-822-5000
Ма	y the IF	S discuss this return with the preparer shown above? (see instructions)			X Yes No
032	001 02-2	2-11 LHA For Paperwork Reduction Act Notice, see the separate instruct	ions.		Form 990 (2010)



4d Other program services. (Describe in Schedule O.)
(Expenses \$ including gra

including grants of \$

) (Revenue \$

4e Total program service expenses ► 4,273,287.

Form 990 (2010)

SUPPORT TO ORGANIZATIONS IN THOSE COUNTRIES THAT TRACK NATIONAL BUDGETS

Form 990 (2010) ACTIONAID USA
Part'IV Checklist of Required Schedules

-				
			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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	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		NT /	
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	N/	A.
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to			х
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		х
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II			
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X; or provide			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?			٠,,
	If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 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,	44-	х	
	Part VI	11a		_
D	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	11b		х
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	110		
·	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in	1.0		<u> </u>
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
	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	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			١
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	445	Х	
45	and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b		-
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	-13		\vdash
10	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	ٿ		
••	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	х	
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		X
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that			
	operate one or more hospitals must attach audited financial statements (see instructions)	20b		<u> </u>
		Form	990 (2010

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Pai	rt IV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the	1		
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	L
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	<u> </u>	X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No", go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	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		ļ
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	<u> </u>	
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	<u> </u>	X
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			
	Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	<u> </u>	X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			l
	Schedule L, Part III	27	<u> </u>	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV		l	
	instructions for applicable filing thresholds, conditions, and exceptions)	ļ	1	
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	<u> </u>	X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	ļ	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	-	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			١.,
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			,,
	If "Yes," complete Schedule N, Part I	31	1	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			۱
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	 	X
34	Was the organization related to any tax-exempt or taxable entity?			١.,
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	-	X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35	ـ	Х
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of		1	
	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	>	1	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable related organization?		1	
	If "Vas " complete Schedule P. Port V. line 2	1 20	1	ιX

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37

Х

37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?

Note. All Form 990 filers are required to complete Schedule O

Par	T'V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response to any question in this Part V			<u> </u>
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	9		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b	0		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(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	19		
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		<u> </u>
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country:	_		
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	_5b		X
		<u>5c</u>		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solici			v
	any contributions that were not tax deductible?	6a		<u> </u>
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).	nuor0 =-		Х
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the p			
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		_
С	1	7c		х
	to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year 7d	70	\vdash	
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	71		X
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required			
•	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 109			
8		N/A		
•	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year	l l		İ
9	Sponsoring organizations maintaining donor advised funds.			
а		N/A 9a		
b		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 N/A 10b			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		<u> </u>
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	<u> </u>	 	
а	is the organization licensed to issue qualified health plans in more than one state?	13a		<u> </u>
	Note. See the instructions for additional information the organization must report on Schedule O			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			v
14a		14a	 	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	990	(2010)
		Form	フプリ	(2010)

Pai	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions	"No" r	espon	ise
,	Check if Schedule O contains a response to any 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 10			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 10			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customanly performed by or under the direct supervision			
	of officers, directors or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 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	Does the organization have members or stockholders?	6		X
	Does the organization have members, stockholders, or other persons who may elect one or more members of the		_	
	governing body?	7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			
Ŭ	by the following:			
а	The governing body?	8a	X	1
	Each committee with authority to act on behalf of the governing body?	8b	X	\vdash
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	ÜD		
•	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.)			
	TOTAL DE L'OTTO CONTROL D'OCCUON D'OCCU		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a	100	X
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,	.00		
Ü	and branches to ensure their operations are consistent with those of the organization?	10b		
110	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	\vdash
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	110		\vdash
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give use	120		
	to conflicts?	12b	X	
_	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
·	in Schedule O how this is done	12c	Х	
13	Does the organization have a written whistleblower policy?	13	X	
14	Does the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			\vdash
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
_	The organization's CEO, Executive Director, or top management official	15a	X	
	Other officers or key employees of the organization	15b	X	\vdash
U	• • •	130		
16-	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
iva	taxable entity during the year?	160		x
		16a		
บ	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's	16b		
500	exempt status with respect to such arrangements? tion C. Disclosure	100		
	List the states with which a copy of this Form 990 is required to be filed ►MD , VA			
17		·	_	
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available	ior		
	public inspection. Indicate how you make these available. Check all that apply. X Own website Another's website X Upon request			
40		nd 6:	no:-!	
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, at	iu iina	ricial	
00	statements available to the public.	.		
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organiza ISAAC M. MINTZ, CFO $-202-370-9914$	uori. 📂	_	
	1420 K STREET, NW, SUITE 900, WASHINGTON, DC 20005-2507			
	TITO IL DILLIA DOLLA DOL	Form	990	(2010)
03200	6 -	1 01111	J-3-0	(2010)

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

Check if Schedule O contains a response to any question in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
 Enter -0- in columns (D), (E), and (F) if no compensation was paid
 List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

(A)		(C)					(D)	(E)	(F)		
Name and Title	Average	١	Position (check all that apply)					Reportable	Reportable	Estimated	
·	hours per week (describe hours for related organizations in Schedule O)	rustee or director	Institutional trustee	Officer		Highest compensated de employee	Ï	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations	
JEFF WHISENANT											
CHAIR	6.00	X		Х				0.	0.	0.	
ANDY MOTT											
PAST CHAIR	4.00	X		X				0.	0.	0.	
LESLIE ALLEN											
VICE CHAIR	2.00	X		Х				0.	0.	0.	
ELEANOR CICERCHI								_	_	_	
SECRETARY	2.00	Х		Х		<u> </u>		0.	0.	0.	
LUIS GUARDIA		1					1	_		_	
TREASURER	2.00	Х		Х		ļ	<u>_</u>	0.	0.	0.	
KUMIKI GIBSON								_	_		
BOARD MEMBER	2.00	X	_		<u> </u>	<u> </u>	<u> </u>	0.	0.	0.	
JEAN KAMAU .		l							•		
BOARD MEMBER	2.00	X	_	<u> </u>		<u> </u>	<u> </u>	0.	0.	0.	
CRISTINA LOPEZ	1							_		_	
BOARD MEMBER	1.00	X	_	_	_	<u> </u>	<u> </u>	0.	0.	0.	
MICHAEL ROONEY	2 00	\ •						0.	0	_	
BOARD MEMBER	2.00	Х	<u> </u>	├		├	├	0.	0.	0 .	
RAMESH SINGH - UNTIL 5/10	2 00	x						0.	0.	0.	
BOARD MEMBER JILLY STEPHENS - UNTIL 9/10	2.00	^	-	_	_	<u> </u>	⊢	0.	U •	0 (
BOARD MEMBER	2.00	x						0.	0.	0.	
ELLEN TELLER	2.00	₽	┝	\vdash	⊢	⊢	⊢	0.		<u> </u>	
BOARD MEMBER	2.00	x			ĺ			0.	0.	0.	
MELISSA WYERS	2.00	<u> </u>	-	├	-		├─	•	0.		
BOARD MEMBER	2.00	x						0.	0.	0.	
PETER O'DRISCOLL	2.00	^	-	-		╁	-		0.	•	
EXECUTIVE DIRECTOR	40.00			x				123,160.	0.	25,453	
ISAAC M. MINTZ	1	\vdash		† 	\vdash	\vdash	\vdash				
CHIEF FINANCIAL OFFICER	40.00			х				90,300.	0.	18,733	
RANDI HOGAN	- 	 	 	Ť	T	\vdash	\vdash				
CHIEF DEVEL. OFFICER	40.00					х		120,000.	0.	25,200	

032007 12-21-10

	(A) Name and title	(B) Average hours per	(c		Pos		n : app	olv)	(D) Reportable compensation	(E) Reportable compensatio				
		week (describe hours for related organizations in Schedule O)	al trustee or director	Institutional trustee	Officer		Highest compensated employee	employee Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MIS	l s	com fr org an-	other	ation e tion ted
			_	_										
								-						
			 	-		-		-						
				_										
							ļ							
							ļ							
		<u> </u>	<u> </u>			<u> </u>	<u> </u>		222 460				~ -	0.0
	Sub-total Total from continuation sheets to Part \	III Continu A							333,460.		00.	<u> </u>	9,3	86.
	Total (add lines 1b and 1c)	ii, Section A							333,460.		0.	6	9,3	-
2	Total number of individuals (including but compensation from the organization	not limited to th	nose	liste	ed al	bove	e) wl	no r	eceived more than \$100	0,000 in reportable	е			2
3	Did the organization list any former office line 1a? If "Yes," complete Schedule J for			, ke	y em	plo	yee,	or t	nighest compensated er	mployee on		3	Yes	No X
4	For any individual listed on line 1a, is the s			omp	ensa	atıor	n and	d ot	her compensation from	the organization				
5	and related organizations greater than \$15 Did any person listed on line 1a receive or									idual for convices		4		Х
	rendered to the organization? If "Yes," cor	•				•		Cial	ed organization of indiv	idual foi services		5		X
	tion B. Independent Contractors													
1	Complete this table for your five highest c the organization	ompensated in	dep	ende	ent c	onti	racto	ors t	that received more than	\$100,000 of com	pens	ation i	from	
	(A) Name and busines								(B) Description of s		С	ompe		'n
	NDRAISING INITIATIVES, REET NORTH, 2ND FL., A								FACE TO FACE FUNDRAISING			52	4,5	99.
								_						
							_							
								\dashv						
	Total number of independent contractors	(including but r		mite	d to	the	se le	ster	1 ahove) who received n	ore than				
~	Total Homber of independent contractors	monument but I	.011		J 10	1110	JU 11	31 5 6	a above, with tecetagn it	ioic triari				

\$100,000 in compensation from the organization

1

Pa	rt'VII	Statement of Rever	nue					
	•				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
the state	1 a	Federated campaigns	1a					
Contributions, gifts, grants and other similar amounts	b	Membership dues	1b					
is, g	С	Fundraising events	1c					
a ait	d	Related organizations	1d					
ž,	е	Government grants (contribut	ions) 1e]			
tion s	f	All other contributions, gifts, gran	ts, and					
ğş.		similar amounts not included abor	ve 1f 3,	371,463.				
받	g	Noncash contributions included in lines	1a-1f \$	5,884.				
ပ္သန္မ	h	Total. Add lines 1a-1f			3,371,463.			
				Business Code				
e	2 a		Ï]			
اه چَ	b							
Program Service Revenue	С							
	d							
<u>6</u> —	е							
۳	f	All other program service reve	enue					
\Box	g	Total. Add lines 2a-2f						
1	3	Investment income (including	dividends, intere	est, and				
		other similar amounts)		>	15,088.			15,088.
	4	Income from investment of tax	x-exempt bond p	roceeds				
	5	Royalties		> _				
			(ı) Real	(II) Personal				
	6 а	Gross Rents						
	b	Less: rental expenses						
	С	Rental income or (loss)		_	_			
	d	Net rental income or (loss)						<u> </u>
	7 a	Gross amount from sales of	(i) Secunties	(ıi) Other				
		assets other than inventory			<u> </u>			
	b	Less cost or other basis						
		and sales expenses]			
į	c	Gain or (loss)						
- 1	d	Net gain or (loss)		> _				
9	8 a	Gross income from fundraising	g events (not					
		including \$	of					
<u>ا</u> ۾		contributions reported on line	1c). See					
Other Rever		Part IV, line 18	а		_			
₹		Less direct expenses	b		-			
l		Net income or (loss) from fund	_	<u> </u>				ļ
- 1	9 a	Gross income from gaming ac	tivities See					
l		Part IV, line 19	a		1			
		Less: direct expenses	b		4			
i		Net income or (loss) from gam	-	<u> </u>				-
	10 a	Gross sales of inventory, less						
ŀ		and allowances	a		-			
i		Less cost of goods sold	b					
ŀ	с	Net income or (loss) from sale					 	
}	44 :	Miscellaneous Revenu MANAGEMENT FEE	е	Business Code 900099	50,390.			50 300
		SUBLEASE INCOME	1	900099	16,846.			50,390.
ł	b	CODULADE INCOME	<u> </u>	700033	10,040.			10,040.
	C	All other revenue	. ,					<u> </u>
	d	All other revenue			67,236.			<u> </u>
	40 40	Total. Add lines 11a-11d Total revenue. See instructions.			3,453,787.	0.	0,	82,324.
03200 12-21	12	TOTAL TEVERNE. SEE INSURCIONS.		<u> </u>	7, 233, 101.	<u></u>		Form 990 (2010)
12-21	- 10							1 01111 3 3 0 (20 10)

Form 990 (2010) ACTIONAID USA Part'IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns

	All other organizations must comp				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and			¨	
	organizations in the U.S. See Part IV, line 21	45,000.	45,000.		·
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16	3,876,423.	3,876,423.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	2== 646	50.000	450 555	40 040
	trustees, and key employees	257,646.	50,028.	158,575.	49,043
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and	}			
	persons described in section 4958(c)(3)(B)		440 505	100 000	050 000
7	Other salaries and wages	494,676.	118,505.	123,932.	252,239.
8	Pension plan contributions (include section 401(k)	- 100	4.50	4 650	4 268
	and section 403(b) employer contributions)	6,189.	172.	1,650.	4,367. 50,459.
9	Other employee benefits	99,071.	22,195.	26,417.	50,459
10	Payroll taxes	55,330.	11,600.	19,093.	24,637.
11	Fees for services (non-employees)				
а	Management				
b	Legal	57.		57.	
С	Accounting	49,604.		49,604.	
d	Lobbying	20,618.	20,618.		
е	Professional fundraising services. See Part IV, line 17	577,121.		<u> </u>	577,121.
f	Investment management fees	104 545	20 000	0.7.050	424 212
g	Other	491,546.	30,275.	27,059.	434,212.
12	Advertising and promotion	595.	100	131.	464.
13	Office expenses	66,809.	182.	48,687.	17,940.
14	Information technology	10,740.		10,740.	
15	Royalties	105 060	07 705	45 224	E2 242
16	Occupancy	125,262.	27,785.	45,234.	52,243.
17	Travel	73,037.	34,814.	29,209.	9,014.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials		21 FCA		22 005
19	Conferences, conventions, and meetings	54,549.	21,564.		32,985
20	Interest				
21	Payments to affiliates	22 207	17 120	10,207.	8,964.
22	Depreciation, depletion, and amortization	33,297.	14,126.	5,491.	0,904.
23	Insurance	5,491.		5,491.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line				
	24f amount exceeds 10% of line 25, column (A)				
	amount, list line 24f expenses on Schedule 0.)	<u>, , , , , , , , , , , , , , , , , , , </u>		4,554.	·
a	MISCELLANEOUS	4,554.		4,334.	
þ					
C					
d					
e		 			
f	All other expenses	6,347,615.	4,273,287.	560,640.	1,513,688
25	Total functional expenses. Add lines 1 through 24f	0,341,013.	4,413,401.	300,040.	1,313,000
26	Joint costs. Check here I if following SOP				
	98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a				
	combined educational campaign and fundraising				
	solicitation				5 000 (0040

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•	•			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		1,894,332.	1	844,541
	2	Savings and temporary cash investments		1,348,216.	2	2,007,844
	3	Pledges and grants receivable, net		3,595,978.	3	663,408
	4	Accounts receivable, net		5,884.	4	42,404
	5	Receivables from current and former officers, di	rectors, trustees, key			
		employees, and highest compensated employe	es. Complete Part II			
		of Schedule L	·		5	
	6	Receivables from other disqualified persons (as	defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of sec				
		employees' beneficiary organizations (see instru			6	
733513	7	Notes and loans receivable, net	•		7	-
22	8	Inventories for sale or use			8	
`	9	Prepaid expenses and deferred charges		15,089.	9	1,942
		Land, buildings, and equipment cost or other	1 1			
		basis Complete Part VI of Schedule D	10a 206,530	.		
	ь	Less. accumulated depreciation	10b 190,032	49,795.	10c	16,498
	11	Investments - publicly traded securities			11	
	12	Investments - other secunties. See Part IV, line	11		12	
	13	Investments - program-related. See Part IV, line			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		10,371.	15	10,371
	16	Total assets. Add lines 1 through 15 (must equ	al line 34)	6,919,665.	16	3,587,008
	17	Accounts payable and accrued expenses	,	103,256.	17	152,739
	18	Grants payable		1,429,491.	18	958,323
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
2	21	Escrow or custodial account liability. Complete	Part IV of Schedule D	· · · · · · · · · · · · · · · · · · ·	21	
	22	Payables to current and former officers, directo	rs, trustees, key employees,			
Š		highest compensated employees, and disqualif	ied persons. Complete Part II			
3		of Schedule L			22	_
	23	Secured mortgages and notes payable to unrel	ated third parties		23	
	24	Unsecured notes and loans payable to unrelate	d third parties		24	
	25	Other liabilities. Complete Part X of Schedule D		44,368.	25	27,224
	26	Total liabilities. Add lines 17 through 25		1,577,115.	26	1,138,286
		Organizations that follow SFAS 117, check h	ere 🕨 🐰 and complete			
<i>(</i>)		lines 27 through 29, and lines 33 and 34.				
2	27	Unrestricted net assets		1,633,336.	27	1,623,522
<u>0</u>	28	Temporanly restricted net assets		3,709,214.	28	825,200
Net Assets of Fund Balances	29	Permanently restricted net assets			29	
5		Organizations that do not follow SFAS 117, o	heck here 🕨 🔲 and			
5		complete lines 30 through 34.				
3	30	Capital stock or trust principal, or current funds			30	
3	31	Paid in or capital surplus, or land, building, or ea			31	
	32	Retained earnings, endowment, accumulated in	ncome, or other funds		32	
Ž	33	Total net assets or fund balances		5,342,550.	33	2,448,722
	34	Total liabilities and net assets/fund balances		6,919,665.	34	3,587,008

Form	990 (2010) ACTIONAID USA	52-227	7575	Pag	_{je} 12
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	3,45	3,7	<u>87.</u>
2	Total expenses (must equal Part IX, column (A), line 25)		6,34		
3	Revenue less expenses. Subtract line 2 from line 1		2,89		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5,34	2,5	<u>50.</u>
5	Other changes in net assets or fund balances (explain in Schedule O)	5			
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	2,44	<u>B,7</u>	22.
Pa	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				<u>Ш</u>
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u>X</u>
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a			
	separate basis, consolidated basis, or both:		1 1	i	
	Separate basis Consolidated basis Both consolidated and separate basis		1 1		
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?		3a		<u>X</u>
ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990 (2010)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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.

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

OMB No 1545-0047

2010

Open to Public Inspection

varie or t	ile oi gailizati	ACTIONA	TD IIGA					-"		2-2277.		iibei
Part I	Reason		ty Status (All organiz	rations mus	st complet	e this nart	\ See inst	ructions		4411	5 / 5	
			because it is: (For lines									
1		•	s, or association of chur	-		•	•	ı				
2 🗀	-		•		iinea iii se	CHOII 170	(D)(1)(A)(1)	•				
			0(b)(1)(A)(ii). (Attach Sc	•		470/5/4/	A 1/:::1					
3	•		tal service organization					/LV/4V/AV:::	i) Entert	ha haanital'		_
4 📖	city, and state		operated in conjunction	with a nos	pitai descr	ibea in se	ction 170		i). Enter ti	ne nospital	SHam	ъ,
5	•		benefit of a college or u	niversity ov	wned or op	erated by	a governi	mental uni	t describe	ed in		-
	section 170	(b)(1)(A)(iv). (Comple	ete Part II)									
6 🖳	A federal, sta	te, or local governm	ent or governmental uni	t described	d in sectio	n 170(b)(1)(A)(v).					
7 X	An organizati	on that normally rec	eives a substantial part	of its supp	ort from a	governme	ntal unit c	r from the	general p	oublic descr	nbed in	n
	section 170(l	b)(1)(A)(vi). (Comple	te Part II.)									
8 🗔	A community	trust described in s	ection 170(b)(1)(A)(vı).	(Complete	Part II.)							
9 🔲	An organizati	on that normally rec	eives: (1) more than 33	1/3% of its	support fr	om contri	butions, m	nembershij	p fees, ar	nd gross rec	eipts	from
	activities relat	ted to its exempt fur	nctions - subject to certa	ain excepti	ons, and (2	2) no more	than 33 1	/3% of its	support	from gross	ınvest	ment
	income and u	inrelated business ta	axable income (less sect	tion 511 ta	x) from bu	sinesses a	cquired b	y the orga	nization a	after June 3	0, 197	5.
		509(a)(2). (Complete	•		•		·					
10			perated exclusively to te	st for publi	c safety. S	ee sectio	n 509(a)(4	I).				
11 🔲	-	-	perated exclusively for the						y out the	purposes o	f one (or
	•	-	itions described in secti		•							
•		••• —	organization and compl		_				. —	1		
	a L Type I			: Ш Тур		-	=		d∟	Type III · C		
e			t the organization is not		-	-	-					n
		_	han one or more publicly						8(a)(1) or s	section 509	(a)(2).	
f	If the organiz	ation received a writ	ten determination from	the IRS tha	at it is a Ty	pe I, Type	II, or Type	e III				_
	supporting or	rganization, check th	nis box									L
g	Since August	t 17, 2006, has the o	rganization accepted ar	ny gift or co	ontribution	from any	of the foll	owing pers	sons?	ı		
	(i) A persor	n who directly or ind	irectly controls, either al	lone or tog	ether with	persons d	lescribed	in (ii) and (ııı) below,		Yes	No
	the gove	erning body of the si	upported organization?						11g(i)			
	(ii) A family	member of a persor	n described in (i) above?	1					11g(ii)			
	(iii) A 35% d	controlled entity of a	person described in (i)	or (II) above	∍?			11g(iii)				
h	Provide the fo	ollowing information	about the supported or	ganization	(s).							
	1		(iii) Type of	(1) 1 Ab		(a) Dad ass		(vi) Is	the [
	of supported	(ii) EIN	organization	P /	rganization sted in your	organizat	notify the	Lorganizátio	on in col. I	(vii) Am		f
orga	anization		(described on lines 1-9		document?	(i) of your		(i) organız U.S	ed in the	supp	orτ	
			above or IRC section (see instructions))	Yes	No	Yes	No	Yes	No			
			(acc mondationa)/	163	140	165	140	163	140			
	•										-	
											-	
				 					 			
Total												
	Paperwork Re	duction Act Notice	see the Instructions f	or				Schedul	e A (Forn	n 990 or 99	0-FZ)	2010

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Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2010 ACTIONAID USA 52-2277575 Page 2

Part'll 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) Section A. Public Support

Cale	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
	Gifts, grants, contributions, and	(4) 2000	(5) 2001	(0) 2000	(4) 2000	(6) 2010	17 10.0.
•	membership fees received. (Do not						
	include any "unusual grants.")	12479036.	4632523.	4922840.	4789570.	3371463.	30195432.
2	Tax revenues levied for the organ-						
_	ızatıon's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities		<u> </u>				
_	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	12479036.	4632523.	4922840.	4789570.	3371463.	30195432.
	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)						19369606.
6	Public support. Subtract line 5 from line 4						10825826.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨		(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7	Amounts from line 4	12479036.	4632523.	4922840.	4789570.	3371463.	30195432.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources		12,196.	26,373.	27,486.	31,934.	97,989.
9	Net income from unrelated business						
	activities, whether or not the	,					ļ
	business is regularly carried on						
10	Other income. Do not include gain						•
	or loss from the sale of capital						
	assets (Explain in Part IV.)		4,061.			50,390.	
11	• • • • • • • • • • • • • • • • • • • •						30347872.
12	Gross receipts from related activities		•			12	
13	First five years. If the Form 990 is fo	_	s first, second, thir	d, fourth, or fifth to	ax year as a sectio	n 501(c)(3)	. \square
200	organization, check this box and stoction C. Computation of Pub	p here	roontogo	=	 		<u> </u>
							35.67 %
	Public support percentage for 2010 (-	column (f))		14	22 06
	15 Public support percentage from 2009 Schedule A, Part II, line 14 16 33 1/3% support test - 2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and						
108	• •	-			14 15 33 1/3% 01 11	iore, check this bo	x and ▶X
	stop here. The organization qualifies 33 1/3% support test - 2009. If the control is the control		-		line 15 ic 22 1/20/	or more check th	
	and stop here. The organization qua	_			1118 13 13 33 17370	or more, check tr	IIS DOX ►
17:	10% -facts-and-circumstances tes	, ,	,,		13 16a or 16b a	and line 14 is 10%	or more
***	and if the organization meets the "fac	_					
	meets the "facts-and-circumstances"				•	itti ilon alo orga	▶ □
h	10% -facts-and-circumstances tes	-	•		-	7a. and line 15 is	10% or
	more, and if the organization meets t	-					
	organization meets the "facts-and-cir		-				▶ □
18	Private foundation. If the organization		_		• • • •		ns 🕨 🗔
							or 990-EZ) 2010
						•	•

032022 12-21-10

Schedule A (Form 990 or 990-EZ) 2010 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

80	qualify under the tests listed b	elow, please comp	olete Part II.)				
	ction A. Public Support				1	T	
	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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 performed, 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						
e	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						
8	Public support (Subtract line 7c from line 6.)		·		1		
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
t	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
C	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total support (Add lines 9, 10c, 11, and 12)						
	First five years. If the Form 990 is for	the organization'	s first, second, thii	d, fourth, or fifth t	ax year as a section	on 501(c)(3) organi	zation,
<u></u>	check this box and stop here	ic Support De	reentage				
	• •			h (0)		145	
	Public support percentage for 2010 (• • •	•	column (t))		15	<u>%</u>
	Public support percentage from 2009					16	%
	ction D. Computation of Inves				<u> </u>	14-	
	Investment income percentage for 20	•	· ·	ne 13, column (f))		17	<u>%</u>
18	•					18	<u>%</u>
198	33 1/3% support tests - 2010. If the	-					17 is not
	more than 33 1/3%, check this box a	•	•		• • •		▶□
t	33 1/3% support tests - 2009. If the	•					
	line 18 is not more than 33 1/3%, che		•	•		•	▶ٰ
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see in	structions	<u>▶</u> ∟
0320	23 12-21-10				Sc	hedule A (Form 99	0 or 990-EZ) 2010

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

2010

Department of the Treasury Internal Revenue Service ➤ Complete if the organization is described below. ➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations. Complete Parts I-A and B. Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below Do not complete Part I-B.
- Section 527 organizations Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), or Form 990-EZ, Part V, line 35a (Proxy Tax), then

•	Section 501(c)(4), (5), or (6) organiza	itions: Complete Part III			
Nan	ne of organization	-		Emp	loyer identification number
	ACTIONA				52-2277575
Pa	art I-A Complete if the org	ganization is exempt und	ler section 501(c)	or is a section 527 of	rganization.
2	Provide a description of the organize Political expenditures Volunteer hours	zation's direct and indirect politic	cal campaign activities i		
Pa	art I-B Complete if the org	ganization is exempt und	ler section 501(c)	(3).	
1				▶ \$	
	Enter the amount of any excise tax	, ,			
	If the organization incurred a section	• • •			Yes No
	Was a correction made?		•		Yes No
t	off "Yes," describe in Part IV.				
Pa	art I-C Complete if the org	ganization is exempt und	ler section 501(c),	, except section 501	(c)(3).
1	Enter the amount directly expende	d by the filing organization for se	ction 527 exempt func	tion activities	·
2	Enter the amount of the filing organ	nization's funds contributed to ot	her organizations for se	ection 527	
	exempt function activities			▶ \$	i
3	Total exempt function expenditures	s Add lines 1 and 2. Enter here a	and on Form 1120-POL		
	line 17b			▶ 9	
4	Did the filing organization file Form	1120-POL for this year?			└ Yes
5		, ,	•	_	• •
	made payments. For each organiza	•	~ ~		•
	contributions received that were pr			·	ate segregated fund or a
	political action committee (PAC). If		1	Τ'	T
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2010

032041 02-02-11

LHA

Schedule C (Form 990 or 990-EZ) 2010	ACTIO	NAID	USA		52-2	277575 Page 2	
Part II-A Complete if the org	anizatior	ı is exer	npt under section	n 501(c)(3) and fil	ed Form 5768		
A Check I if the filing organizat	<u>`</u>		listed group				
. —	•		iated group. id "limited control" pro	visions apply			
Limit	s on Lobby	ing Exper	•		(a) Filing organization's totals	(b) Affiliated group totals	
1a Total lobbying expenditures to influ	ience nubli	c opinion (grass roots Johnwana)		14,431.		
b Total lobbying expenditures to influ	-				6,188.		
c Total lobbying expenditures (add lin	•		., (aoc. 1000)g,		20,619.		
d Other exempt purpose expenditure		,			5,749,875.		
e Total exempt purpose expenditures		1c and 1d)		5,770,494.		
f Lobbying nontaxable amount. Ente	r the amou	nt from the	following table in both	h columns	438,525.		
If the amount on line 1e, column (a) o	r (b) is:	The lob	bying nontaxable am	ount is:			
Not over \$500,000		20% of	the amount on line 1e				
Over \$500,000 but not over \$1,000	0,000	\$100,00	0 plus 15% of the exc	ess over \$500,000.			
Over \$1,000,000 but not over \$1,50	00,000	\$175,00	0 plus 10% of the exc	ess over \$1,000,000			
Over \$1,500,000 but not over \$17,0	000,000	\$225,00	0 plus 5% of the exce	ss over \$1,500,000.			
Over \$17,000,000		\$1,000,0	000	<u></u>		,	
·					100 621		
g Grassroots nontaxable amount (en					109,631.		
h Subtract line 1g from line 1a. If zero					0.	<u> </u>	
i Subtract line 1f from line 1c. If zero					0.	<u> </u>	
If there is an amount other than zer		line 1h or	line 1i, did the organiza	ation file Form 4/20	Г	Yes No	
reporting section 4911 tax for this		Vacu Aug	wasing Daried Hades	Contrar 501/h)	L	tesNo	
4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)							
	Lobby	ıng Exper	nditures During 4-Yea	ar Averaging Period			
Calendar year (or fiscal year beginning in)	(a) 20	007	(b) 2008	(c) 2009	(d) 2010	(e) Total	
2a Lobbying nontaxable amount			446,880.	546,510.	438,525.	1,431,915.	
b Lobbying ceiling amount						2 147 072	
(150% of line 2a, column(e))				· · · · · · · · · · · · · · · · · · ·		2,147,873.	
c Total lobbying expenditures			5,814.	11,449.	20,619.	37,882.	
d Grassroots nontaxable amount			111,720.	136,628.	109,631.	357,979.	
e Grassroots ceiling amount (150% of line 2d, column (e))						536,969.	

Schedule C (Form 990 or 990-EZ) 2010

14,431.

1,097.

16,515.

987

f Grassroots lobbying expenditures

Schedule C (Form 990 or 990-EZ) 2010 ACTIONAID USA 52-2277575 Page 3

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

	· · · · · · · · · · · · · · · · · · ·	(a)	(t	p)
		Yes	No	Amo	ount
1	During the year, did the filing organization attempt to influence foreign, national, state or				
	local legislation, including any attempt to influence public opinion on a legislative matter				
	or referendum, through the use of				
а	Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
С	Media advertisements?				
d	Mailings to members, legislators, or the public?				_
е	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		ļ		
i	Other activities? If "Yes," describe in Part IV		}		
j	Total. Add lines 1c through 1i				
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
	If "Yes," enter the amount of any tax incurred under section 4912				-
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		<u> </u>	L	
Pai	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(4)	on 501(c)(5), or se	ection	
	501(c)(6).				
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		ļ
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		<u> </u>
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	504/-	3	- 41	<u> </u>
Pai	t III-B Complete if the organization is exempt under section 501(c)(4), secti				
	501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Pa "Yes."	rτ III-A, II	ine 3 is a	nswered	ı
			1 4	· · · · · · · · · · · · · · · · · · ·	
1	Dues, assessments and similar amounts from members	1	1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures (do not include amounts of political expenditures)	cai			
_	expenses for which the section 527(f) tax was paid).		20		
	Current year		2a 2b		
	Carryover from last year				······
_	Total		2c 3		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		-		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex-				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and	pomical			
5	expenditure next year? Taxable amount of lobbying and political expenditures (see instructions)		5	<u> </u>	
Pai				<u> </u>	
	······································	- d D- d !! C	long 4: At		. Ala ·
	plete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4, Part I-C, line 5, and	nd Part II-B	, line 11. Als	o, complete	tnis part
tor a	ny additional information.				
					
		Caba-l	do C/Far	000 00	0 57\ 004
		Schedu	ule C (Form	SOU OF 99	u-⊑Z) 2U1

SCHEDULE 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, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

ACTIONATE USA

Employer identification number 52-2277575

Par	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line		·
		(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	writing that the assets held in donor advi	sed funds
•	are the organization's property, subject to the organization's	_	Yes No
6	Did the organization inform all grantees, donors, and donor a		
Ū	for charitable purposes and not for the benefit of the donor of		
	impermissible private benefit?	in demand adviser, or for any other purpose	Yes No
Par		panization answered "Yes" to Form 990.	
1	Purpose(s) of conservation easements held by the organization		
•	Preservation of land for public use (e.g., recreation or e	· · · · · · · · · · · · · · · · · · ·	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 quality	fied conservation contribution in the form	of a conservation easement on the last
_	day of the tax year.		
	ady or the tax your.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified historic str	ucture included in (a)	2c
	Number of conservation easements included in (c) acquired		
•	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by th	
•	year >	ioasoa, examgaionoa, en terminatea a, an	o organization during the text
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the pe	·	
•	violations, and enforcement of the conservation easements i		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		during the year
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) above		
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIV, describe how the organization reports conservat	ion easements in its revenue and expens	e statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organiza		
	conservation easements		
Pai	t III Organizations Maintaining Collections o	f Art, Historical Treasures, or C	Other Similar Assets.
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8	
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue state	ment and balance sheet works of art,
	historical treasures, or other similar assets held for public ext	hibition, education, or research in further	ance of public service, provide, in Part XIV,
	the text of the footnote to its financial statements that descr		
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statemer	nt and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e		
	relating to these items.		
	(i) Revenues included in Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		> \$
2	If the organization received or held works of art, historical tre	asures, or other similar assets for financi	al gain, provide
-	the following amounts required to be reported under SFAS 1		
а	Revenues included in Form 990, Part VIII, line 1	· •	▶ \$
b	Assets included in Form 990, Part X		► \$ ► \$
			

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Schedule D (Form 990) 2010

	dule D (Form 990) 2010 ACTIONA								Page 2
Par	t III ` Organizations Maintaining C	ollections of A	rt, Historical Tı	reasures, d	or Othe	r Simil	ar Asse	ts (contii	nued)
з.	Using the organization's acquisition, accessi	on, and other record	is, check any of the	following tha	it are a si	gnificant	use of its	collection	items
	(check all that apply):								
а	Public exhibition	d	Loan or exc	change progra	ams				
b	Scholarly research	е	Other						
C	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explai	n how they further	the organizati	on's exer	npt purpo	ose in Par	t XIV.	
5	During the year, did the organization solicit of	r receive donations	of art, historical trea	asures, or oth	er sımılar	assets		_	
	to be sold to raise funds rather than to be ma	aintained as part of	the organization's c	ollection?				Yes	No_
Par	t IV Escrow and Custodial Arran	gements. Compl	ete if the organization	on answered	"Yes" to I	Form 990	, Part IV, I	line 9, or	
	reported an amount on Form 990, Pa	rt X, line 21							
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for contribution	ns or other as	sets not	ıncluded	_	_	
	on Form 990, Part X?							」 Yes	L No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	ollowing table:						
								Amount	
С	Beginning balance					1c			
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f	-		
2a	Did the organization include an amount on F	orm 990, Part X, line	21?					」Yes	U No
_	If "Yes," explain the arrangement in Part XIV								
Par	t V Endowment Funds. Complete	f the organization ar	swered "Yes" to Fo	orm 990, Part		-			
		(a) Current year	(b) Prior year	(c) Two year	s back ((d) Three y	ears back	(e) Four	years back
1a	Beginning of year balance								
b	Contributions			1					
C	Net investment earnings, gains, and losses								
d	Grants or scholarships			1					
е	Other expenditures for facilities				1]	
	and programs			1					
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the year	r end balance held a	as:						
а	Board designated or quasi-endowment		%						
b	Permanent endowment >	%							
С	Term endowment	%							
3a	Are there endowment funds not in the posse	ession of the organiz	ation that are held a	and administe	ered for th	ne organiz	zation	_	
	by:								Yes No
	(i) unrelated organizations							3a(ı)	
	(ii) related organizations							3a(iı)	
b	If "Yes" to 3a(ii), are the related organizations	•						3b	
4	Describe in Part XIV the intended uses of the								
Par	t VI Land, Buildings, and Equipm			·····					
	Description of investment	(a) Cost or o	1 ' '	t or other	٠,	cumulate	1	(d) Book	value
		basis (investr	nent) basis	(other)	dep	reciation			
	Land								
	Buildings			70 700		<u> </u>	- -		400
	Leasehold improvements		'	70,708.		54,2	T 0 •	Τ (,498.
	Equipment) F 1000		25 0			
	Other			35,822.	1	.35,8	44.	1 /	0.
Total	. Add lines 1a through 1e (Column (d) must e	gual Form 990, Part	x. column (B), line	10(c) }				Τţ	7,498.

Schedule D (Form 990) 2010

	dule D (Form 990) 2010 ACTIONALD USA		10: :		<u> </u>	Page 4
Pai	t XI Reconciliation of Change in Net Assets from Form 990 to	Audited Financi	al State	emen		805
1 •	Total revenue (Form 990, Part VIII, column (A), line 12)	<u> </u>	1		3,453	
2	Total expenses (Form 990, Part IX, column (A), line 25)	L	2		6,347	
3	Excess or (deficit) for the year. Subtract line 2 from line 1	L	3		<2,893	,828.
4	Net unrealized gains (losses) on investments		4			
5	Donated services and use of facilities	<u>_</u>	5			
6	Investment expenses	<u> </u>	6			
7	Prior period adjustments		7			
8	Other (Describe in Part XIV.)		8			
9	Total adjustments (net). Add lines 4 through 8	<u>L</u>	9			0.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and		10		<2,893	<u>,828.</u> :
Par	t XII Reconciliation of Revenue per Audited Financial Stateme	ents With Revenu	e per F	leturr		
1	Total revenue, gains, and other support per audited financial statements			1	3,453	<u>,787.</u>
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	2b]		
С	Recovenes of prior year grants	2c]		
d	Other (Describe in Part XIV)	2d		1		
е	Add lines 2a through 2d			2e		0.
3	Subtract line 2e from line 1			3	3,453	,787.
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 XIV)	4b		1		
c	Add lines 4a and 4b			1 4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			5	3,453	
	t XIII Reconciliation of Expenses per Audited Financial Statem	ents With Expen	ses per	Retu		
1	Total expenses and losses per audited financial statements			1	6,347	.615.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25.			 	, , ,	
a	Donated services and use of facilities	2a				
	Prior year adjustments	2b		1 [
b	Other losses	2c 2c		1 1		
ن	Other (Describe in Part XIV.)	2d		1 1		
d	Add lines 2a through 2d	_ Zu		2e		٥.
e	•			3	6,347	615
3	Subtract line 2e from line 1			3	0,347	,013.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	ا مه ا				
	Investment expenses not included on Form 990, Part VIII, line 7b	4a		1 1		
	Other (Describe in Part XIV.)	4b		┥. ╽		0.
	Add lines 4a and 4b			4c	6 3 17	
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5	6,347	,013.
	t XIV Supplemental Information					
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part II					4; Part
	e 2; Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also comp					
PAI	RT X, LINE 2: ACTIONAID USA PERFORMED AN E	VALUATION O	F UNC	ERT	AIN TAX	
D0/	TETOMA DOD BUD VEND DUDED DEGENORD 21 20	10 3370 000	DDMT.			
PO:	SITIONS FOR THE YEAR ENDED DECEMBER 31, 20	IU, AND DET	EKMIN	עבט .	THAT TH	ERE
T.7777	NE NO NAMBERO MULA MOULD DECUIDE DECOGNIMI.	ON THE MILES TO	T 3 T 3 3 T C		CM > MEN	DATE O
MEI	RE NO MATTERS THAT WOULD REQUIRE RECOGNITION	ON IN THE F	TNANC	TAL	STATEM	ENTS
0.0	WILLIAM WAY WAYE AND ADDROW ON THE MAY DUDY	D				
<u>OR</u>	WHICH MAY HAVE ANY AFFECT ON ITS TAX-EXEM	PT STATUS.				
				_		
				Sched	dule D (Form 9	90) 2010

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990,

Part IV, line 14b, 15, or 16.

➤ Attach to Form 990. ➤ See separate instructions.

OMB No 1545-0047 Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

ACTIONAID USA				52-22775	75
Part I General Info	rmation on A	ctivities Ou	tside the United States. Comp	lete if the organization answered	"Yes"
to Form 990, Par	t IV, line 14b			•	
1 For grantmakers. Does	the organization	n maintain recor	ds to substantiate the amount of the g	rants or assistance, the	
grantees' eligibility for th	e grants or assi	stance, and the	selection criteria used to award the gri	ants or assistance?	Yes No
2 For grantmakers. Desc	ribe in Part V the	e organization's	procedures for monitoring the use of g	grant funds outside the United St	ates.
3 Activities per Region. (TI	he following Part	I, line 3 table c	an be duplicated if additional space is	needed.)	
(a) Region	(b) Number of	(c) Number of employees,	(d) Activities conducted in region	(e) If activity listed in (d)	(f) Total expenditures
	offices	I agents and	(by type) (e.g., fundraising, program services, investments, grants to	is a program service, describe specific type	for and
	in the region	independent contractors	recipients located in the region)	of service(s) in region	investments
·		ın region	100 pierres recuted in the region)	Cr Scr vice(s) in region	in region
GENERAL AMERICA AND				1	
CENTRAL AMERICA AND	۱ ,	,	OD ANIMICA RETAIN	N/A	463 405
THE CARIBBEAN	0		GRANTMAKING	N/A	463,495.
			ļ		ļ
SUB-SAHARAN AFRIÇA			GRANTMAKING	N/A	742,461.
					
EUROPE (INCLUDING					
ICELAND & GREENLAND)	0	0	GRANTMAKING	N/A	2,670,467.
				-	
		ļ			
					ł
	1				
					
		1			
					İ
					
	İ				
3 a Sub-total		0			3,876,423.
b Total from continuation					
sheets to Part I	[c	o			0.
c Totals (add lines 3a					
and 3b)	0	0			3,876,423.

Schedule F (Form 990) 2010

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

ACTIONAID USA

Schedule F (Form 990) 2010 ACTIONAID USA

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

Page 2

52-2277575

recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000

Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) 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)
		EUROPE (INCLUDING ICELAND & GREENLAND)	ADVOCACY FOR HIV AND AIDS	2670467.	WIRE TRANSFER	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	HAITI EMERGENCY	422,850.	422,850 <u>.</u> I/C TRANSFER	0		
		CENTRAL AMERICA AND THE CARIBBEAN	STRENGTHENING RURAL AGRICULTURE	40,645.	I/C TRANSFER	0.		
		SUB-SAHARAN AFRICA	STRENCTHENING RURAL AGRICULTURE	.000,06	I/C TRANSFER	.0		
		SUB-SAHARAN AFRICA	WOMEN'S AGRICULTURE	135,000.	135,000,I/C TRANSFER	0		
		SUB-SAHARAN AFRICA	PREVENTING VIOLENCE AGAINST WOMEN	225,000.	225,000,I/C_TRANSFER	0.		
		SUB-SAHARAN AFRICA	GIRLS EDUCATION AND AGRICULTURE	292,461.	I/C TRANSFER	0.0		
2 Enter total number of	recipient organizatio	ns listed above that are	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by	foreign country,	recognized as tax-ex	cempt by		

the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

Enter total number of other organizations or entities

က

Schedule F (Form 990) 2010

52-2277575

Page 3

ACTIONAID USA

Schedule F (Form 990) 2010 ACTIONAID USA
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

(h) Method of valuation (book, FMV, appraisal, other)					Schedule F (Form 990) 2010
(h) M vali (boo apprais				 	 le F (Forr
(g) Description of non-cash assistance					Sched
(f) Amount of non-cash assistance					
(e) Manner of cash disbursement					
(d) Amount of cash grant					
(c) Number of recipients					
(b) Region					
(a) Type of grant or assistance (b) Region					

032073 12-20-10

Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions

Schedule F (Form 990) 2010

Yes X No

for Form 5713)

Complete this part to provide the information required by Part I, line 2 (monitoring of funds), Part I, line 3, column (f) (accounting method), 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
SCHEDULE F, PART I, LINE 2: ACTIONAID INTERNATIONAL USA'S CORE PURPOSE IS
TO RAISE MONEY IN THE US TO SUPPORT ANTIPOVERTY PROJECTS IN DEVELOPING
COUNTRIES. THESE PROJECTS ARE IMPLEMENTED BY ACTIONAID ASSOCIATES AND
PARTNERS. EACH PROJECT IS MONITORED BY A PROJECT ACCOUNTABILITY GROUP
INVOLVING ACTIONAID FINANCE AND PROGRAM STAFF FROM THE IMPLEMENTING
COUNTRY. THE PROJECT ACCOUNTABILITY GROUP MEETS QUARTERLY TO DISCUSS THE
PROGRESS OF THE GRANT AND BUDGET VS. EXPENSES AND ANALYSIS. ACTIONAID
INTERNATIONAL USA THEN REVIEWS ALL PROGRAM AND FINANCE REPORTS WITH
IMPLEMENTING PARTNERS TO ENSURE COMPLIANCE WITH GRANT PROVISIONS.

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

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

OMB No 1545-0047

2010

Open To Public Inspection

Employer identification number

ACTIONAID USA					52-2277575	
S. Complete if the organization answart	vered "`	es" to	Form 990, Part IV,	line 17. Form 990-E2	filers are not	
e Solicita f Solicita g Special n or oral agreement with any individual Part VII) or entity in connection with	ation of ation of al fundra al (inclu profess	non-g gover alsing ding o	overnment grants nment grants events fficers, directors, tru fundraising services?	stees or X Yes		
(ii) Activity	have o	ustody itrol of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization	
FACE TO FACE FUNDRAISING	Yes X	No	195,265.	524,599.	<329,334.	
FACE TO FACE FUNDRAISING		х	13,142.	39,607.	<26,465.	
TELEMARKETING	1	х	3,250.	12,915.	<9,665.	
			211 657	577 121	<365,464.	
			s or has been notifie	d it is exempt from re	egistration	
	art alsed funds through any of the follow art alsed funds through any of the follow and contains the follow alsed funds through any of the follow and contains the funds through any of the follow and contains the follow and cont	S. Complete if the organization answered art art art art art art art art	S. Complete if the organization answered "Yes" to art art alsed funds through any of the following activities. e Solicitation of non-g f Solicitation of gover g Special fundraising n or oral agreement with any individual (including of Part VII) or entity in connection with professional individuals or entities (fundraisers) pursuant to agree the organization. (iii) Activity FACE TO FACE FUNDRAISING FACE TO FACE FUNDRAISING TELEMARKETING X	S. Complete if the organization answered "Yes" to Form 990, Part IV, and art assed funds through any of the following activities. Check all that apply e Solicitation of non-government grants in or oral agreement with any individual (including officers, directors, true Part VII) or entity in connection with professional fundraising services? Individuals or entities (fundraisers) pursuant to agreements under which the organization. (ii) Activity (iii) Did tundraiser activity (iii) Did tundraiser activity (iii) Cross receipts from activity Yes No FACE TO FACE FUNDRAISING X 195,265. FACE TO FACE FUNDRAISING X 3,250. 1211,657. Stion is registered or licensed to solicit contributions or has been notified. (FL, GA, IL, KS, KY, ME, MD, MA, MI, MN, MS, MI, MN, MI, MN, MS, MI, MN, MS, MI, MN, MI, MN, MI, MN, MS, MI, MN, MI, MN, MI, MN, MI, MN, MI, MN, MI, MN, MI, MN, MI, MN, MI, MN, MI, MN, MI, MN, MI, MN, MI, MN, MI, MI, MN, MI, MN, MI, MN, MI, MN, MI, MI, MI, MN, MI, MI, MI, MI, MI, MI, MI, MI, MI, MI	As Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-E2 and assed funds through any of the following activities. Check all that apply. Complete if the organization of non-government grants is solicitation of non-government grants in or oral agreement with any individual (including officers, directors, trustees or Part VII) or entity in connection with professional fundraising services? X Yes individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to the organization. (iii) Activity	

032081 01-13-11

Gross receipts Less Charitable contributions	(event type)	(event type)	I	
Less Charitable contributions	(event type)	(event type)		(add col. (a) throi col. (c))
Less Charitable contributions			(total number)	
				
Gross income (line 1 minus line 2)				_
Cash prizes				
Noncash prizes				
Rent/facility costs				
Food and beverages				
Entertainment				
Other direct expenses				
			>	(
I Gaming. Complete if the organization	on answered "Yes" to For	m 990, Part IV, line 19, or	reported more than	L
\$15,000 on Form 990-EZ, line 6a.			·	
	(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming
		unigo/progressive unigo		col. (a) through co
Gross revenue				
Cash prizes				
Noncash pnzes				
Rent/facility costs				
Other direct expenses		1		
Voluntoerlahor	Yes %	%	Yes %	
	, 140	1 140	I LLL I NO	
Volunteer labor				1,
Direct expense summary. Add lines 2 thro			•	(
	Rent/facility costs Food and beverages Entertainment Other direct expenses Direct expense summary. Add lines 4 throi Net income summary Combine line 3, coli I Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses	Rent/facility costs Food and beverages Entertainment Other direct expenses Direct expense summary. Add lines 4 through 9 in column (d) Net income summary Combine line 3, column (d), and line 10 I Gaming. Complete if the organization answered "Yes" to Fon \$15,000 on Form 990-EZ, line 6a. (a) Bingo Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses	Noncash prizes Rent/facility costs Food and beverages Entertainment Other direct expenses Direct expense summary. Add lines 4 through 9 in column (d) Net income summary Combine line 3, column (d), and line 10 Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or \$15,000 on Form 990-EZ, line 6a. (a) Bingo (b) Pull tabs/instant bingo/progressive bingo Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses	Noncash prizes Rent/facility costs Food and beverages Entertainment Other direct expenses Direct expense summary. Add lines 4 through 9 in column (d) Net income summary. Combine line 3, column (d), and line 10 Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (a) Bingo (b) Pull tabs/instant bingo/progressive bingo (c) Other gaming Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses

Schedule G (Form 990 or 990 EZ) 2010 ACTIONALD USA	52-22//5/5 Page 3
11 Does the organization operate gaming activities with nonmembers?	Yes No
12 *Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed	
to administer charitable gaming?	Yes No
13 Indicate the percentage of gaming activity operated in	
a The organization's facility	13a%
b An outside facility	13b %
14 Enter the name and address of the person who prepares the organization's gaming/special events books and rec	ords:
Name >	
Addross	
Address	☐ Yes ☐ No
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	└── Yes └── No
b If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the ar of gaming revenue retained by the third party ▶\$	nount
c If "Yes," enter name and address of the third party	
Name	
Address ►	
Address	
16 Gaming manager information:	
Name	
Gaming manager compensation > \$	
Description of services provided	
Director/officer Employee Independent contractor	
— F -/ /	
17 Mandatory distributions:	
a Is the organization required under state law to make charitable distributions from the gaming proceeds to	
retain the state gaming license?	Yes No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spe	nt in the
organization's own exempt activities during the tax year > \$	
Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, c	olumns (III) and (v), and Part III,
lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional	
SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDS	RAISERS:
(I) NAME OF FUNDRAISER: FUNDRAISING INITIATIVES, INC.	
(I) ADDRESS OF FUNDRAISER:	
3120 13TH STREET NORTH, 2ND FL., ARLINGTON, VA 22201	
(I) NAME OF FUNDRAISER: GRASS ROOTS CAMPAIGN, INC.	-
(I) ADDRESS OF FUNDRAISER:	
1888 SHERMAN STREET, SUITE 210, DENVER, CO 80203	ule G (Form 990 or 990-EZ) 2010
032083 01-13-11 Schedu	u (: 0: ::: 350 0: 350°LL) 20 10

Schedule G (Form 990 or 990-EZ) 2010 ACTIONAID USA Part IV Supplemental Information (continued)	52-2277575 Page 4
• Supplemental Information (continued)	
(I) NAME OF FUNDRAISER: ARIA COMMUNICATION CORPORATION	
(I) ADDRESS OF FUNDRAISER: 717 WEST GERMAIN STREET, , ST.	CLOUD, MN 56301
SCHEDULE G, PART I, LINE 2B, COLUMN (V): FUNDRAISING INIT	TATIVE MAKES
DAILY DEPOSIT DEPOSITS INTO A JOINT ACCOUNT WITH ACTIONAL) .
· · · · · · · · · · · · · · · · · · ·	
•	
	- v
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Schedule G (Form 990 or 990-EZ) 2010

Employer identification number Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, ▶ Attach to Form 990. Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE (Form 990)

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1545-00	10	oen to Publi Inspection
OMB No 1545-0047	20	Open to Public Inspection

ş [52-2277575 LIMATE CHANGE RESEARCH LIMATE CHANGE RESEARCH CLIMATE CHANGE RESEARCH (h) Purpose of grant or assistance X Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection non-cash assistance (g) Description of (f) Method of valuation (book, FMV, appraisal, other) 0 0 0 (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States 15,000, 15,000, (d) Amount of 15,000 cash grant (c) IRC section if applicable 501(C)(3) 501(C)(3) 501(C)(3) Enter total number of section 501(c)(3) and government organizations 03-0582216 52-0788947 23-7420660 Part I General Information on Grants and Assistance (P) EIN ACTIONAID USA criteria used to award the grants or assistance? Enter total number of other organizations 1 (a) Name and address of organization INSTITUTE FOR POLICY STUDIES NE or government 212 E. CAPITAL STREET, WASHINGTON, DC 20003 1100 15TH STREET, NW 1112 16TH STREET, NW WASHINGTON, DC 20036 WASHINGTON, DC 20005 PRIENDS OF THE EARTH JUBILEE USA NETWORK Part II

Schedule I (Form 990) (2010)

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

Page 2 (f) Description of non-cash assistance 52-2277575 (e) Method of valuation (book, FMV, appraisal, other) Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. LINE 2: AAUSA HAS PAG (PAYMENT ADVISORY GROUP) MEETINGS Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information ΣE QUARTERLY TO ENSURE THAT FUNDS AND ACTIVITIES ARE BEING CARRIED OUT. (d) Amount of non-cash assistance REVIEW END OF YEAR FINANCIAL REPORTS AND AUDIT AS A GUIDE. (c) Amount of cash grant (b) Number of recipients ACTIONAID USA (a) Type of grant or assistance PART I, Schedule I (Form 990) (2010) SCHEDULE I, Part IV Part III

Schedule I (Form 990) (2010)

032102 01-13-11

\$CHEDULE O (Form 990 or 990-EZ)

Internal Revenue Service

Name of the organization

(Form 990 or 990-EZ) Complete to provide Form 990 or 990

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.

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Open to Public Inspection

ACTIONAID USA Employer identification number 52-2277575

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: BANGLADESH, BURUNDI, CAMBODIA AND HAITI. FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: COUNTRIES ADAPT TO CLIMATE CHANGE. IN 2010 ACTIONAID USA PROVIDED SUPPORT AND ADVOCACY TO FARM ORGANIZATIONS IN BRAZIL AND GUATEMALA WHOSE FOOD PRODUCTION IS BEING DISPLACED BY EXPANDING BIOFUELS PLANTATIONS. WE ALSO WORKED CLOSELY WITH CIVIL SOCIETY PARTNERS AND GOVERNMENTS ON THE GLOBAL AGRICULTURE AND FOOD SECURITY PROGRAM, WHERE ACTIONAID SERVES ON THE STEERING COMMITTEE. AND WE FOCUSED OUR EARTHQUAKE RELIEF TO HAITI ON THE PROVISION OF EMERGENCY FOOD SUPPLIES AND ON SUPPORT TO RURAL COMMUNITIES DEALING WITH AN INFLUX OF PEOPLE DISPLACED FROM PORT-AU-PRINCE. FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS: TO MAKE SURE SUCH FUNDING IS BEING SPENT PRODUCTIVELY, AND ON PROMOTION OF POLICIES THAT ALLOW DEVELOPING COUNTRIES TO USE DOMESTIC TAXES TO BREAK THEIR DEPENDENCE ON FOREIGN AID. IN 2010, ACTIONAID FOCUSED ESPECIALLY ON TRANSPARENCY AROUND RECONSTRUCTION FUNDING AFTER THE HAITI EARTHOUAKE, AND ON THE IMPORTANCE OF HAITIAN CIVIL SOCIETY PARTICIPATION IN DECISIONS ON RECONSTRUCTION POLICY. FORM 990, PART VI, SECTION A, LINE 4: THE BYLAWS WERE CHANGED DURING THE YEAR TO CREATE AN EXECUTIVE COMMITTEE. THE COMMITTEE WAS CREATED WITH THE PRIVILEGES AND RESPONSIBILITIES. FOLLOWING RIGHTS,

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2010)

Name of the organization

ACTIONAID USA

Employer identification number 52-2277575

- A. EXECUTIVE COMMITTEE THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS SHALL CONSIST OF THE CHAIR, VICE CHAIR AND TREASURER, AND THE SECRETARY, AND SUCH OTHER MEMBERS OF THE BOARD OF DIRECTORS AS THE CHAIR MAY NOMINATE AND THE BOARD SHALL APPROVE. THE EXECUTIVE COMMITTEE SHALL HAVE ALL OF THE AUTHORITY OF THE BOARD TO THE FULLEST EXTENT PERMITTED BY APPLICABLE LAW, EXCEPT THAT IT SHALL NOT HAVE AUTHORITY TO: (I) FILL VACANCIES ON THE BOARD; (II) AMEND OR REPEAL THE BYLAWS OR ADOPT NEW BYLAWS; (III) AMEND OR REPEAL OF ANY RESOLUTION OF THE BOARD WHICH BY ITS TERMS SHALL NOT BE SO AMENDABLE OR REPEALABLE; (IV) EMPLOY OR TERMINATE THE EMPLOYMENT OF THE EXECUTIVE DIRECTOR; (V) GIVE FINAL APPROVAL OF THE ANNUAL BUDGET; AND (VI) APPROVE OF A DISSOLUTION OR MERGER OR THE SALE OF ALL ACTIONAID USA ASSETS. THE EXECUTIVE COMMITTEE SHALL MEET BETWEEN MEETINGS OF THE BOARD AT SUCH TIMES AND PLACES AS MAY BE FIXED BY THE CHAIR, AND SHALL REPORT TO THE FULL BOARD IN WRITING ON ACTIONS IT TAKES. THE EXECUTIVE COMMITTEE SHALL BE RESPONSIBLE FOR EVALUATING THE PERFORMANCE OF THE EXECUTIVE DIRECTOR ON AN ANNUAL BASIS.
- B. THE BOARD MAY, BY RESOLUTION ADOPTED BY A MAJORITY OF THE DIRECTORS IN OFFICE, ESTABLISH COMMITTEES OF THE BOARD COMPOSED OF AT LEAST TWO (2)

 DIRECTORS. AN EXECUTIVE COMMITTEE MUST CONSIST OF A MINIMUM OF THREE (3)

 MEMBERS. SUCH COMMITTEES SHALL HAVE AND EXERCISE THE AUTHORITY OF THE BOARD OF DIRECTORS TO THE EXTENT PROVIDED IN THE RESOLUTION.
- C. OTHER COMMITTEES NOT HAVING AND EXERCISING THE AUTHORITY OF THE BOARD IN
 THE MANAGEMENT OF THE CORPORATION MAY BE DESIGNATED AND APPOINTED BY A
 RESOLUTION ADOPTED BY A MAJORITY OF THE DIRECTORS PRESENT AT A MEETING AT
 WHICH A QUORUM IS PRESENT. SUCH COMMITTEES SHALL CONSIST OF AT LEAST TWO

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MEMBERS.

Schedule O (Form 990 or 990-EZ) (2010)

ACTIONAID USA

Employer identification number 52-2277575

D. FOR BOTH TYPES OF COMMITTEES, THE BOARD MAY MAKE PROVISIONS FOR

APPOINTMENT OF THE CHAIR, ESTABLISH PROCEDURES TO GOVERN THEIR ACTIVITIES,

AND DELEGATE AUTHORITY AS MAY BE NECESSARY OR DESIRABLE FOR THE EFFICIENT

MANAGEMENT OF THE PROPERTY, AFFAIRS, BUSINESS, AND/OR ACTIVITIES OF THE

CORPORATION.

FORM 990, PART VI, SECTION B, LINE 11: THE FORM 990 IS FIRST REVIEWED BY
THE CFO AND TREASURER. THEN IT IS REVIEWED BY THE EXECUTIVE DIRECTOR.

FINALLY IT IS REVIEWED BY THE AUDIT COMMITTEE BEFORE IT IS PRESENTED TO THE
BOARD OF DIRECTORS FOR APPROVAL BEFORE BEING SUBMITTED TO THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C: A FULL WRITTEN DISCLOSURE BY EVERY EMPLOYEE, OF ALL MATERIAL FACTS OF ANY TRANSACTION WHICH HAS OR APPEARS TO HAVE, OR MAY INVOLVE A CONFLICT OF INTEREST BY THE EMPLOYEE WITH ACTIONAID INTERNATIONAL USA SHALL BE MADE TO THE EXECUTIVE DIRECTOR OR CHIEF FINANCIAL OFFICER UPON THE LEARNING OF SUCH CONFLICT, BE IT AN ACTUAL OR POTENTIAL CONFLICT, BEFORE EXECUTING ANY SUCH TRANSACTION. A FULL WRITTEN DISCLOSURE BY EVERY BOARD MEMBER, OF ALL MATERIAL FACTS OF ANY TRANSACTION WHICH HAS OR APPEARS TO HAVE, OR MAY INVOLVE A CONFLICT OF INTEREST BY THE ACTIONAID INTERNATIONAL USA BOARD MEMBER WITH ACTIONAID INTERNATIONAL USA SHALL BE MADE TO THE BOARD CHAIR UPON THE LEARNING OF SUCH CONFLICT, BE IT AN ACTUAL OR POTENTIAL CONFLICT, BEFORE EXECUTING ANY SUCH TRANSACTION.

THESE ARE TO UPDATE ANNUALLY. THE GOVERNANCE COMMITTEE REVIEWS ALL POTENTIAL CONFLICT OF INTEREST THAT MAY ARISE.

EACH MANAGER AND STAFF OF ACTIONAID INTERNATIONAL USA, WHEN A CONFLICT OF

INTEREST MAY EXIST, SHALL DISCLOSE SUCH CONFLICT, RETIRE FROM THE ROOM, AND

ABSTAIN FROM THE DISCUSSION, VOTING, RESOLUTION OR ACTION(S) PROPOSED AS TO

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01:24-11
Schedule O (Form 990 or 990-EZ) (2010)

ACTIONAID USA

Employer identification number 52-2277575

SUCH MATTER. IT WOULD BE EXPECTED THAT ANY INTERESTED MANAGER OR STAFF
WOULD DISQUALIFY THEMSELVES. THIS SHALL OCCUR PRIOR TO DISCUSSION AT ANY
MEETING OF THE BOARD OR MANAGERS OF ACTIONALD INTERNATIONAL USA, OR A

COMMITTEE OF THE BOARD. ANY SUCH ABSTENTION FROM VOTING (OR THE LIKE) AND
THE REASON GIVEN FOR IT SHALL BE RECORDED IN THE OFFICIAL MINUTES OF THE
MEETING. A MAJORITY OF THE MANAGERS PRESENT AT ANY MEETING MAY DISQUALIFY
A MANAGER FROM DISCUSSING AND/OR VOTING ON ANY MATTER AS TO WHICH THEY
DETERMINE A CONFLICT OF INTEREST EXISTS. AFTER FULL DISCLOSURE, HOWEVER,
AND WITH DUE DELIBERATION, A MAJORITY OF THE DISINTERESTED MANAGERS MAY
APPROVE OR RATIFY A TRANSACTION WHICH INVOLVES A CONFLICT OF INTEREST WITH
A MANAGER, OFFICER, OR EMPLOYEE OF ACTIONALD INTERNATIONAL USA, PROVIDED
SUCH TRANSACTION IS FAIR TO ACTIONALD INTERNATIONAL USA.

FORM 990, PART VI, SECTION B, LINE 15: ACTIONAID INTERNATIONAL USA USES A
SALARY CONSULTANT TO FIRST DRAFT A PROPOSAL FOR FAIR COMPENSATION USING
COMPARABILITY DATA. IT IS THEN REVIEWED BY THE AUDIT COMMITTEE BEFORE BEING
SUBMITTED TO THE BOARD OF DIRECTORS FOR APPROVAL.

FORM 990, PART VI, SECTION C, LINE 19: ACTIONAID INTERNATIONAL USA MAKES

ITS ANNUAL REPORTS, AUDITED FINANCIAL STATEMENTS AND THE FORM 990 AVAILABLE

TO THE PUBLIC ON ITS WEBSITE. GOVERNANCE POLICIES ARE ALSO AVAILABLE ON THE

ACTIONAID INTERNATIONAL USA WEBSITE.