

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



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.

Open to Public Inspection

OMB No 1545-0047

A	ror in	e 2011 calendar year, or tax year beginning and	dending						
В	Check if applicab	C Name of organization		D Employer identifi	cation number				
	Addre	e PIC INTERNATIONAL, INC.							
	Name	Doing Business As		86-0	558318				
	Initial return	Number and street (or P 0 box if mail is not delivered to street address)	Room/suit	e E Telephone numbe	r				
	Termi	P.O. BOX 237			731-9170				
	Amer	City or town, state or country, and ZIP + 4		G Gross receipts \$	301,791.				
	Appli			H(a) Is this a group re					
	pend	F Name and address of principal officer:NICK BEEZHOLD		for affiliates?	Yes X No				
		SAME AS C ABOVE		H(b) Are all affiliates inc	cluded? Yes No				
		empt status: X 501(c)(3) 501(c) () ((insert no) 4947(a)(1)	or 52	27 If "No," attach a	list. (see instructions)				
J	Websi	te: ► WWW.PARTNERSINCHRIST-INTL.ORG		H(c) Group exemptio	n number				
		organization X Corporation	L Yea	ar of formation 1980	M State of legal domicile AZ				
P	art [Summary							
ě	1	Briefly describe the organization's mission or most significant activities: PROV			PORT AND				
Governance		VARIOUS RESOURCES AND MATERIALS FOR CHUF	CHES	IN MEXICO, I	NDIA,				
Ę	2	Check this box	osed of mo	ere than 25% of its net as	ssets.				
Š	3	Number of voting members of the governing body (Part VI, line 1a)		. 3	6				
ر سخ	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	5				
ies	5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)		5	4				
ૅં	6	Total number of volunteers (estimate if necessary)		6	0				
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.				
· —	b	Net unrelated business taxable income from Form 990-T, line 34		7b	0.				
				Prior Year	Current Year				
, ē	8	Contributions and grants (Part VIII, line 1h)	<u>_</u>	222,391.	202,940.				
Revenue	9	Program service revenue (Part VIII, line 2g)	L	0.	0.				
Š	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	L	1,283.	393.				
_	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	L	<u>51,</u> 233.	53,836.				
:	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		274,907.	257,169.				
)	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<u> </u>	0.	1,800.				
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.				
es	15	Salaries, other compensation, employee benefits (Part IX, column (A) (165)	VEDL	167,631.	184,301.				
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.				
х	b	Total fundraising expenses (Part IX, column (D), line 25)	0.	0	W-t1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
_	11/	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2012	9 102,694.	87,582.				
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line-25)		270,325.	273,683.				
	19	Revenue less expenses. Subtract line 18 from line 12 OGDEA		4,582.	<16,514.>				
Net Assets or Fund Balances		Tables and (D. A.V. I 40)		Seginning of Current Year	End of Year				
ASS Bals	20	Total assets (Part X, line 16)	\vdash	217,641.	201,482.				
e de	21	Total liabilities (Part X, line 26)	<u> </u>	15.	370.				
<u> </u>	22 art II	Net assets or fund balances. Subtract line 21 from line 20 Signature Block		217,626.	201,112.				
		······································							
		ilties of perjury, I declare that I have examined this return, including accompanying schedul ct, and complete. Declaration of preparer (other than officer) is based on all information of v			y knowledge and belief, it is				
tiuc	, cone	st, and complete Declaration of preparer totaler than officery is based on all information of v	vilicii prepar	er nas any knowledge	2.112 -				
Sig		Signature of officer		Date	31/16				
He		NICK BEEZHOLD, EXEC DIRECTOR							
		Type or print name and title							
Print/Type preparer's name Preparer's signature Date Check PTIN									
	parer		NTSCH		P00145787 86-0297663				
	Only	Firm's address 14238 N. NORTHSIGHT BLVD.		11111 3 2.11					
	•	SCOTTSDALE, AZ 85260		Phone no (480) 287-5800				
Ma	y the I	RS discuss this return with the preparer shown above? (see instructions)		1.110110110	X Yes No				
				·					

Form	990 (2011) PIC INTERNATIONAL, INC. 86-055	8318	Page 2
Par	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response to any question in this Part III		
1	Briefly describe the organization's mission:		
•	PROVIDE FINANCIAL SUPPORT AND VARIOUS RESOURCES AND MATERIALS	FOR	
	CHURCHES IN MEXICO, INDIA, NICARAGUA, AND OTHER FOREIGN COUNTI		
	CHURCHES IN MEXICO, INDIA, NICARAGUA, AND OTHER FOREIGN COUNTY	KES.	
2	Did the organization undertake any significant program services during the year which were not listed on		
	the prior Form 990 or 990-EZ?	Yes	X No
	If "Yes," describe these new services on Schedule O.		
•			X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	L res	IV NO
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by	/ expenses	•
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and all	locations to)
	others, the total expenses, and revenue, if any, for each program service reported.		
4a	(Code) (Expenses \$	301,	398.)
	PROVIDE FINANCIAL SUPPORT AND VARIOUS RSOURCES AND MATERIALS F		
	CHURCHES IN MEXICO, INDIA, NICARAGUA, AND OTHER FOREIGN COUNTIE		
	CHOKCHED IN MEXICO, INDIA, NICARAGON, AND OTHER TOKETON COUNTY	. <u></u>	
4b	(Code) (Expenses \$ including grants of \$) (Revenue \$)
			
			_
		-	
4 -			
4c	(Code) (Expenses \$)
4d	Other program services (Describe in Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$	1	
	072 (02		
<u>4e</u>	Total program service expenses ► 2/3, 683.		

Form 990 (2011) PIC INTERNATIONAL, INC. Fart 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)?		,	
_	If "Yes," complete Schedule A	1	X	-
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	_		v
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			v
_	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		v
e	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			v
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		v
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7_		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			v
0	Schedule D, Part III	8		X
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	_		v
40	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		<u>X</u> _
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			v
44	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			İ
•	as applicable.			ł
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI		X	
.	\cdot	11a		
	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII			Х
_	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	11b		
·	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII			х
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	11c		
•	Part X, line 16? If "Yes," complete Schedule D, Part IX	444		Х
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11d 11e		X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116		
_	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		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			1
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	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		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
		Form	990 c	20111

Form 990 (2011) PIC INTERNATIONAL, INC. 86-05

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			v
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			v
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u> </u>
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			Х
04-	Schedule J	23	-	
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	,	х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
•	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
ь	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		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			.,
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	00-		Х
29	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c 29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	28		
-	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?	- 50		
	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		_X_
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> X</u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			١,,
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			v
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
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	38	Х	
	140 Sec. And 1 Offit 990 there are reduited to combiete consonie C		990 (2011\

Par	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V			
		·	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	3	1.00	1
b	-	0		
c	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 2a	4		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	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		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		<u> </u>
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
Ь	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	<u> </u>	X
Ь	. , , ,	5b		X
		5c		ļ
ба	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization soli			v
_	any contributions that were not tax deductible?	6a	1	X
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
7	were not tax deductible?	6b		
' a	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the	70		Х
	A MARIA MARI	payor? 7a 7b	<u> </u>	<u> </u>
		···	' 	
•	to file Form 8282?	7c	.	X
d	water and the second se			1
е		7e	, [1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	71		
g		ed? 7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 10	98-C? 7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting			
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the y	/ear? 8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a	<u> </u>	ļ
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	<u> </u>	ļ
10	Section 501(c)(7) organizations. Enter:			
a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities [10b]			
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against			
U	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?	12:		1
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	129	-	1
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13	a	1
_	Note. See the instructions for additional information the organization must report on Schedule O.		- 	1
ь	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			
c	Enter the amount of reserves on hand			1
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14:	а	X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	141		

INC.

Form 990 (2011) PIC INTERNATIONAL, INC.

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

	to line 6a, 6b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
	Check if Schedule O contains a response to any question in this Part VI			X
<u>Sec</u>	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 6			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
	Enter the number of voting members included in line 1a, above, who are independent 5			
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		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
_	of officers, directors, or trustees, or key employees to a management company or other person?	3_		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6_		X
7a	The state of the s			
	more members of the governing body?	_7a	_	<u>X</u>
D	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			17
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		v	
	The governing body?	8a_	X	
9	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O			v
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)	9		Х
	Total Di i Citales (77118 decitori b requests information about policies not required by the internal nevenue Code)		Van	
10a	Did the organization have local chapters, branches, or affiliates?	10a	Yes	No X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	IVa		
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c		X
13	Did the organization have a written whistleblower policy?	13		Х
14	Did 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			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		<u>X</u>
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	In joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
500	exempt status with respect to such arrangements?	16b		
<u>5ec</u> 17	List the states with which a copy of this Form 900 is required to be filed A 7.			
17 18	List the states with which a copy of this Form 990 is required to be filed ►AZ Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a			
	for public inspection. Indicate how you made these available. Check all that apply.	vallab	ie	
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and	1 fin	oicl	
. •	statements available to the public during the tax year.	л инал	i Cidi	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organizate	lon.	•	
	MINISTRY - 480-731-9170	ЮH. Р		
	TEMPE, ARIZONA, TEMPE, AZ 85281	<u> </u>		

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.

	I					npe	nsat	sated any current officer, director, or trustee.				
(A) Name and Title	(B) Average hours per week	officer and a director/trustee)			than is bot	h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other			
	(describe hours for related organizations in Schedule O)	Individual trustae or director	Institutional trustae	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations		
(1) NICK BEEZHOLD												
EXECUTIVE DIRECTOR	50.00							52,075.	0.	0.		
(2) ROBERT JERNIGAN							1					
PRESIDENT	10.00				L.			0.	0.	0.		
(3) GEORGETTA BIDWELL-VOIT			1									
DIRECTOR	2.00	_			<u> </u>			0.	0.	0.		
(4) JOE LINDER												
DIRECTOR	2.00	_		<u> </u>				0.	0.	0.		
(5) KEVIN DEKKER								_				
DIRECTOR	2.00					ļ		0.	0.	0.		
(6) JON HERMANSON								1	_			
TREASURER	2.00				-			0.	0.	0.		
			ļ									
							_					
					_		-					

	Title Section A. Onicers, Directors, Inc	istees, Rey Ei	HPIC	yee	:5, a	nu i	ugu	<u>est</u>	Compensated Employ	ees (continued)			
	(A)	(B)				C)			(D)	(E)		(F)	
	Name and title	Average hours per		not c		more	than		Reportable	Reportable		stimate	
		week					is bot or/trus		compensation from	compensation from related	а	mount other	
		(describe	ector						the	organizations	cor	npensa	
		hours for related	or director	8			ated		organization	(W-2/1099-MISC)	- 1	from th	
		organizations	Tustee	tra l		88	Tipens		(W·2/1099-MISC)			ganızat nd relat	
		ın Schedule	Individual t	Institutional trustee		Key employee	o st co	 5			ľ	io reiai janizati	
		O)	Jon Service Se	Teg.	ĕ ĕ	Ş.	Highest compensated employee	Former					
												_	
				ļ			<u> </u>	_			ļ		
							-						
							 	_			 		
											_		
					ļ	<u> </u>	↓_	_					
			_			-	┢	┝			-		
			_		┢	-	\vdash	-			+		
1 b	Sub-total								52,075.	0	•		0.
С	Total from continuation sheets to Part VI	I, Section A							0.	0			0.
<u>d</u>	Total (add lines 1b and 1c)						<u> </u>		52,075.	0	•		0.
2	Total number of individuals (including but n	ot limited to th	ose	liste	ed al	bove	e) wł	no re	eceived more than \$100	,000 of reportable			_
	compensation from the organization									-		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	<u> </u>
3	Did the organization list any former officer,	director or tri		- lea		1-			hinhaat a		F	Yes	No
Ŭ	line 1a? If "Yes," complete Schedule J for s		SIE	e, ke	y ei	пріс	уее	, Oi	nignest compensated e	mpioyee on	3		х
4	For any individual listed on line 1a, is the su		le co	amo	ensa	ation	ano	d otl	her compensation from	the organization	"		
	and related organizations greater than \$150									ino organization	4		Х
5	Did any person listed on line 1a receive or a	accrue compe	nsati	on f	rom	any	unr	elat	ed organization or indivi	dual for services			
	rendered to the organization? If "Yes," com	plete Schedul	e J f	or su	uch	pers	son		.		5_		X
	tion B. Independent Contractors								· · · · · · · · · · · · · · · · · · ·				
1	Complete this table for your five highest co										nsation	from	
	the organization. Report compensation for (A)	tne calendar y	ear e	enai	ng v	vitn_	or w	Ithir	the organization's tax (B)	year.			
	Name and business	address	NO	INC	<u> </u>				Description of s	ervices		C) ensatio	ח
		·- ·····									<u>-</u>		_
											-	-	
								4	 -				
								\dashv					
						-		\dashv				 .	
_													
2	Total number of independent contractors (i	ncluding but n	ot lir	mite	d to	tho	se lis	sted	above) who received in	ore than			
	\$100,000 of compensation from the organi						0		·				

Page 8

<u></u>	T V	***	Statement of Reve	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
nts nts	1 6	а	Federated campaigns	16	а					
o a	١	b	Membership dues	18	b					
A'S	•	С	Fundraising events	10	С					
E E	•	ď	Related organizations	10	d					
S.E	•	ө	Government grants (contribut	tions) 1	в					
Contributions, Gifts, Grants and Other Similar Amounts	1	f	All other contributions, gifts, gran	its, and						
혈튑			similar amounts not included abo	ve 11	f 2	202,940.				
털	ç	g	Noncash contributions included in lines	1a-1f \$						
ပိုင်း		h	Total. Add lines 1a-1f			_	202,940.			
					E	Business Code		'`		
9	2 a	а			[
ه څ	ı	ь								
Տ필		С								
e a	•	d								
Program Service Revenue	•	е								
ا ته	1	f	All other program service reve	enue						
	9	9	Total. Add lines 2a-2f			•				
	3		Investment income (including	dıvıdends,	ınteres	st, and				
			other similar amounts)			>	393.	393.		
	4		Income from investment of ta	x-exempt be	ond pro	oceeds >				
-	5		Royalties							
				(i) Rea	al L	(II) Personal			11117212 77441	
	6 a	a	Gross rents							
	ŧ	b	Less: rental expenses							
	•	С	Rental income or (loss)							
	•	d	Net rental income or (loss)			•			_	
	7 a	а	Gross amount from sales of	(ı) Securi	ties	(II) Other				
			assets other than inventory							
	ŀ	b	Less: cost or other basis							
			and sales expenses							
	•	C	Gain or (loss)							
	•	d	Net gain or (loss)		_					
ē	8 8	а	Gross income from fundraisin	g events (n	ot					
Other Revenue			including \$		[
<u>§</u>			contributions reported on line	1c). See						
ē			Part IV, line 18		a					
됩			Less: direct expenses		ь					
-			Net income or (loss) from fund	-						
	9 a	а	Gross income from gaming ad	ctivities. See	e					
			Part IV, line 19		a	-				
			Less: direct expenses	•	bĹ					
			Net income or (loss) from gan	_	es <u>.</u>	>				
	10 a	а	Gross sales of inventory, less	returns		00 450				
	_		and allowances	-	a	98,458.				
			Less: cost of goods sold		ьĹ	44,622.	50.006			
-		<u>c</u> _	Net income or (loss) from sale				53,836.	53,836.		
-			Miscellaneous Revenu	ie	E	Business Code				
	11 a		 		— ├					<u> </u>
		b			— ∤		-			
	(AR - 41		├					
	•		All other revenue	•	L					
- 1	12		Total. Add lines 11a-11d				257 160	54 220	~	
132009 01-23-	12		Total revenue. See instructions			<u> </u>	257,169.	54,229.	0.	Form 990 (2011)

Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a respon	ise to any question in thi	s Part IX		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	1,800.	1,800.		·····
2	ľ	1,000.	1,000.		
2	Grants and other assistance to individuals in				
3	the United States. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				·····
5	Compensation of current officers, directors,				<u></u>
	trustees, and key employees	52,075.	52,075.		
6	Compensation not included above, to disqualified	32/0/30	327073.		
•	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	119,455.	119,455.		,
8	Pension plan accruals and contributions (include		117,433.		
•	section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	12,771.	12,771.		
10	Payroll taxes	12///10	12///10		
11	Fees for services (non-employees):				
''	Management				
ь	Legal .	1,273.	1,273.		
	Accounting	1,912.	1,912.		
d	Lobbying	1/312.	1/312.		
	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g g	Other	410.	410.		
12	Advertising and promotion	100.	100.	· · · · · · · · · · · · · · · · · · ·	
13	Office expenses	5,470.	5,470.		
14	Information technology	621.	621.		
15	Royalties				
16	Occupancy	4,353.	4,353.		
17	Travel	20,687.	20,687.		
18	Payments of travel or entertainment expenses	,			 -
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest .				
21	Payments to affiliates				-
22	Depreciation, depletion, and amortization				
23	Insurance	2,792.	2,792.		
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule ()				
а	POSTAGE	12,340.	12,340.	······································	
b	MEALS	7,788.	7,788.		
c	TEAM COSTS	7,586.	7,586.		
d	CONTRACT EXPENSE	6,400.	6,400.		
e	All other expenses	15,850.	15,850.		
25	Total functional expenses. Add lines 1 through 24e	273,683.	273,683.	0.	0.
26	Joint costs. Complete this line only if the organization				
-	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				
	Check here ► If following SOP 98-2 (ASC 958-720)	1			
					

Form 990 (2011)
Part X Balance Shee

Pa	πX	Balance Sheet	·- ·			
				(A) Beginning of year		(B) End of year
	1	Cash · non-interest-bearing		207 <u>,</u> 160.	1	192,082.
	2	Savings and temporary cash investments .			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	-
	5	Receivables from current and former officers, di				
		employees, and highest compensated employee				
		of Schedule L		5		
	6	Receivables from other disqualified persons (as				
		4958(f)(1)), persons described in section 4958(c				
		employers and sponsoring organizations of sect				
		employees' beneficiary organizations (see instru	ctions)		6	
Assets	7	Notes and loans receivable, net			7	
Ass	8	Inventories for sale or use		10,031.	8	8,950.
	9	Prepaid expenses and deferred charges	-	· · · · · · · · · · · · · · · · · · ·	9	
	10a	Land, buildings, and equipment: cost or other	1	·····		3
		basis. Complete Part VI of Schedule D	10a 19,863.			
	Ь	Less: accumulated depreciation	10b 19,863.	0.	10c	0.
	11	Investments - publicly traded securities		11		
	12	Investments - other securities. See Part IV, line 1	-	12		
	13	Investments - program-related. See Part IV, line		13	***	
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11	450.	15	450	
	16	Total assets. Add lines 1 through 15 (must equ	al line 34)	217,641.	16	201,482
	17	Accounts payable and accrued expenses	ar inte 54)	15.	17	370.
	18	Grants payable		18		
	19	Deferred revenue		19		
	20	Tax-exempt bond liabilities	ì		20	
10	21	Escrow or custodial account liability. Complete	Part IV of Sahadula D	<u> </u>	21	
Liabilities	22				21	
Ē	22	Payables to current and former officers, director				
Ë		highest compensated employees, and disqualifi of Schedule L	ed persons. Complete Part II			
	00	· · ·	A and Albarrat are realized		22	
	23	Secured mortgages and notes payable to unrela	·		23	
	24	Unsecured notes and loans payable to unrelated	•		24	·
	25	Other liabilities (including federal income tax, pa parties, and other liabilities not included on lines	-			
			17-24). Complete Part X of			
	000	Schedule D		15.	25	270
	26	Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check he	ere X and complete	17.	26	370.
		-	ere 🖊 🔼 and complete			
čě		lines 27 through 29, and lines 33 and 34. Unrestricted net assets		82,995.		00 151
lan	27		İ	134,631.	27	88,252. 112,860.
8	28	Temporarily restricted net assets		134,031.	28	112,000.
Ē	29	Permanently restricted net assets	haatahana 🔊 🗂 aad	······································	29	
Ē		Organizations that do not follow SFAS 117, c	heck here 🕨 📖 and			
S.	00	complete lines 30 through 34.				
set	30	Capital stock or trust principal, or current funds		30		
As	31	Paid-in or capital surplus, or land, building, or ec	•		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in	come, or other funds	017 (06	32	201 112
_	33	Total net assets or fund balances		217,626.	33	201,112.
	34	Total liabilities and net assets/fund balances		217,641.	34	201,482.

Form **990** (2011)

<u>Forn</u>	990 (2011) PIC INTERNATIONAL, INC.	86-055	8318	Pa	qe 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	257	7,1	69.
2	Total expenses (must equal Part IX, column (A), line 25)	2	273	3,6	83.
3	Revenue less expenses. Subtract line 2 from line 1	3	<16	5,5	14.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	217	7,6	26.
5	Other changes in net assets or fund balances (explain in Schedule O)	5			0.
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	20:	1,1	12.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
b	Were the organization's financial statements audited by an independent accountant?		2b		X
C	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		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sil	ngle Audıt			
	Act and OMB Circular A-133?		За		X
þ	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	red audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3b		1

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

2011 Open to Public

Inspection

Name of the organization

INTERNATIONAL, INC. Employer identification number 86-0558318

		_	PIC INT	ERNATIONAL,	INC.			_		8	<u>5-055</u> 8318	3
Part	I Re	eason	for Public Char	rity Status (All organi	zations mu	st comple	te this par	t.) See ins	tructions.			
he org	anızatıor	n is not a	private foundation	because it is: (For lines	1 through	11, check	only one b	oox.)		_		
1 [_			s, or association of chui).			
2	A scl	hool des	cribed in section 17	70(b)(1)(A)(ii). (Attach Sc	hedule E.)							
з 🗌				tal service organization			170(b)(1)	(A)(iii).				
4				operated in conjunction					(b)(1)(A)(ii	ii). Enter t	he hospital's na	me,
	city,	and stat	e:								•	
5	An o	rganizatı	on operated for the	benefit of a college or u	niversity o	wned or o	perated by	a govern	mental uni	t describe	ed in	
	sect	tion 170	(b)(1)(A)(iv). (Compl	ete Part II.)								
6	☐ A fec	deral, sta	te, or local governm	ent or governmental uni	it describe	d ın sectio	n 170(b)(1)(A)(v).				
7 🖸	- 1			eives a substantial part					or from the	general	oublic described	ın
			b)(1)(A)(vi). (Comple				-					
8 🗆	A co	mmunity	trust described in s	section 170(b)(1)(A)(vi).	(Complete	Part II.)						
9 [eives: (1) more than 33			rom contr	butions, n	nembershi	p fees, ar	nd gross receipts	from
				nctions - subject to certa								
				axable income (less sec								
	_ See :	section	509(a)(2). (Complete	e Part III.)								
10 🖳	An o	rganızatı	on organized and o	perated exclusively to te	st for publ	ıc safety. S	See sect io	on 509(a)(4	4).			
I1 L	_l An o	rganızatı	on organized and o	perated exclusively for ti	he benefit	of, to perfo	orm the fu	nctions of,	or to carr	y out the	purposes of one	or
	more	publicly	supported organization	ations described in secti	on 509(a)(1) or section	on 509(a)(2	2). See se e	ction 509(a)(3). Che	ck the box that	
	desc			organization and compl								
	_ a∟	J Type I	ь∟	∟ Type II	с 📖 Тур	e III - Fund	tionally in	tegrated		d 🗀	Type III - Other	
e L				at the organization is not								
				han one or more publicl						9(a)(1) or :	section 509(a)(2)	
f	If the	organiz	ation received a wri	ten determination from	the IRS tha	at it is a Ty	pe I, Type	II, or Type	e III			
		-	ganization, check t									
8				organization accepted ar			-					
	(i)	A persor	n who directly or inc	lirectly controls, either a	lone or tog	ether with	persons o	described	ın (ii) and (iii) below,	Yes	No
		-		upported organization?							11g(i)	
		•	•	n described in (i) above?							11g(ii)	
			-	person described in (i)	` '						11g(iii)	<u> </u>
h	Provi	de the fo	ollowing information	about the supported or	ganization	(s).						
		1		(iii) Type of	I							
	me of sup	•	(ii) EIN	(iii) Type of organization		rganization			(vi) Is organizatio	the on in col	(vii) Amount	of
C	rganizatio	n		(described on lines 1-9		sted in your document?		r support?	(ı) organiz U S	ed in the j	support	
				above or IRC section (see instructions))	Yes	No	Yes	No	Yes	No		
				(acc manuchons))	162	140	162	NO	res	No		_
								 				
			 -							 		
			-								_	_
	*	 										
otal												

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

Schedule A (Form 990 or 990-EZ) 2011

(Form 990 or 990-EZ) 2011 PIC INTERNATIONAL, INC. 86-0558318 Page 2 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.)

<u>Sec</u>	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	442,721.	302,079.	205,366.	223,391.	202,940.	1376497.
2	Tax revenues levied for the organ-		·	·	·		
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						-
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	442,721.	302,079.	205,366.	223,391.	202,940.	1376497.
	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)						
6	Public support. Subtract line 5 from line 4		***************************************	······································			1376497.
	ction B. Total Support			——————————————————————————————————————			
	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
	Amounts from line 4	442,721.	302,079.	205,366.	223,391.	202,940.	(f) Total 1376497.
	Gross income from interest,	,	•	•		,	
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	4,649.	3,017.	2,215.	1,283.	393.	11,557.
9	Net income from unrelated business			·	······································		
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
•	or loss from the sale of capital						
	assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10					'	1388054.
	Gross receipts from related activities,	etc. (see instruction	ons)		L	12	
	First five years. If the Form 990 is for		-	d, fourth, or fifth ta	ax vear as a sectio	· · · · · · · · · · · · · · · · · · ·	
	organization, check this box and stop				,		ightharpoons
Se	ction C. Computation of Publ		rcentage				
14	Public support percentage for 2011 (line 6, column (f) di	vided by line 11, o	olumn (f))		14	99.17 %
15	Public support percentage from 2010	Schedule A, Part	II, line 14			15	99.10 %
16a	33 1/3% support test - 2011. If the	organization did no	t check the box o	n line 13, and line	14 is 33 1/3% or n	nore, check this bo	ox and
	stop here. The organization qualifies	as a publicly supp	orted organization	ı			ightharpoons X
b	33 1/3% support test - 2010. If the	organization did no	t check a box on i	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	nis box
	and stop here. The organization qual	lifies as a publicly s	supported organiza	ation			▶ □
17a	10% -facts-and-circumstances tes	t - 2011. If the org	anization did not d	heck a box on line	3, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supported	d organization	_	▶□
t	10% -facts-and-circumstances tes	t - 2010. If the org	anızatıon dıd not d	heck a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets ti	he "facts-and-circu	mstances" test, cl	neck this box and	stop here. Explair	n in Part IV how the	•
	organization meets the "facts-and-circ						. ▶□
18	Private foundation. If the organization						s >
						dule A (Form 990	

Schedule A (Form 990 or 990-EZ) 2011 Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Section A. Public Support		,				
alendar year (or fiscal year beginning in) 🖊	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")					Ì	
2 Gross receipts from admissions,						
merchandise sold or services per-						
formed, or facilities furnished in						
any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
						•
iness under section 513				 		·
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf			<u></u>			
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5 .						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received						1
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				<u> </u>		
8 Public support (Subtract line 7c from line 6)				1	-	
ection B. Total Support		1	<u> </u>	1	:	.
. 1	(-) 0007	(h) 0000	(-) 0000	(-0.004.0	4-3-0044	(0 T-1-1
alendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
0a Gross income from interest, dividends, payments received on						
securities loans, rents, royalties						
and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
Net income from unrelated business				1		
activities not included in line 10b,						
whether or not the business is regularly carried on						
2 Other income. Do not include gain				 	+	
or loss from the sale of capital						
assets (Explain in Part IV.)						-
3 Total support (Add lines 9, 10c, 11, and 12)				1	. 2017 7/07	1
4 First five years. If the Form 990 is for	tne organization	s tirst, second, thi	ra, τουπη, or τιπη τ	ax year as a sect	ion 501(c)(3) organi	zation,
check this box and stop here	- C D-					
ection C. Computation of Publi						
5 Public support percentage for 2011 (li			column (f))		15	
6 Public support percentage from 2010					16	· · · · · · · · · · · · · · · · · · ·
ection D. Computation of Inves	<u>tment Incom</u>	e Percentage	l			
7 Investment income percentage for 20	11 (line 10c, colur	mn (f) divided by li	ne 13, column (f))		17	
8 Investment income percentage from 2	2010 Schedule A,	Part III, line 17		-	18	
9a 33 1/3% support tests - 2011. If the	organization did r	not check the box	on line 14, and lin	e 15 is more than	33 1/3%, and line	17 is not
more than 33 1/3%, check this box ar						
b 33 1/3% support tests - 2010. If the			•			
line 18 is not more than 33 1/3%, che	_				-	
O Private foundation. If the organization			=			
uc roundation il tile digalitzatio	a ala noi bileck a	DOA OH HID 14. 18	a. Or 130. CHECK L		เเอเเนนเบเเซ	

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

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

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

2011
Open to Public Inspection

Name of the organization

PIC INTERNATIONAL, INC.

Employer identification number 86-0558318

Pa	t I Organizations Maintaining Donor Advise		or Accounts Complete if the
¥421	organization answered "Yes" to Form 990, Part IV, line		or Accounts. Complete if the
	organization answered Tes to Form 990, Part IV, IIII	(a) Donor advised funds	(b) Funds and other accounts
	Total number at and of year	(a) polici davisca idilas	(b) I diles dile chief decedine
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		d finale
5	Did the organization inform all donors and donor advisors in	_	
6	are the organization's property, subject to the organization's	<u> </u>	Yes No
o	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor of impermissible private benefit?	or donor advisor, or for any other purpose co	Yes No
Pa	t II Conservation Easements. Complete if the org	ganization answered "Ves" to Form 990 Pai	
1	Purpose(s) of conservation easements held by the organization		it iv, line 7.
•	Preservation of land for public use (e.g., recreation or e		orically important land area
	Protection of natural habitat	Preservation of a certific	
	Preservation of open space	1 reservation of a certific	ed instance structure
2	Complete lines 2a through 2d if the organization held a qualit	fied conservation contribution in the form of	a conservation easement on the last
_	day of the tax year.	ned conservation contribution in the form of	a conservation easement on the last
	adj of 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
d	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 the c	
	year ▶	,	
4	Number of states where property subject to conservation ea	sement is located >	
5	Does the organization have a written policy regarding the per		
	violations, and enforcement of the conservation easements i	t holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	and enforcing conservation easements dur	ing the year 🕨
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing conservation easements during th	ne year ▶ \$
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(h))(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		. Yes No
9	In Part XIV, describe how the organization reports conservation	on easements in Its revenue and expense s	tatement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes th	e organization's accounting for
	conservation easements.		
Pa	t III Organizations Maintaining Collections o	· · · · · · · · · · · · · · · · · · ·	ner Similar Assets.
	Complete if the organization answered "Yes" to Form		
1a	If the organization elected, as permitted under SFAS 116 (AS		
	historical treasures, or other similar assets held for public ext	hibition, education, or research in furtherand	ce of public service, provide, in Part XIV,
	the text of the footnote to its financial statements that descri		
Ь	If the organization elected, as permitted under SFAS 116 (AS		
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of publi	ic service, provide the following amounts
	relating to these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		> s > s
_	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical tre	_	gain, provide
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items:	
a	Revenues included in Form 990, Part VIII, line 1		\$
b	Assets included in Form 990, Part X		▶ \$

Sche	dule_D (Form 990) 2011 PIC INTER	RNATIONAL	, IN	С.			;	86-05	58318	Page 2
	t III Organizations Maintaining Col	lections of Ar	t, Hist	orical Tre	easures, (or Othe	er Simila	ar Asse	ts (contin	ued)
3	Using the organization's acquisition, accession,									
	(check ail that apply):			-						
а	Public exhibition	d		Loan or excl	hange progra	ams				
b	Scholarly research	е		Other	- , -					
С	Preservation for future generations									
4	Provide a description of the organization's colle	ctions and explain	n how th	ev further th	ne organizati	on's exe	mpt purpo	se in Par	t XIV.	
5	During the year, did the organization solicit or re				-					
-	to be sold to raise funds rather than to be main								Yes	☐ No
Par	t IV Escrow and Custodial Arrange reported an amount on Form 990, Part X	ments. Comple				"Yes" to	Form 990	, Part IV,	line 9, or	
1a	Is the organization an agent, trustee, custodian	or other intermed	lary for	contribution	s or other as	ssets not	ıncluded			
	on Form 990, Part X?								Yes	☐ No
þ	if "Yes," explain the arrangement in Part XIV an	d complete the fo	llowing t	table:						
	·	•	_						Amount	
c	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 Form	n 990, Part X, line	21?						Yes	☐ No
ь	If "Yes," explain the arrangement in Part XIV.									
Par	t V Endowment Funds. Complete if the	ne organization an	swered	"Yes" to For	rm 990, Part	IV, line 1	0.			
-		a) Current year	(b) P	rior year	(c) Two yea	rs back	(d) Three y	ears back	(e) Four	years back
1a	Beginning of year balance									
ь	Contributions		L							
c	Net investment earnings, gains, and losses									
d	Grants or scholarships									
e	Other expenditures for facilities		:							
	and programs .									
f	Administrative expenses									
g	End of year balance	_								
2	Provide the estimated percentage of the current	it year end balanc	e (line 1	g, column (a	a)) held as:					
а	Board designated or quasi-endowment		_%							
ь	Permanent endowment	%								
c	Temporarily restricted endowment ▶	%								
	The percentages in lines 2a, 2b, and 2c should	equal 100%.								
3a	Are there endowment funds not in the possess	ion of the organiza	ation tha	at are held a	nd administe	ered for t	he organi	zation	_	
	by:								,	Yes No
	(i) unrelated organizations				•				3a(i)	
	(ii) related organizations								3a(ii)	
ь	If "Yes" to 3a(ii), are the related organizations lis	sted as required o	n Sched	dule R?					3b	
4	Describe in Part XIV the intended uses of the or	rganization's endo	wment	funds.						
Par	t VI Land, Buildings, and Equipme	nt. See Form 990), Part X	, line 10.						
	Description of property	(a) Cost or o		(b) Cost	or other	(c) A	ccumulate	ed	(d) Book	value
		basis (investr	nent)	basis	(other)	de	preciation			
1a	Land					L				
b	Buildings					<u></u>				
c	Leasehold improvements					L				
d	Equipment .	19,	863.			<u> </u>	19,8	63.		0.
e	Other	1								
Total	Add lines 1a through 1e (Column (d) must equ	al Form 000 Part	Y colur	nn (B) line 1	10(c))					0.

Schedule D (Form 990) 2011

	n of security or category g name of security)	(b) Book value		ethod of valuati nd-of-year mark	
(1) Financial derivatives					
(2) Closely-held equity in	nterests .				
(3) Other					<u> </u>
(A)					
(B)					
(C)					<u> </u>
(D)					
<u>(E)</u>					
<u>(F)</u>					
(G)					
(H)					
(1)					
	orm 990, Part X, col (B) line 12)		_		
Part VIII Investme	ents - Program Related.	See Form 990, Part X, line 1			
	on of investment type	(b) Book value		ethod of valuati nd-of-year mark	
(1)			· · · · · · · · · · · · · · · · · · ·		
(2)					
(3)					
(4)					
(5)					
(6)		-			
	-				· · · · · · · · · · · · · · · · · · ·
(8)					
(9)					
(10)		···			······
<u> Total. (Col</u> (b) must equal F	orm 990, Part X, col (B) line 13) 🕨				
	ssets. See Form 990, Part X, li				(h) Poek velve
Part IX Other As		ne 15. a) Description			(b) Book value
Part IX Other As					(b) Book value
(1) (2)					(b) Book value
(1) (2) (3)					(b) Book value
(1) (2) (3) (4)					(b) Book value
(1) (2) (3) (4) (5)					(b) Book value
(1) (2) (3) (4) (5) (6)					(b) Book value
(1) (2) (3) (4) (5) (6) (7)					(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8)					(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9)					(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10)		a) Description			(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must	equal Form 990, Part X, col (B) i	(a) Description			(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must Part X Other Lia	equal Form 990, Part X, col (B) I abilities. See Form 990, Part	(a) Description	(b) Book value	>	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must Part X Other Lie	equal Form 990, Part X, col (B) i abilities. See Form 990, Part (a) Description of liability	(a) Description	(b) Book value	•	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must Part X Other List I. (1) Federal income	equal Form 990, Part X, col (B) i abilities. See Form 990, Part (a) Description of liability	(a) Description	(b) Book value	•	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must Part X Other List I. (1) Federal income (2)	equal Form 990, Part X, col (B) i abilities. See Form 990, Part (a) Description of liability	(a) Description	(b) Book value	•	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must Part X Other List I. (1) Federal income (2) (3)	equal Form 990, Part X, col (B) i abilities. See Form 990, Part (a) Description of liability	(a) Description	(b) Book value	•	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must Part X Other List (1) Federal income (2) (3) (4)	equal Form 990, Part X, col (B) i abilities. See Form 990, Part (a) Description of liability	(a) Description	(b) Book value	>	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must Part X Other Lia 1. (1) Federal income (2) (3) (4) (5)	equal Form 990, Part X, col (B) i abilities. See Form 990, Part (a) Description of liability	(a) Description	(b) Book value	•	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must Part X Other List (1) Federal income (2) (3) (4) (5) (6)	equal Form 990, Part X, col (B) i abilities. See Form 990, Part (a) Description of liability	(a) Description	(b) Book value		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must Part X Other List 1. (1) Federal income (2) (3) (4) (5) (6) (7)	equal Form 990, Part X, col (B) i abilities. See Form 990, Part (a) Description of liability	(a) Description	(b) Book value		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must Part X Other List 1. (1) Federal income (2) (3) (4) (5) (6) (7) (8)	equal Form 990, Part X, col (B) i abilities. See Form 990, Part (a) Description of liability	(a) Description	(b) Book value	•	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must Part X Other List 1. (1) Federal income (2) (3) (4) (5) (6) (7) (8) (9)	equal Form 990, Part X, col (B) i abilities. See Form 990, Part (a) Description of liability	(a) Description	(b) Book value	•	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must Part X Other Lia 1. (1) Federal income (2) (3) (4) (5) (6) (7) (8)	equal Form 990, Part X, col (B) i abilities. See Form 990, Part (a) Description of liability	(a) Description	(b) Book value		(b) Book value

_	dule D (Form 990) 2011 PIC INTERNATIONAL, INC.					558318 Page
Par	t XI Reconciliation of Change in Net Assets from Form 990 to	Audit	<u>ed Finar</u>	icial Sta	tements	
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1		<u>257,169</u>
2	Total expenses (Form 990, Part IX, column (A), line 25)			2		273,683
3	Excess or (deficit) for the year. Subtract line 2 from line 1			3		<16,514
4	Net unrealized gains (losses) on investments			4		
5	Donated services and use of facilities .			5		
6	Investment expenses			6		
7	Prior period adjustments			7		
8	Other (Describe in Part XIV.)			8		
9	Total adjustments (net). Add lines 4 through 8			9		
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and			10		<16,514
Par	t XII Reconciliation of Revenue per Audited Financial Statemer	nts W	ith Reve	nue per	Return	
1	Total revenue, gains, and other support per audited financial statements				1	
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			_	
C	Recoveries of prior year grants .	2c				
d	Other (Describe in Part XIV.)	_2d			_	
е	Add lines 2a through 2d				2e	
3	Subtract line 2e from line 1				3	
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				
С	Add lines 4a and 4b				4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)				5	
Pa	t XIII Reconciliation of Expenses per Audited Financial Stateme	ents V	Vith Exp	enses p	er Returr	1
1	Total expenses and losses per audited financial statements				1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	2a				
ь	Prior year adjustments .	2b				
С	Other losses	2c				
d	Other (Describe in Part XIV.)	2d				
е	Add lines 2a through 2d				2e	
3	Subtract line 2e from line 1				3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIV.)	4b				
	Add lines 4a and 4b				4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)				5	
Pai	t XIV Supplemental Information	•	<u> </u>			
	olete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III a 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete					

SCHEDULE O (Form 990 or 990-EZ)

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.

2011
Open to Public Inspection

Department of the Treasury Internal Revenue Service **Employer identification number** Name of the organization PIC INTERNATIONAL, INC. 86-0558318 FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: NICARAGUA, AND OTHER FOREIGN COUNTRIES. FORM 990, PART VI, SECTION B, LINE 11: GOVERNING BOARD REVIEWED THE 990 PRIOR TO FILING. FORM 990, PART VI, SECTION C, LINE 19: DOCUMENTS ARE AVAILABLE UPON REQUEST FROM THE PUBLIC.