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Form 990

## Return of Organization Exempt From Income Tax

2012

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

## A For the 2012 calendar year, or tax year beginning 01-01-2012, 2012, and ending 12-31-2012

B Check if applicable	C Name of organization ACCION INTERNATIONAL		D Employer identification number 13-2535763
<input type="checkbox"/> Address change	Doing Business As		
<input type="checkbox"/> Name change			
<input type="checkbox"/> Initial return	Number and street (or P O box if mail is not delivered to street address)	Room/suite	E Telephone number (617) 625-7080
<input type="checkbox"/> Terminated			
<input type="checkbox"/> Amended return	City or town, state or country, and ZIP + 4 BOSTON, MA 02129		
<input type="checkbox"/> Application pending			G Gross receipts \$ 70,090,322

F Name and address of principal officer  
MICHAEL SCHLEIN  
56 ROLAND STREET NO 300  
BOSTON, MA 02129H(a) Is this a group return for affiliates?  
 Yes  NoH(b) Are all affiliates included?  
 Yes  No  
If "No," attach a list (see instructions)

H(c) Group exemption number ►

I Tax-exempt status  501(c)(3)  501(c) ( ) (insert no)  4947(a)(1) or  527

J Website: ► WWW.ACCION.ORG

K Form of organization  Corporation  Trust  Association  Other ► L Year of formation 1965 M State of legal domicile NY

## Part I Summary

1 Briefly describe the organization's mission or most significant activities TO ASSIST IN THE IMPROVEMENT OF SOCIAL, ECONOMIC, AND CULTURAL CONDITIONS IN THE WORLD	
2 Check this box ► if the organization discontinued its operations or disposed of more than 25% of its net assets	
3 Number of voting members of the governing body (Part VI, line 1a) . . . . .	3 14
4 Number of independent voting members of the governing body (Part VI, line 1b) . . . . .	4 14
5 Total number of individuals employed in calendar year 2012 (Part V, line 2a) . . . . .	5 151
6 Total number of volunteers (estimate if necessary) . . . . .	6 15
7a 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

8 Contributions and grants (Part VIII, line 1h) . . . . .	Prior Year 7,047,083	Current Year 9,081,595
9 Program service revenue (Part VIII, line 2g) . . . . .	5,370,935	7,284,874
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . .	3,650,739	26,639,181
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-257,987	128,549
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . .	15,810,770	43,134,199

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . . .	5,306,314	6,595,942
14 Benefits paid to or for members (Part IX, column (A), line 4) . . . . .	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	13,983,948	15,886,609
16a Professional fundraising fees (Part IX, column (A), line 11e) . . . . .	150,799	112,452
b Total fundraising expenses (Part IX, column (D), line 25) ► 2,973,121		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . . . . .	9,777,357	10,449,450
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	29,218,418	33,044,453
19 Revenue less expenses Subtract line 18 from line 12 . . . . .	-13,407,648	10,089,746

20 Total assets (Part X, line 16) . . . . .	Beginning of Current Year 325,647,440	End of Year 326,304,960
21 Total liabilities (Part X, line 26) . . . . .	8,543,862	15,177,823
22 Net assets or fund balances Subtract line 21 from line 20 . . . . .	317,103,578	311,127,137

## Part II Signature Block

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

Sign Here	Signature of officer LIVINGSTON PARSONS III CFO	Date 2013-11-15
	Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name JOYCE M UNDERWOOD	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P00022361
	Firm's name ► BDO USA LLP		Firm's EIN ► 13-5381590		
	Firm's address ► 7101 WISCONSIN AVE SUITE 800 BETHESDA, MD 208144827		Phone no (301) 654-4900		

May the IRS discuss this return with the preparer shown above? (see instructions) . . . . .  Yes  No

**Part 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

TO GIVE PEOPLE THE FINANCIAL TOOLS THEY NEED TO IMPROVE THEIR LIVES

**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  No

If "Yes," describe these new services on Schedule O

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  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 are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported**4a** (Code) (Expenses \$ 15,260,896 including grants of \$ 6,592,623) (Revenue \$ 1,290,485)

GLOBAL PROGRAMS AND MICROLENDING ACCION IS AN INNOVATOR IN FINANCIAL ACCESS, DEVELOPING MANY OF THE BEST PRACTICES AND EMERGING STANDARDS IN THE INDUSTRY. IT PROVIDES A FULL RANGE OF MANAGEMENT SERVICES, INVESTMENT AND GOVERNANCE SUPPORT TO HELP FINANCIAL INSTITUTIONS TO BUILD INSTITUTIONAL CAPACITY, PROVIDE DIVERSIFIED HIGH-QUALITY FINANCIAL SERVICES AND PRODUCTS, BECOME FINANCIALLY SUSTAINABLE AND REACH MEANINGFUL SCALE. ACCION CURRENTLY PARTNERS WITH 30 MICROFINANCE INSTITUTIONS (MFIS) IN 23 COUNTRIES ON 4 CONTINENTS. AT THE END OF 2012, ACCION'S NETWORK OF PARTNER MFIS WAS SERVING 6.0 MILLION BORROWERS WITH AN ACTIVE LOAN PORTFOLIO OF \$7.1 BILLION AND SAVINGS ACCOUNTS VALUED AT MORE THAN \$3.4 BILLION. OF THOSE PARTNER INSTITUTIONS, TWO ONE IN INNER MONGOLIA, CHINA AND ONE IN MANAUS, BRAZIL - ARE OWNED AND OPERATED BY ACCION. SINCE FOUNDING THE TWO INSTITUTIONS, ACCION HAS INVESTED A TOTAL OF \$17.3M IN THEM TO CREATE ECONOMIC OPPORTUNITY IN REGIONS THAT ARE UN- OR UNDER-SERVED BY FINANCIAL SERVICES. ACCION ALSO DEDICATES SIGNIFICANT RESOURCES TO INDUSTRY TRAINING. IN 2012, MORE THAN 3,800 MICROFINANCE PROFESSIONALS AROUND THE GLOBE WERE TRAINED THROUGH PROGRAMS DEVELOPED BY ITS TRAINING AND CAPACITY-BUILDING INITIATIVE. ACCION ALSO CONTINUES TO STRENGTHEN ITS PROGRAMS IN FINANCIAL LITERACY AND BUSINESS-SKILLS TRAINING FOR CLIENTS. SINCE THE INCEPTION OF OUR CLIENT-EDUCATION PROGRAMS IN THE LATE 1990S, WE HAVE HELPED TRAIN OVER THREE-QUARTERS OF A MILLION ENTREPRENEURS IN LATIN AMERICA. IN 2009, WE EXPANDED OUR CLIENT-EDUCATION PROGRAMS TO INDIA AND, BY THE CLOSE OF 2012, ACCION AND ITS PARTNERS HAD BROUGHT FINANCIAL LITERACY AND BUSINESS SKILLS TO MORE THAN 50,000 INDIAN WOMEN, IN FIVE SEPARATE LANGUAGES.

**4b** (Code) (Expenses \$ 4,334,433 including grants of \$ ) (Revenue \$ 5,325,342)

GLOBAL INVESTMENTS ACCION PROVIDES EARLY-STAGE EQUITY, QUASI-EQUITY FINANCING AND LOAN GUARANTEES TO HELP MFIS BECOME INDEPENDENT OF DONOR FUNDS, BUILD THEIR CAPITAL BASE, ATTRACT DEPOSITS AND ATTAIN FINANCIAL LEVERAGE TO EXPAND THEIR REACH. ACCION ALSO EXTENDS STANDBY LETTERS OF CREDIT TO MICROFINANCE INSTITUTIONS THROUGH ITS GLOBAL BRIDGE FUND. TOGETHER, THESE FINANCING TOOLS PROVIDE CRITICALLY NEEDED CAPITAL FOR YOUNG INSTITUTIONS WORKING IN CHALLENGING MARKETS WHERE SUCH FUNDING IS TYPICALLY UNAVAILABLE. IN ADDITION, ACCION'S FRONTIER INVESTMENTS GROUP, FOUNDED IN 2008, MAKES EQUITY INVESTMENTS IN NON-MFI COMPANIES THAT PRODUCE TECHNOLOGIES, PRODUCTS AND SERVICES DESIGNED TO RADICALLY ENHANCE THE EFFICIENCY, REACH AND SCOPE OF PRODUCTS AND SERVICES FOR THE UNBANKED. SINCE ITS INCEPTION, FRONTIER HAS MADE INVESTMENTS IN NINE EARLY-STAGE COMPANIES THAT SERVE THE BASE OF THE ECONOMIC PYRAMID, FOR A TOTAL INVESTMENT OF \$12.8M. IN 2012 ALONE, FRONTIER MADE EARLY-STAGE INVESTMENTS IN SUCH PROMISING YOUNG COMPANIES SUCH AS TIXA, A MOBILE SERVICES PROVIDER IN CHILE THAT GIVES PREPAID PHONE USERS INSTANTANEOUS ACCESS TO 'NANOLOANS', AND IN SHUBHAM, WHICH OFFERS MORTGAGES FOR QUALITY, AFFORDABLE HOUSING TO LOW-INCOME CLIENTS IN INDIA. FRONTIER ALSO INVESTED IN 2012 IN ZOONA (FORMERLY MTZ) A MOBILE PAYMENTS BUSINESS IN ZAMBIA, ZIMBABWE AND MOZAMBIQUE THAT IS TRANSFORMING THE WAY PEOPLE AND ORGANIZATIONS TRANSACT BUSINESS BY REDUCING RELIANCE ON CASH. COMPLEMENTING FRONTIER INVESTMENTS GROUP IS ACCION'S VENTURE LAB, A NEW \$10M SEED-STAGE IMPACT-INVESTMENT INITIATIVE LAUNCHED IN EARLY 2012. VENTURE LAB IS ALSO DESIGNED TO SUPPORT START-UPS FOCUSED ON CREATING FINANCIAL PRODUCTS AND SERVICES TO EXPAND FINANCIAL INCLUSION FOR THE BASE OF PYRAMID, THOUGH START-UPS AT AN EARLIER, MORE CRITICAL STAGE, WHEN THEY ARE NORMALLY CONSIDERED 'PRE-INVESTABLE' WHEN A PRODUCT OR SERVICE IS READY TO TEST THE MARKET BUT HAS NOT YET PROVED ITS ABILITY TO GENERATE REVENUE. VENTURE LAB TYPICALLY MAKES INVESTMENTS OF \$100,000 TO \$500,000. IT CLOSED ITS FIRST INVESTMENT IN 2012, FOR \$300,000, AND HAD CLOSED SIX MORE BY Q3 2013.

**4c** (Code) (Expenses \$ 3,566,707 including grants of \$ 3,320) (Revenue \$ 671,155)

CENTER FOR FINANCIAL INCLUSION ACCION LAUNCHED THE CENTER FOR FINANCIAL INCLUSION IN 2008 TO FOSTER CREATIVE SOLUTIONS THAT ADDRESS THE INDUSTRY'S KEY CHALLENGES. THE CENTER WORKS COLLABORATIVELY WITH MICROFINANCE INSTITUTIONS, INTERNATIONAL NETWORKS, REGULATORS, INVESTORS AND THE PRIVATE SECTOR TO DEVELOP IDEAS, RESEARCH, AND PUBLIC CAMPAIGNS DESIGNED TO BENEFIT THE INDUSTRY AND ITS CLIENTS. IN 2009 THE CENTER LAUNCHED THE SMART CAMPAIGN, A GLOBAL EFFORT TO FOSTER CONSUMER PROTECTION AND TO CERTIFY THOSE MFIS THAT INCORPORATE CLIENT-PROTECTION PRINCIPLES IN THEIR WORK. TO DATE, MORE THAN 3,800 SIGNATORIES, CONSISTING OF MICROFINANCE INSTITUTIONS, NETWORKS, ASSOCIATIONS, DONORS, INVESTORS, SUPPORTING ORGANIZATIONS AND INDIVIDUALS FROM MORE THAN 130 COUNTRIES, HAVE ENDORSED THE CAMPAIGN. THOSE INSTITUTIONS TODAY COLLECTIVELY SERVE OVER 65 MILLION MICROFINANCE CLIENTS. THE CENTER ALSO DIRECTS THE AMBITIOUS FINANCIAL INCLUSION 2020 INITIATIVE, A GLOBAL MOVEMENT DESIGNED TO MOBILIZE PUBLIC AND PRIVATE STAKEHOLDERS AROUND THE ACHIEVEMENT OF FULL FINANCIAL INCLUSION, USING THE YEAR 2020 AS A FOCAL POINT FOR ACTION.

(Code) (Expenses \$ 1,785,296 including grants of \$ ) (Revenue \$ )

EDUCATION AND COMMUNICATIONS THE COMMUNICATIONS DEPARTMENT SUPPORTS ACCION'S STRATEGIC OBJECTIVES BY PROMOTING AWARENESS OF ACCION'S WORK AROUND THE GLOBE AND EDUCATING THE PUBLIC ABOUT ITS MISSION

**4d** Other program services (Describe in Schedule O )

(Expenses \$ 1,785,296 including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses ► 24,947,332

**Part IV Checklist of Required Schedules**

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A

2 Is the organization required to complete Schedule B, *Schedule of Contributors* (see instructions)?

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

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

5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III

6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I

7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II

8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III

9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV

10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V

11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI

b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII

c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII

d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX

e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X

f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part XI

12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII

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 and XII is optional

13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States?

b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV

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

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

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 (see instructions)

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

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

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

	Yes	No
1	Yes	
2	Yes	
3		No
4	Yes	
5		No
6		No
7		No
8		No
9		No
10		No
11a	Yes	
11b		No
11c	Yes	
11d		No
11e	Yes	
11f	Yes	
12a		No
12b	Yes	
13		No
14a	Yes	
14b	Yes	
15	Yes	
16		No
17	Yes	
18	Yes	
19		No
20a		No
20b		

**Part IV Checklist of Required Schedules (continued)**

21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
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	No	
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	Yes	
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	No	
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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	No	
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	No	
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	No	
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	No	
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)	28a	No	
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	No	
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28c	No	
c	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	29	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	30	No	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	31	No	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	32	No	
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	33	Yes	
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	34	Yes	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	35a	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35b	Yes	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	36	No	
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	37	No	
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	Yes	
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	<b>Note.</b> All Form 990 filers are required to complete Schedule O			

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response to any question in this Part V 

		Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	<b>1a</b>	178	
<b>b</b> Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	<b>1b</b>	0	
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<b>1c</b>	Yes	
<b>2a</b> 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	<b>2a</b>	151	
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	<b>2b</b>	Yes	
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>	No	
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	<b>3b</b>		
<b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<b>4a</b>	Yes	
<b>b</b> If "Yes," enter the name of the foreign country <b>GH, MP, BR, MX, PM, IN, CH</b> See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>	No	
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>	No	
<b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>		
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	<b>6a</b>	No	
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>	<b>7a</b>	No	
<b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	<b>7b</b>		
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7c</b>	No	
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7d</b>		
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year	<b>7e</b>	No	
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7f</b>	No	
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7g</b>		
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7h</b>		
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>8</b>		
<b>8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	<b>9a</b>		
<b>9 Sponsoring organizations maintaining donor advised funds.</b>	<b>9b</b>		
<b>a</b> Did the organization make any taxable distributions under section 4966?			
<b>b</b> Did the organization make a distribution to a donor, donor advisor, or related person?			
<b>10 Section 501(c)(7) organizations.</b> Enter	<b>10a</b>		
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12	<b>10b</b>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
<b>11 Section 501(c)(12) organizations.</b> Enter	<b>11a</b>		
<b>a</b> Gross income from members or shareholders	<b>11b</b>		
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>		
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>	<b>13a</b>		
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O	<b>13b</b>		
<b>b</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	<b>13c</b>		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>	No	
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	<b>14b</b>		

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, 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

### Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	14	
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent	1b	14	
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		No
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		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following	8a	Yes	
a	The governing body?	8b	Yes	
b	Each committee with authority to act on behalf of the governing body?	9		No
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			

### Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, 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	Yes
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	12a	Yes
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12b	Yes
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12c	Yes
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	13	Yes
13	Did the organization have a written whistleblower policy?	14	Yes
14	Did the organization have a written document retention and destruction policy?	15a	Yes
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?	15b	Yes
a	The organization's CEO, Executive Director, or top management official	16a	Yes
b	Other officers or key employees of the organization	16b	Yes
	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?		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

### Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed	AL, AK, AZ, AR, CA, CT, FL, GA, IL, IN, KS, KY, ME, MD, MA, MI, MN, MS, NH, NJ, NM, NY, OH, OK, OR, PA, RI, SC, TN, VA, WA, WI
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply	<input checked="" type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization	<b>LIVINGSTON PARSONS III CFO 56 ROLAND STREET NO 300 BOSTON, MA (617) 625-7080</b>

**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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099- MISC)	(E) Reportable compensation from related organizations (W-2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Office	Key employee	Highest compensated	Former			
(1) DIANA TAYLOR CHAIR	50	X		X				0	0	0
(2) GUSTAVO HERRERO VICE-CHAIR	50	X		X				0	0	0
(3) BARBARA LUCAS SECRETARY	50	X		X				0	0	0
(4) RUSSELL FAUCETT TREASURER	50	X		X				0	0	0
(5) ANNE STETSON SECRETARY	50	X		X				0	0	0
(6) TITUS BRENNINKMEIJER CO VICE-CHAIR	50	X		X				0	0	0
(7) HENRY MILLER CO VICE-CHAIR	50	X		X				0	0	0
(8) THOMAS BARRY DIRECTOR	50	X						0	0	0
(9) NANCY BIRDSALL DIRECTOR	50	X						0	0	0
(10) AMY BUTTE DIRECTOR	50	X						0	0	0
(11) RICARDO HAUSMANN DIRECTOR	50	X						0	0	0
(12) JOSEPH HILL DIRECTOR	50	X						0	0	0
(13) TARA KENNEY DIRECTOR	50	X						0	0	0
(14) ROBERTO DANINO DIRECTOR	50	X						0	0	0
(15) JOHN HEIMANN DIRECTOR	50	X						0	0	0
(16) GABRIEL ROZMAN DIRECTOR	50	X						0	0	0
(17) MICHAEL SCHLEIN PRESIDENT & CEO	35 00			X				438,292	0	30,147

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)**

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations	
		Or director	Individual trustee	Instrumental Trustee	Officer	Key employee	Highest compensated employee	Former		
(18) ESTEBAN ALTSCHUL COO	35 00				X				452,224	0 27,477
(19) LIVINGSTON PARSONS III CFO	35 00				X				225,430	0 38,501
(20) KEVIN SAUNDERS ASSISTANT SECRETARY	35 00				X				112,228	0 15,347
(21) ELLEN BAUER ASSISTANT SECRETARY	35 00				X				50,554	0 9,946
(22) DONELLA RAPIER CDO-CAO	35 00					X			208,508	0 22,447
(23) JOHN FISCHER CIO	10 35 00					X			48,162	886,966 29,291
(24) CATHERINE QUENSE SR VP	35 00						X		456,528	0 22,308
(25) ELIZABETH RHYNE SR VP	35 00						X		233,924	0 17,160
(26) MARY CHAFFIN GENERAL COUNSEL	35 00						X		233,240	0 48,737
(27) BRIAN KUWIK REGIONAL HEAD, AFRICA	35 00						X		243,218	0 22,506
(28) DIEGO GUZMAN REGIONAL HEAD, LATIN AMERICA	4 00 36 00						X		82,960	141,798 0
(29) ENRIQUE FERRARO MANAGING DIR , AIMCO	0 00 35 00							X	0	1,203,897 29,295
<b>1b Sub-Total . . . . .</b>										
<b>c Total from continuation sheets to Part VII, Section A . . . . .</b>										
<b>d Total (add lines 1b and 1c) . . . . .</b>									2,785,268	2,232,661 313,162

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **►32**

		Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual . . . . .	<b>3</b>	Yes	
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual . . . . .	<b>4</b>	Yes	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person . . . . .	<b>5</b>		No

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
MAYER BROWN LLP 2027 COLLECTION CTR DR CHICAGO IL 606930020	LEGAL SERVICES	183,047
JOHANNES MANDORFF SCHLEIMANN STR 33 10437BERLINGM	BUSINESS CONSULTING	159,075
GRANT THORNTON LLP 33960 TREASURY CTR CHICAGO IL 606943900	AUDITING SERVICES	150,532
HOGAN LOVELLS US LLP 555 13TH ST NW WASHINGTON DC 200041109	LEGAL SERVICES	138,295
LAUTMAN MASKA NEIL & CO 1730 RHODE ISLAND AV NW 301 WASHINGTON DC 20036	DIRECT MAIL CONSULTING	131,646

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **►10**

**Part VIII Statement of Revenue**

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b> 35,452			
	<b>b</b> Membership dues . . . . .	<b>1b</b>			
	<b>c</b> Fundraising events . . . . .	<b>1c</b> 53,008			
	<b>d</b> Related organizations . . . . .	<b>1d</b>			
	<b>e</b> Government grants (contributions)	<b>1e</b>			
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b> 8,993,135			
	<b>g</b> Noncash contributions included in lines 1a-1f \$		58,941		
	<b>h</b> <b>Total.</b> Add lines 1a-1f . . . . .		9,081,595		
<b>Program Service Revenue</b>	<b>2a</b> DIVIDENDS INV MGMT	Business Code 523920	5,175,100	5,175,100	
	<b>b</b> CONTRACT REVENUE	541900	1,341,978	1,341,978	
	<b>c</b> CONFERENCE FEES	900099	372,641	372,641	
	<b>d</b> MEMBERSHIP FEES	541900	272,201	272,201	
	<b>e</b> HONORARIUM,BD REP FEES	900099	122,954	122,954	
	<b>f</b> All other program service revenue				
	<b>g</b> <b>Total.</b> Add lines 2a-2f . . . . .		7,284,874		
	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .		3,194,834		3,194,834
<b>4</b> Income from investment of tax-exempt bond proceeds					
<b>5</b> Royalties . . . . .		2,108	2,108		
<b>6a</b> Gross rents	(i) Real 159,931				
<b>b</b> Less rental expenses	(ii) Personal 0				
<b>c</b> Rental income or (loss)	159,931				
<b>d</b> Net rental income or (loss) . . . . .		159,931		159,931	
<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities 50,361,470				
<b>b</b> Less cost or other basis and sales expenses	(ii) Other 26,917,123				
<b>c</b> Gain or (loss)	23,444,347				
<b>d</b> Net gain or (loss) . . . . .		23,444,347		23,444,347	
<b>8a</b> Gross income from fundraising events (not including \$ 53,008 of contributions reported on line 1c) See Part IV, line 18 . . . . .					
<b>b</b> Less direct expenses . . . . .	<b>a</b> 5,510 <b>b</b> 39,000				
<b>c</b> Net income or (loss) from fundraising events . . . . .		-33,490		-33,490	
<b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . .					
<b>b</b> Less direct expenses . . . . .	<b>a</b>				
<b>c</b> Net income or (loss) from gaming activities . . . . .					
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>				
<b>b</b> Less cost of goods sold . . . . .	<b>a</b>				
<b>c</b> Net income or (loss) from sales of inventory . . . . .					
<b>Miscellaneous Revenue</b>		Business Code			
<b>11a</b>					
<b>b</b>					
<b>c</b>					
<b>d</b> All other revenue . . . . .					
<b>e</b> <b>Total.</b> Add lines 11a-11d . . . . .					
<b>12</b> <b>Total revenue.</b> See Instructions . . . . .		43,134,199	7,286,982	0	26,765,622

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A)

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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A) Total expenses</b>	<b>(B) Program service expenses</b>	<b>(C) Management and general expenses</b>	<b>(D) Fundraising expenses</b>
1 Grants and other assistance to governments and organizations in the United States See Part IV, line 21	329,635	329,635		
2 Grants and other assistance to individuals in 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	6,266,307	6,266,307		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees . . . . .	3,583,467	1,947,143	1,368,506	267,818
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
7 Other salaries and wages	10,328,222	7,421,126	1,543,283	1,363,813
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	418,536	211,403	119,389	87,744
9 Other employee benefits . . . . .	794,619	448,625	189,641	156,353
10 Payroll taxes . . . . .	761,765	386,072	244,458	131,235
11 Fees for services (non-employees)				
a Management . . . . .				
b Legal . . . . .	1,086,558	1,034,654	51,904	
c Accounting . . . . .	436,170	285,970	150,200	
d Lobbying . . . . .	2,158			2,158
e Professional fundraising services See Part IV, line 17	112,452			112,452
f Investment management fees . . . . .	220,474		220,474	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) . . . . .	2,812,810	2,477,177	170,202	165,431
12 Advertising and promotion . . . . .	505,304	346,755	15,187	143,362
13 Office expenses . . . . .	759,399	381,246	186,792	191,361
14 Information technology . . . . .	290,647	129,561	96,122	64,964
15 Royalties . . . . .				
16 Occupancy . . . . .	1,309,674	606,405	573,905	129,364
17 Travel . . . . .	2,013,858	1,769,383	153,040	91,435
18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
19 Conferences, conventions, and meetings . . . . .	653,219	637,699	5,668	9,852
20 Interest . . . . .	110,188	106,394	3,794	
21 Payments to affiliates . . . . .				
22 Depreciation, depletion, and amortization . . . . .	117,961	56,394	44,896	16,671
23 Insurance . . . . .	105,650	54,084	36,874	14,692
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 O )				
a				
b				
c				
d				
e All other expenses	25,380	51,299	-50,335	24,416
<b>25 Total functional expenses.</b> Add lines 1 through 24e	33,044,453	24,947,332	5,124,000	2,973,121
<b>26 Joint costs.</b> 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)				

**Part X Balance Sheet**Check if Schedule O contains a response to any question in this Part X 

		<b>(A)</b> Beginning of year	<b>(B)</b> End of year	
<b>Assets</b>				
1	Cash—non-interest-bearing	6,118,015	<b>1</b>	5,570,079
2	Savings and temporary cash investments	116,842,736	<b>2</b>	106,444,590
3	Pledges and grants receivable, net	5,358,864	<b>3</b>	7,020,188
4	Accounts receivable, net	733,083	<b>4</b>	1,036,950
5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		<b>5</b>	
6	Loans and other 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 section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		<b>6</b>	
7	Notes and loans receivable, net	4,831,934	<b>7</b>	2,200,671
8	Inventories for sale or use	113	<b>8</b>	113
9	Prepaid expenses and deferred charges	785,521	<b>9</b>	767,126
10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	<b>10a</b>	1,477,795	
b	Less accumulated depreciation	<b>10b</b>	1,168,868	371,967
			<b>10c</b>	308,927
11	Investments—publicly traded securities	7,337,082	<b>11</b>	7,494,309
12	Investments—other securities See Part IV, line 11		<b>12</b>	
13	Investments—program-related See Part IV, line 11	183,112,132	<b>13</b>	195,289,130
14	Intangible assets		<b>14</b>	
15	Other assets See Part IV, line 11	155,993	<b>15</b>	172,877
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	325,647,440	<b>16</b>	326,304,960
<b>Liabilities</b>				
17	Accounts payable and accrued expenses	2,353,334	<b>17</b>	2,608,853
18	Grants payable		<b>18</b>	
19	Deferred revenue	233,341	<b>19</b>	149,778
20	Tax-exempt bond liabilities		<b>20</b>	
21	Escrow or custodial account liability Complete Part IV of Schedule D		<b>21</b>	
22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		<b>22</b>	
23	Secured mortgages and notes payable to unrelated third parties		<b>23</b>	
24	Unsecured notes and loans payable to unrelated third parties	5,957,187	<b>24</b>	6,070,086
25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	0	<b>25</b>	6,349,106
26	<b>Total liabilities.</b> Add lines 17 through 25	8,543,862	<b>26</b>	15,177,823
<b>Net Assets or Fund Balances</b>				
	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
27	Unrestricted net assets	308,364,377	<b>27</b>	302,528,679
28	Temporarily restricted net assets	8,739,201	<b>28</b>	8,598,458
29	Permanently restricted net assets		<b>29</b>	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
30	Capital stock or trust principal, or current funds		<b>30</b>	
31	Paid-in or capital surplus, or land, building or equipment fund		<b>31</b>	
32	Retained earnings, endowment, accumulated income, or other funds		<b>32</b>	
33	Total net assets or fund balances	317,103,578	<b>33</b>	311,127,137
34	<b>Total liabilities and net assets/fund balances</b>	325,647,440	<b>34</b>	326,304,960

**Part 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	43,134,199
2	Total expenses (must equal Part IX, column (A), line 25)	2	33,044,453
3	Revenue less expenses Subtract line 2 from line 1	3	10,089,746
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	317,103,578
5	Net unrealized gains (losses) on investments	5	-10,667,811
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-5,398,376
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	311,127,137

**Part 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 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O	<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____	
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both	<input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<b>2a</b> Yes
2b Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both	<input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<b>2b</b> Yes
2c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		<b>2c</b> Yes
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		<b>3a</b> No
3b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		<b>3b</b>

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 13-2535763  
**Name:** ACCION INTERNATIONAL

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Or director	Individual trustee	Institutional Trustee	Officer	Key employee			
DIANA TAYLOR CHAIR	50	X		X			0	0	0
GUSTAVO HERRERO VICE-CHAIR	50	X		X			0	0	0
BARBARA LUCAS SECRETARY	50	X		X			0	0	0
RUSSELL FAUCETT TREASURER	50	X		X			0	0	0
ANNE STETSON SECRETARY	50	X		X			0	0	0
TITUS BRENNINKMEIDER CO VICE-CHAIR	50	X		X			0	0	0
HENRY MILLER CO VICE-CHAIR	50	X		X			0	0	0
THOMAS BARRY DIRECTOR	50	X					0	0	0
NANCY BIRDSELL DIRECTOR	50	X					0	0	0
AMY BUTTE DIRECTOR	50	X					0	0	0
RICARDO HAUSMANN DIRECTOR	50	X					0	0	0
JOSEPH HILL DIRECTOR	50	X					0	0	0
TARA KENNEY DIRECTOR	50	X					0	0	0
ROBERTO DANINO DIRECTOR	50	X					0	0	0
JOHN HEIMANN DIRECTOR	50	X					0	0	0
GABRIEL ROZMAN DIRECTOR	50	X					0	0	0
MICHAEL SCHLEIN PRESIDENT & CEO	35.00			X			438,292	0	30,147
ESTEBAN ALTSCHUL COO	35.00			X			452,224	0	27,477
LIVINGSTON PARSONS III CFO	35.00			X			225,430	0	38,501
KEVIN SAUNDERS ASSISTANT SECRETARY	35.00			X			112,228	0	15,347
ELLEN BAUER ASSISTANT SECRETARY	35.00			X			50,554	0	9,946
DONELLA RAPIER CDO-CAO	35.00				X		208,508	0	22,447
JOHN FISCHER CIO	10 35.00			X			48,162	886,966	29,291
CATHERINE QUENSE SR VP	35.00				X		456,528	0	22,308
ELIZABETH RHYNE SR VP	35.00				X		233,924	0	17,160

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations				
		Or director	Individual trustee	Institutional Trustee	Officer	Key employee	Former	Highest compensated employee						
MARY CHAFFIN GENERAL COUNSEL	35 00						X			233,240	0		48,737	
BRIAN KUWIK REGIONAL HEAD, AFRICA	35 00						X			243,218	0		22,506	
DIEGO GUZMAN REGIONAL HEAD, LATIN AMERICA	4 00 36 00						X			82,960	141,798		0	
ENRIQUE FERRARO MANAGING DIR , AIMCO	0 00 35 00						X			0	1,203,897		29,295	

**SCHEDULE A**  
(Form 990 or 990EZ)**Public Charity Status and Public Support****2012****Open to Public  
Inspection**

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.

Department of the Treasury  
Internal Revenue ServiceName of the organization  
ACCION INTERNATIONAL

Employer identification number

13-2535763

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.

2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E )

3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.

4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state \_\_\_\_\_

5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II )

6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.

7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II )

8  A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II )

9  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III )

10  An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.

11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h

e  a  Type I b  Type II c  Type III - Functionally integrated d  Type III - Non-functionally integrated

e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f  If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box

g  Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

(ii) A family member of a person described in (i) above?

(iii) A 35% controlled entity of a person described in (i) or (ii) above?

h  Provide the following information about the supported organization(s)

	<b>Yes</b>	<b>No</b>
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?	(v) Did you notify the organization in col (i) of your support?	(vi) Is the organization in col (i) organized in the U S ?	(vii) Amount of monetary support
<b>Total</b>						

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	8,187,910	10,402,929	7,407,229	7,047,083	9,081,595	42,126,746
2 Tax revenues levied for the organization'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 <b>Total.</b> Add lines 1 through 3	8,187,910	10,402,929	7,407,229	7,047,083	9,081,595	42,126,746
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						16,491,809
6 <b>Public support.</b> Subtract line 5 from line 4						25,634,937

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4	8,187,910	10,402,929	7,407,229	7,047,083	9,081,595	42,126,746
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,902,377	3,125,863	2,523,898	3,703,888	3,354,765	15,610,791
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 <b>Total support</b> (Add lines 7 through 10)						57,737,537
12 Gross receipts from related activities, etc (see instructions)					12	28,249,574
13 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and <b>stop here</b> . . . . .						

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14	44 400 %
15 Public support percentage for 2011 Schedule A, Part II, line 14	15	49 950 %
16a <b>33 1/3% support test—2012.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization		►✓
b <b>33 1/3% support test—2011.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization		►□
17a <b>10%-facts-and-circumstances test—2012.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here</b> . Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		►□
b <b>10%-facts-and-circumstances test—2011.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here</b> . Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		►□
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		►□

**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**

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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 business under section 513						
4 Tax revenues levied for the organization'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						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support</b> (Subtract line 7c from line 6 )						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV )						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12 )						
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and <b>stop here</b>						

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15
16 Public support percentage from 2011 Schedule A, Part III, line 15	16

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18
<b>19a 33 1/3% support tests—2012.</b> If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization	
<b>b 33 1/3% support tests—2011.</b> If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization	
<b>20 Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions	

**Part IV** **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

**Facts And Circumstances Test**

**Explanation**

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**SCHEDULE C**  
(Form 990 or 990-EZ)**Political Campaign and Lobbying Activities****2012****Open to Public  
Inspection****For Organizations Exempt From Income Tax Under section 501(c) and section 527**

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ.

► See separate instructions.

**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 35c (Proxy Tax), then**

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization ACCION INTERNATIONAL	Employer identification number 13-2535763
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**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV
- 2 Political expenditures ► \$ \_\_\_\_\_
- 3 Volunteer hours \_\_\_\_\_

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ► \$ \_\_\_\_\_
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ► \$ \_\_\_\_\_
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?  Yes  No
- 4a Was a correction made?  Yes  No
- b If "Yes," describe in Part IV

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ► \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ► \$ \_\_\_\_\_
- 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ► \$ \_\_\_\_\_
- 4 Did the filing organization file **Form 1120-POL** for this year?  Yes  No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(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-

**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

**A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

**B** Check  if the filing organization checked box A and "limited control" provisions apply

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		<b>(a) Filing organization's totals</b>	<b>(b) Affiliated group totals</b>
<b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying)			
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying)			
<b>c</b> Total lobbying expenditures (add lines 1a and 1b)			
<b>d</b> Other exempt purpose expenditures			
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d)			
<b>f</b> Lobbying nontaxable amount Enter the amount from the following table in both columns			
<b>If the amount on line 1e, column (a) or (b) is:</b>	<b>The lobbying nontaxable amount is:</b>		
Not over \$500,000	20% of the amount on line 1e		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
Over \$17,000,000	\$1,000,000		
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f)			
<b>h</b> Subtract line 1g from line 1a If zero or less, enter -0-			
<b>i</b> Subtract line 1f from line 1c If zero or less, enter -0-			
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

**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.)**

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	<b>(a) 2009</b>	<b>(b) 2010</b>	<b>(c) 2011</b>	<b>(d) 2012</b>	<b>(e) Total</b>
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

**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)).**

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)
	Yes	No	Amount
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			
a Volunteers?		No	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c Media advertisements?		No	
d Mailings to members, legislators, or the public?	Yes		2,158
e Publications, or published or broadcast statements?		No	
f Grants to other organizations for lobbying purposes?		No	
g Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i Other activities?		No	
j Total Add lines 1c through 1i			2,158
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

**Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?	3	

**Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."**

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

**Part IV Supplemental Information**

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, line 2, and Part II-B, line 1. Also, complete this part for any additional information

Identifier	Return Reference	Explanation

**SCHEDULE D**  
(Form 990)**Supplemental Financial Statements****2012****Open to Public  
Inspection**Department of the Treasury  
Internal Revenue Service

► 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.

**Name of the organization**  
ACCION INTERNATIONAL**Employer identification number**

13-2535763

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(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 advised funds are the organization's property, subject to the organization's exclusive legal control?  Yes  No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?  Yes  No

**Part II Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)	<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education) <input type="checkbox"/> Preservation of an historically important land area
	<input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure
	<input type="checkbox"/> Preservation of open space
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year	
a Total number of conservation easements	<b>Held at the End of the Year</b>
b Total acreage restricted by conservation easements	2a
c Number of conservation easements on a certified historic structure included in (a)	2b
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2c
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► _____	2d
4 Number of states where property subject to conservation easement is located ► _____	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? <input type="checkbox"/> Yes <input type="checkbox"/> No	
6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ► _____	
7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$ _____	
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements	

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or 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 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1	► \$ _____
(ii) Assets included in Form 990, Part X	► \$ _____
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items	
a Revenues included in Form 990, Part VIII, line 1	► \$ _____
b Assets included in Form 990, Part X	► \$ _____

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)**

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

<b>a</b> <input type="checkbox"/> Public exhibition	<b>d</b> <input type="checkbox"/> Loan or exchange programs
<b>b</b> <input type="checkbox"/> Scholarly research	<b>e</b> <input type="checkbox"/> Other
<b>c</b> <input type="checkbox"/> Preservation for future generations	

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

**1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

**b** If "Yes," explain the arrangement in Part XIII and complete the following table

	<b>Amount</b>
<b>1c</b>	
<b>1d</b>	
<b>1e</b>	
<b>1f</b>	

**2a** Did the organization include an amount on Form 990, Part X, line 21?  Yes  No

**b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance . . . . .					
<b>b</b> Contributions . . . . .					
<b>c</b> Net investment earnings, gains, and losses . . . . .					
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .					
<b>f</b> Administrative expenses . . . . .					
<b>g</b> End of year balance . . . . .					

**2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

**a** Board designated or quasi-endowment

**b** 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 possession of the organization that are held and administered for the organization by

**(i)** unrelated organizations . . . . .

**(ii)** related organizations . . . . .

**b** If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? . . . . .

<b>Yes</b>	<b>No</b>
<b>3a(i)</b>	
<b>3a(ii)</b>	
<b>3b</b>	

**4** Describe in Part XIII the intended uses of the organization's endowment funds

**Part VI Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land . . . . .					
<b>b</b> Buildings . . . . .					
<b>c</b> Leasehold improvements . . . . .		182,486	145,660	36,826	
<b>d</b> Equipment . . . . .		622,956	551,825	71,131	
<b>e</b> Other . . . . .		672,353	471,383	200,970	
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)					308,927

**Part VII Investments—Other Securities.** See Form 990, Part X, line 12

<b>(a) Description of security or category (including name of security)</b>	<b>(b) Book value</b>	<b>(c) Method of valuation Cost or end-of-year market value</b>
(1) Financial derivatives		
(2) Closely-held equity interests		
Other		
<b>Total</b> (Column (b) must equal Form 990, Part X, col. (B), line 12.)		

**Total.** (Column (b) must equal Form 990, Part X, col (B) line 12)

**Part VIII Investments—Program Related.** See Form 990, Part X, line 13

<b>(a) Description of investment type</b>	<b>(b) Book value</b>	<b>(c) Method of valuation</b>
		Cost or end-of-year market value
(1) BANCO COMPARTAMOS	102,611,355	F
(2) OTHER PROGRAM RELATED INVESTMENTS	92,677,775	C

**Total.** (Column (b) must equal Form 990, Part X, col (B) line 13.)

**Part IX Other Assets.** See Form 990, Part X, line 15

<b>(a) Description</b>	<b>(b) Book value</b>
	</td

**Total.** (Column (b) must equal Form 990, Part X, col.(B) line 15.)

**Part X Other Liabilities.** See Form 990, Part X, line 25.

<b>Total. (Column (b) must equal Form 990, Part X, col (B) line 25)</b>	<b>6,349,106</b>
<b>2. Fin 48 (ASC 740) Footnote</b> In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.	

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1	Total revenue, gains, and other support per audited financial statements	1	29,134,043
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	-10,667,811
b	Donated services and use of facilities	2b	2,027,030
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII )	2d	-5,359,375
e	Add lines 2a through 2d	2e	-14,000,156
3	Subtract line 2e from line 1	3	43,134,199
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII )	4b	
c	Add lines 4a and 4b	4c	0
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 )	5	43,134,199

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1	Total expenses and losses per audited financial statements	1	35,110,483
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	2,027,030
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII )	2d	39,000
e	Add lines 2a through 2d	2e	2,066,030
3	Subtract line 2e from line 1	3	33,044,453
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII )	4b	
c	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 )	5	33,044,453

**Part XIII Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X, LINE 2	ACCION ADOPTED THE PROVISIONS OF ASC 740, INCOME TAXES EFFECTIVE JANUARY 1, 2009 AS REQUIRED BY ASC 740-10, ACCION RECOGNIZES THE FINANCIAL STATEMENT BENEFIT OF A TAX POSITION ONLY AFTER DETERMINING THAT THE RELEVANT TAX AUTHORITY WOULD MORE LIKELY THAN NOT SUSTAIN THE POSITION FOLLOWING AN AUDIT. FOR TAX POSITIONS MEETING THE MORE LIKELY-THAN-NOT THRESHOLD, THE AMOUNT RECOGNIZED IN THE FINANCIAL STATEMENTS IS THE LARGEST BENEFIT THAT HAS A GREATER THAN 50 PERCENT LIKELIHOOD OF BEING REALIZED UPON ULTIMATE SETTLEMENT WITH THE RELEVANT TAX AUTHORITY. ACCION APPLIED ASC 740 TO ALL TAX POSITIONS FOR WHICH THE STATUTE OF LIMITATIONS REMAINED OPEN AND DETERMINED THESE WERE NO MATERIAL UNRECOGNIZED TAX POSITIONS AS OF THAT DATE. IN ADDITION, THERE HAVE BEEN NO MATERIAL CHANGES IN UNRECOGNIZED BENEFITS SINCE INCEPTION. MANAGEMENT BELIEVES THAT ITS TAX RETURNS FOR YEARS ENDING PRIOR TO DECEMBER 31, 2009 ARE NO LONGER SUBJECT TO EXAMINATION BY TAX AUTHORITIES IN ITS MAJOR TAX JURISDICTIONS.
PART XI, LINE 2D - OTHER ADJUSTMENTS		EQUITY IN INCOME OF EQUITY INVESTMENTS -5,333,850 CURRENCY (GAIN) LOSS ON CONSOLIDATION -64,525 SPECIAL EVENTS COSTS INCLUDED IN INCOME 39,000
PART XII, LINE 2D - OTHER ADJUSTMENTS		SPECIAL EVENTS COSTS INCLUDED IN INCOME 39,000

2012

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InspectionSCHEDULE 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.

Department of the Treasury  
Internal Revenue Service

Employer identification number

13-2535763

**Part I General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

**1 For grantmakers.** 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 criteria used to award the grants or assistance? . . . . .  Yes  No

**2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States.

**3 Activities per Region** (The following Part I, line 3 table can be duplicated if additional space is needed )

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
SUB-SAHARAN AFRICA	1	23	PROGRAM SERVICES	MICROFINANCE-TECHNICAL ASSISTANCE AND EDUCATION	3,108,000
SUB-SAHARAN AFRICA			PROGRAM INVESTMENTS		4,138,000
EAST ASIA AND THE PACIFIC	1	13	PROGRAM SERVICES	MICROFINANCE-TECHNICAL ASSISTANCE AND EDUCATION	2,845,000
EAST ASIA AND THE PACIFIC			PROGRAM INVESTMENTS		12,986,000
SOUTH ASIA	1	15	PROGRAM SERVICES	MICROFINANCE-TECHNICAL ASSISTANCE AND EDUCATION	1,426,000
SOUTH ASIA			PROGRAM INVESTMENTS		1,526,000
CENTRAL AMERICA AND THE CARIBBEAN	0	8	PROGRAM SERVICES	MICROFINANCE-TECHNICAL ASSISTANCE AND EDUCATION	369,000
CENTRAL AMERICA AND THE CARIBBEAN			PROGRAM INVESTMENTS		18,624,000
SOUTH AMERICA	2	101	PROGRAM SERVICES	MICROFINANCE-TECHNICAL ASSISTANCE AND EDUCATION	9,245,000
SOUTH AMERICA			PROGRAM INVESTMENTS		44,473,000
NORTH AMERICA	0	1	PROGRAM SERVICES	MICROFINANCE-TECHNICAL ASSISTANCE AND EDUCATION	844,000
NORTH AMERICA			PROGRAM INVESTMENTS		103,516,000
EUROPE	0	0	PROGRAM SERVICES	MICROFINANCE-TECHNICAL ASSISTANCE AND EDUCATION	68,000
EUROPE			PROGRAM INVESTMENTS		1,200,000
<b>3a</b> Sub-total	3	59			45,022,000
<b>b</b> Total from continuation sheets to Part I	2	102			159,346,000
<b>c Totals</b> (add lines 3a and 3b)	5	161			204,368,000

**Part II Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

**Part III Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

**Part IV Foreign Forms**

1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*  Yes  No

2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)*  Yes  No

3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)*  Yes  No

4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)*  Yes  No

5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)*  Yes  No

6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713).*  Yes  No

Part V Supplemental Information

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

Identifier	ReturnReference	Explanation
PROCEDURE FOR MONITORING GRANTS OUTSIDE THE US		SCHEDULE F, PART I, LINE 2 ACCION'S ACCOUNTING AND RESOURCE DEVELOPMENT DEPARTMENTS OVERSEE THE RECEIPT, DISTRIBUTION AND USE OF GRANT FUNDS, AND PROVIDE DONORS WITH DETAILED REPORTS BASED THEREON

2012

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InspectionSCHEDULE G  
(Form 990 or 990-EZ)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. Form 990-EZ filers are not required to complete this part.

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

Department of the Treasury  
Internal Revenue ServiceName of the organization  
ACCION INTERNATIONAL

Employer identification number

13-2535763

**Part I Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17.**1** Indicate whether the organization raised funds through any of the following activities Check all that apply

<b>a</b> <input checked="" type="checkbox"/> Mail solicitations	<b>e</b> <input checked="" type="checkbox"/> Solicitation of non-government grants
<b>b</b> <input checked="" type="checkbox"/> Internet and email solicitations	<b>f</b> <input checked="" type="checkbox"/> Solicitation of government grants
<b>c</b> <input checked="" type="checkbox"/> Phone solicitations	<b>g</b> <input checked="" type="checkbox"/> Special fundraising events
<b>d</b> <input checked="" type="checkbox"/> In-person solicitations	

**2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No**b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(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
		Yes	No			
M&R STRATEGIC SERVICES 1901 L STREET NW SUITE 800  WASHINGTON, DC 20036	ONLINE FUNDRAISING COUNSEL		No	0	36,252	-36,252
LAUTMAN MASKA NEILL & COMPANY 1730 RHODE ISLAND AVENUE NW SUITE  WASHINGTON, DC 20036	DIRECT MAIL COUNSEL		No	0	76,200	-76,200
<b>Total . . . . .</b>				112,452		-112,452

**3** List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

AL, AK, AZ, AR, CA, CO, CT, DC, FL, GA, IL, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, ND, NH, NJ, NM, NY, NC, OH, OR, PA, RI, SC, TN, VA, WA, WV, WI

**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col (a) through col (c))
		GALA (event type)	MICROBIKE (event type)	(total number)	
1	Gross receipts . . .	31,018	27,500		58,518
2	Less Contributions . . .	29,008	24,000		53,008
3	Gross income (line 1 minus line 2) . . .	2,010	3,500		5,510
4	Cash prizes . . .				
5	Noncash prizes . . .				
6	Rent/facility costs . . .				
7	Food and beverages . . .				
8	Entertainment . . .				
9	Other direct expenses . . .	39,000			39,000
10	Direct expense summary Add lines 4 through 9 in column (d) . . . . .				(39,000) ►
11	Net income summary Combine line 3, column (d), and line 10 . . . . .				-33,490 ►

**Part III 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	(d) Total gaming (add col (a) through col (c))
1	Gross revenue . . . . .				
2	Cash prizes . . . . .				
3	Non-cash prizes . . . . .				
4	Rent/facility costs . . . . .				
5	Other direct expenses . . . . .				
6	Volunteer labor . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
7	Direct expense summary Add lines 2 through 5 in column (d) . . . . .				►
8	Net gaming income summary Combine lines 1 and 7 in column (d) . . . . .				►

9 Enter the state(s) in which the organization operates gaming activities \_\_\_\_\_

a Is the organization licensed to operate gaming activities in each of these states? . . . . .  Yes  No

b If "No," explain \_\_\_\_\_  
\_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? . . . . .  Yes  No

b If "Yes," explain \_\_\_\_\_  
\_\_\_\_\_

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

<b>a</b> The organization's facility	<b>13a</b>
<b>b</b> An outside facility	<b>13b</b>

**14** Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

**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 amount of gaming revenue retained by the third party ► \$ \_\_\_\_\_

**c** If "Yes," enter name and address of the third party

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

**16** Gaming manager information

Name ► \_\_\_\_\_

Gaming manager compensation ► \$ \_\_\_\_\_

Description of services provided ► \_\_\_\_\_

Director/officer

Employee

Independent contractor

**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 distributed to other exempt organizations or spent 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, columns (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 information (see instructions).

Identifier	Return Reference	Explanation
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**Schedule I  
(Form 990)**

## **Grants and Other Assistance to Organizations, Governments and Individuals in the United States**

**Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.**

► Attach to Form 990

2012

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
**ACCION INTERNATIONAL**

**Employer identification number**

## **Part I General Information on Grants and Assistance**

**1** 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 criteria used to award the grants or assistance? . . . . .  Yes  No

**2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

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

**(a) Name and address of organization or government**      **(b) EIN**      **(c) IRC Code section if applicable**      **(d) Amount of cash grant**      **(e) Amount of non-cash assistance**      **(f) Method of valuation (book, FMV, appraisal, other)**      **(g) Description of non-cash assistance**      **(h) Purpose of grant or assistance**

(1) ACCION EAST AND  
ONLINE  
80 MAIDEN LANE SUITE  
903  
NEW YORK, NY 10038 11-3317234 501(C)(3) 119,135 PROGRAM  
ASSISTANCE

(2) ACCIONTHE US 45-4127501 501(3)(C) PENDING 210,500 PROGRAM  
NETWORK ASSISTANCE  
80 MAIDEN LANE SUITE  
903  
NEW YORK, NY 10038

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table .

**Part III 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.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

**Part IV Supplemental Information.**

Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 ACCION'S ACCOUNTING AND RESOURCE DEVELOPMENT DEPARTMENTS OVERSEE THE RECEIPT, DISTRIBUTION AND USE OF GRANT FUNDS, AND PROVIDE DONORS WITH DETAILED REPORTS BASED THEREON

**Schedule J**  
(Form 990)**Compensation Information**

OMB No 1545-0047

Department of the Treasury  
Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  
**► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.**  
**► Attach to Form 990. ► See separate instructions.**

**2012****Open to Public Inspection**Name of the organization  
ACCION INTERNATIONAL

Employer identification number

13-2535763

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items

<input type="checkbox"/> First-class or charter travel	<input checked="" type="checkbox"/> Housing allowance or residence for personal use
<input checked="" type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence
<input checked="" type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)

**b** If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

**3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III

<input checked="" type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract
<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study
<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee

**4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization

**a** Receive a severance payment or change-of-control payment?

**b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?

**c** Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

**Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.**

**5** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of

**a** The organization?

**b** Any related organization?

If "Yes," to line 5a or 5b, describe in Part III

**6** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of

**a** The organization?

**b** Any related organization?

If "Yes," to line 6a or 6b, describe in Part III

**7** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

**9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
<b>1b</b>	Yes	
<b>2</b>	Yes	
<b>4a</b>	Yes	
<b>4b</b>	Yes	
<b>4c</b>		No
<b>5a</b>		No
<b>5b</b>		No
<b>6a</b>		No
<b>6b</b>		No
<b>7</b>	Yes	
<b>8</b>		No
<b>9</b>		

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

**Note.** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table							

**Part III Supplemental Information**

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
	PART I, LINE 1A	HOUSING ALLOWANCE, TAX INDEMNIFICATION AND ONCE A YEAR HOME LEAVE FOR EMPLOYEES AND THE MEMBERS OF THEIR FAMILIES WERE PROVIDED TO ESTEBAN ALTSCHUL AND BRIAN KUWIK AS PART OF AN EXPATRIATE BENEFIT PACKAGE DURING THEIR TEMPORARY ASSIGNMENT TO A FOREIGN OFFICE
	PART I, LINE 1B	THESE EXPENSES ARE INCLUDED WITHIN THE TOTAL COMPENSATION REVIEW AND APPROVAL PROCESS
	PART I, LINES 4A-B	CATHERINE QUENSE RECEIVED SEVERANCE OF \$135,353 AND A RETIREMENT BENEFIT OF \$243,635 BASED UPON HER 28 YEARS OF SERVICE TO THE ORGANIZATION PRIOR TO AWARDING THESE AMOUNTS, ACCION CONDUCTED ITS REASONABLE COMPENSATION REVIEW AND APPROVAL PROCESS AS DESCRIBED IN SCHEDULE O
	PART I, LINE 7	UNDER THE TERMS OF MANAGEMENT AGREEMENT BETWEEN ACCION INVESTMENT MANAGEMENT COMPANY, LLC ("AIMCO" - A WHOLLY OWNED SUBSIDIARY OF ACCION INTERNATIONAL), AND ACCION INVESTMENTS IN MICROFINANCE, SPC ("AINV" - AN INVESTMENT FUND MANAGED BY AIMCO), AIMCO COULD EARN AN ANNUAL BONUS FROM AINV CONTINGENT UPON MEETING CERTAIN GOALS AND FINANCIAL CRITERIA IN 2011 AND 2012, AIMCO MET THOSE GOALS AND WAS AWARDED THE ANNUAL BONUS BY AINV IN 2012. FROM THIS ANNUAL BONUS AWARD, AIMCO PROVIDED ENRIQUE FERRARO AND JOHN FISCHER A COMBINED ANNUAL INCENTIVE COMPENSATION AMOUNT OF \$185,000. ADDITIONALLY, AIMCO WAS ELIGIBLE FOR A ONE TIME, END-OF-FUND BONUS UPON THE CLOSE OF THE AINV FUND CONTINGENT UPON MEETING CERTAIN GOALS AND FINANCIAL CRITERIA. OVER ITS HISTORY, THE AINV FUND EXPANDED FINANCIAL INCLUSION FOR MORE THAN 1 MILLION CLIENTS AT THE BASE OF THE PYRAMID IN COUNTRIES INCLUDING BOLIVIA, PERU, NICARAGUA, ECUADOR, NIGERIA, ETC. IN ADDITION, AINV REALIZED A 15.6% RATE OF RETURN, WHICH HAS HAD A CATALYTIC EFFECT ON ATTRACTING NEW SOURCES OF FUNDING INTO THE FIELD. THE FUND, LAUNCHED IN 2003, CLOSED IN 2012, AND AINV AWARDED AIMCO THE ONE TIME, END-OF-FUND BONUS IN TOTAL, AINV AWARDED AIMCO \$9,879,126.06. MOST OF THIS SPECIAL BONUS, NET OF TAX LIABILITIES (APPROXIMATELY \$6,600,000), WAS DIVIDENDED UP TO ITS PARENT, ACCION, WHERE IT IS BEING USED TO FURTHER SUPPORT ACCION'S CHARITABLE MISSION. IN ADDITION, AIMCO AWARDED INCENTIVE COMPENSATION TO TWO AIMCO EMPLOYEES WHO HAD MANAGED THE FUND SINCE ITS INCEPTION IN 2003, ENRIQUE FERRARO AND JOHN FISCHER AS INDICATED IN COLUMN B(II) OF SCHEDULE J, PART II, TOTALING A COMBINED \$1,623,787. THE INCENTIVE COMPENSATION AWARD WAS BASED UPON TEN YEARS OF FUND MANAGEMENT, WHICH RESULTED IN EXCEPTIONAL FUND PERFORMANCE, EFFECTIVE GOVERNANCE, THE FURTHER GROWTH OF THE MICROFINANCE INDUSTRY, AND THE ADVANCEMENT OF ACCION'S CHARITABLE MISSION. PRIOR TO AWARDING THESE AMOUNTS TO ENRIQUE FERRARO AND JOHN FISCHER, ACCION HIRED EXTERNAL LEGAL COUNSEL TO REVIEW ACCION'S CONTRACTUAL LEGAL OBLIGATIONS AS WELL AS AN EXPERT IN NON-PROFIT COMPENSATION TO INDEPENDENTLY CONDUCT A REASONABLENESS COMPENSATION REVIEW. THIS REVIEW WAS PROVIDED TO THE EXECUTIVE COMMITTEE OF ACCION'S BOARD OF DIRECTORS FOR ITS CONSIDERATION. AFTER REVIEWING THE DATA PROVIDED BY THE EXTERNAL LEGAL COUNSEL AND THE COMPENSATION EXPERT WHICH INDICATED COMPARABLE COMPENSATION FOR SIMILARLY QUALIFIED PERSONS IN FUNCTIONALLY COMPARABLE POSITIONS AT SIMILARLY SITUATED ORGANIZATIONS, THE EXECUTIVE COMMITTEE APPROVED ALL COMPENSATION AMOUNTS WHICH WERE PROVIDED TO ENRIQUE FERRARO AND JOHN FISCHER IN 2012. THESE PAYMENTS REPRESENT A ONE TIME OCCURENCE RELATED TO THE CLOSING OF AINV.

**Software ID:**  
**Software Version:**  
**EIN:** 13-2535763  
**Name:** ACCION INTERNATIONAL

**Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
MICHAEL SCHLEIN	(i) 436,620 (ii) 0	0	1,672 0	0 0	30,147 0	468,439 0	0 0
ESTEBAN ALTSCHUL	(i) 298,123 (ii) 0	0	154,101 0	14,579 0	12,898 0	479,701 0	0 0
LIVINGSTON PARSONS III	(i) 201,473 (ii) 0	0	23,957 0	17,160 0	21,341 0	263,931 0	0 0
DONELLA RAPIER	(i) 183,879 (ii) 0	0	24,629 0	15,526 0	6,921 0	230,955 0	0 0
JOHN FISCHER	(i) 46,094 (ii) 113,671	0	2,068 5,615	3,142 7,800	3,058 15,291	54,362 910,057	0 0
CATHERINE QUENSE	(i) 36,492 (ii) 0	0	420,036 0	3,959 0	18,349 0	478,836 0	0 0
ELIZABETH RHYNE	(i) 210,600 (ii) 0	0	23,324 0	17,160 0	0 0	251,084 0	0 0
MARY CHAFFIN	(i) 208,016 (ii) 0	0	25,224 0	17,590 0	31,147 0	281,977 0	0 0
BRIAN KUWIK	(i) 156,048 (ii) 0	0	87,170 0	7,254 0	15,252 0	265,724 0	0 0
DIEGO GUZMAN	(i) 82,960 (ii) 141,798	0	0 0	0 0	0 0	82,960 141,798	0 0
ENRIQUE FERRARO	(i) 0 (ii) 133,863	0	0 1,041,107	28,927 8,854	0 20,441	0 1,233,192	0 0

SCHEDULE M  
(Form 990)

## Noncash Contributions

OMB No 1545-0047

2012

Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue Service►Complete if the organizations answered "Yes" on Form  
990, Part IV, lines 29 or 30.  
►Attach to Form 990.Name of the organization  
ACCION INTERNATIONAL

Employer identification number

13-2535763

## Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art . . . . .				
2 Art—Historical treasures . . . . .				
3 Art—Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .				
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities—Publicly traded . . . . .	X	9	52,588	FMV
10 Securities—Closely held stock . . . . .				
11 Securities—Partnership, LLC, or trust interests . . . . .				
12 Securities—Miscellaneous . . . . .				
13 Qualified conservation contribution—Historic structures . . . . .				
14 Qualified conservation contribution—Other . . . . .				
15 Real estate—Residential . . . . .				
16 Real estate—Commercial . . . . .				
17 Real estate—Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
CATERED				
25 Other ► (RECEPTION ) . . . . .	X	6	6,353	COST
26 Other ► (_____ ) . . . . .				
27 Other ► (_____ ) . . . . .				
28 Other ► (_____ ) . . . . .				
29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . . .			29	

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? . . . . .	30a	No
b If "Yes," describe the arrangement in Part II		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31	Yes
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .	32a	No
b If "Yes," describe in Part II		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II		

**Part II Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
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**Schedule M (Form 990) (2012)**

**SCHEDULE O**  
(Form 990 or 990-EZ)Department of the Treasury  
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**

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

**2012****Open to Public  
Inspection**Name of the organization  
ACCION INTERNATIONAL**Employer identification number**

13-2535763

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 1	THE EXECUTIVE COMMITTEE HAS BEEN DELEGATED AUTHORITY TO ACT ON BEHALF OF THE BOARD OF DIRECTORS SUBJECT TO SUBSEQUENT RATIFICATION BY THE BOARD OF DIRECTORS
	FORM 990, PART VI, SECTION B, LINE 11	PRIOR TO THE FILING OF THE FORM 990, THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS RECEIVES THE FORM 990 FOR REVIEW AND APPROVAL. EACH MEMBER OF THE BOARD OF DIRECTORS SUBSEQUENTLY RECEIVES A COPY OF THE REVIEWED FORM 990 BEFORE ACCION FILES IT WITH THE INTERNAL REVENUE SERVICE
	FORM 990, PART VI, SECTION B, LINE 12C	ACCION INTERNATIONAL'S CONFLICT OF INTEREST POLICY REQUIRES ANNUAL DISCLOSURE OF ACTUAL OR POTENTIAL CONFLICTS OF INTEREST, INCLUDING ALL TRANSACTIONS, FINANCIAL INTERESTS, CONTRACTS, OR POSITIONS, CONDUCTED OR HELD BY THE OFFICER, DIRECTOR, OR KEY EMPLOYEE OR IMMEDIATE MEMBER OF HIS/HER FAMILY, WITH ANY BUSINESSES, CORPORATIONS, PARTNERSHIPS, PROPRIETORSHIPS THAT CARRY OUT ANY BUSINESS ACTIVITIES WITH ACCION INTERNATIONAL OR ANY OF ITS SUBSIDIARIES, INVESTEES, AFFILIATES OR OTHER PERSONS OR INSTITUTIONS IN ANY RELATED TO ACCION INTERNATIONAL. IN ADDITION TO THE ANNUAL DISCLOSURE REQUIREMENT, OFFICER, DIRECTORS, AND KEY EMPLOYEES MUST ALSO DISCLOSE ANY POTENTIAL OR REAL CONFLICT OF INTEREST AS THEY ARISE. EACH REAL OR POTENTIAL CONFLICT MUST BE EVALUATED BY INDEPENDENT, DISINTERESTED DIRECTORS SERVING ON THE "AUDIT AND COMPLIANCE" COMMITTEE OF THE BOARD OF DIRECTORS, AND IF A REAL OR POTENTIAL CONFLICT OF INTEREST IS DETERMINED TO EXIST, THAT CONFLICT SITUATION MUST BE DETERMINED TO BE FAIR AND REASONABLE TO THE CORPORATION AND THUS WAIVED BEFORE THE AFFECTED OFFICER, DIRECTOR, OR KEY EMPLOYEE MAY PROCEED
	FORM 990, PART VI, SECTION B, LINE 15	COMPENSATION FOR OFFICERS (INCLUDING THE CEO) AND KEY EMPLOYEES MUST BE APPROVED BY THE APPROPRIATE COMMITTEE OF THE BOARD OF DIRECTORS AFTER CONSIDERATION OF DATA PROVIDED BY THIRD PARTY EXPERTS WHICH INDICATES COMPARABLE COMPENSATION FOR SIMILARLY QUALIFIED PERSONS IN FUNCTIONALLY COMPARABLE POSITIONS AT SIMILARLY SITUATED ORGANIZATIONS. THE BOARD COMMITTEE WILL MAINTAIN CONTEMPORANEOUS DOCUMENTATION AND RECORDKEEPING WITH RESPECT TO THE DELIBERATIONS AND DECISIONS REGARDING THE COMPENSATION ARRANGEMENTS
	FORM 990, PART VI, SECTION C, LINE 19	ACCION INTERNATIONAL'S AUDITED FINANCIAL STATEMENTS, GOVERNING DOCUMENTS, AND CONFLICT OF INTEREST POLICY ARE AVAILABLE TO THE PUBLIC UPON REQUEST
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 9	EQUITY IN INCOME OF EQUITY INVESTMENTS -5,333,850 CURRENCY (GAIN) LOSS ON CONSOLIDATION - 64,525 ROUNDING ADJUSTMENT -1
FINANCIAL STATEMENTS	FORM 990, PART XI, LINE 2B	ACCION INTERNATIONAL'S FINANCIAL STATEMENTS ARE AUDITED AND PRESENTED ON A CONSOLIDATED BASIS, INCLUDING FOREIGN ENTITIES IN COLOMBIA, INDIA, CHINA, BRAZIL AND MAURITIUS. THE U.S. ORGANIZATION'S FINANCIALS AS REFLECTED FOR TAX PURPOSES ON A STAND-ALONE BASIS ARE NOT SEPARATELY AUDITED
OVERSIGHT OF AUDIT	FORM 990, PART XII, LINE 2C	THERE WAS NO CHANGE IN THE AUDIT OVERSIGHT PROCESS FROM THE PRIOR YEAR

SCHEDULE R  
(Form 990)

## Related Organizations and Unrelated Partnerships

OMB No 1545-0047

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.  
 ► Attach to Form 990. ► See separate instructions.

2012

Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue ServiceName of the organization  
ACCION INTERNATIONAL

Employer identification number

13-2535763

## Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) ACCION GATEWAY FUND LLC 56 ROLAND STREET SUITE 300 BOSTON, MA 02129	PROGRAM RELATED INVESTMENT	MA	3,462,616	165,546,965	N/A
(2) ACCION AFRICA ASIA INVESTMENT COMPANY IFS COURT TWENTYEIGHT CYBERCITY EBENE MP	PROGRAM RELATED INVESTMENT	MP	-1,003,474	8,692,815	ACCION GATEWAY FUND LLC
(3) ACCION INVESTMENT IN MICROFINANCE NIGERIA INTERTRUST CORPORATE SRV 190 ELGIN GEORGE TOWN GRAND CAYMAN KY1-9005 CJ	PROGRAM RELATED INVESTMENT	CJ			ACCION GATEWAY FUND LLC
(4) ACCION INVESTMENT IN MICROFINANCE CAMEROON INTERTRUST CORPORATE SRV 190 ELGIN GEORGE TOWN GRAND CAYMAN KY1-9005 CJ	PROGRAM RELATED INVESTMENT	CJ			ACCION GATEWAY FUND LLC
(5) ACCION INVESTMENT IN MICROFINANCE GHANA INTERTRUST CORPORATE SRV 190 ELGIN GEORGE TOWN GRAND CAYMAN KY1-9005 CJ	PROGRAM RELATED INVESTMENT	CJ			ACCION GATEWAY FUND LLC

## Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?
						Yes
(1) ACCION TECHNICAL ADVISORS INDIA NO 9/3 KAISER-E-HIND3RD FLOOR-RI BANGALORE 560025 IN	TECHNICAL ASSISTANCE & EDUCATION RELATED TO MICROFINANCE	IN	SECTION 25 COMPANY		N/A	Yes
(2) FUNDACION CENTRO ACCION MICROEMPRESARIAL CARRERA 45 128B-41 CENTRO COMMERC BOGOTA, D C CO	TECHNICAL ASSISTANCE & EDUCATION RELATED TO MICROFINANCE	CO	FUNDATION		N/A	Yes

**Part III Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

**Part V Transactions With Related Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35b, or 36.)

**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a** Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties or **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)
  
- f** Dividends from related organization(s)
- g** Sale of assets to related organization(s)
- h** Purchase of assets from related organization(s)
- i** Exchange of assets with related organization(s)
- j** Lease of facilities, equipment, or other assets to related organization(s)
  
- k** Lease of facilities, equipment, or other assets from related organization(s)
- l** Performance of services or membership or fundraising solicitations for related organization(s)
- m** Performance of services or membership or fundraising solicitations by related organization(s)
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o** Sharing of paid employees with related organization(s)
  
- p** Reimbursement paid to related organization(s) for expenses
- q** Reimbursement paid by related organization(s) for expenses
  
- r** Other transfer of cash or property to related organization(s)
- s** Other transfer of cash or property from related organization(s)

	Yes	No
<b>1a</b>		<b>No</b>
<b>1b</b>	<b>Yes</b>	
<b>1c</b>		<b>No</b>
<b>1d</b>	<b>Yes</b>	
<b>1e</b>		<b>No</b>
<b>1f</b>		<b>No</b>
<b>1g</b>		<b>No</b>
<b>1h</b>		<b>No</b>
<b>1i</b>		<b>No</b>
<b>1j</b>		<b>No</b>
<b>1k</b>		<b>No</b>
<b>1l</b>		<b>No</b>
<b>1m</b>		<b>No</b>
<b>1n</b>		<b>No</b>
<b>1o</b>		<b>No</b>
<b>1p</b>	<b>Yes</b>	
<b>1q</b>	<b>Yes</b>	
<b>1r</b>		<b>No</b>
<b>1s</b>		<b>No</b>

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
See Additional Data Table			

**Part VI** **Unrelated Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

**Part VII Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation
NAME OF ORGANIZATION	SCH R, PART IV, COLUMN A	THE FULL NAME OF THE LAST ORGANIZATION LISTED ON SCHEDULE R, PART IV IS "ACCION MICROFINANCIAS SOCIEDADE DE CREDITO AO MICROEMPREENDEDOR E A EMPRESA DE PEQUENO PORTO, SA"

**Software ID:**  
**Software Version:**  
**EIN:** 13-2535763  
**Name:** ACCION INTERNATIONAL

--> **Form 990, Schedule R, Part V - Transactions With Related Organizations**

(a) Name of other organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
FUNDATION CENTRO ACCION MICROEMPRESARIAL	B	3,452,013	FMV
ACCION TECHNICAL ADVISORS INDIA	B	1,345,000	FMV
ACCION AFRICA ASIA INVESTMENT COMPANY	B	6,383,407	FMV
ACCION INVESTMENT MANAGEMENT CO LLC	B	14,500	FMV
CHIFEN CITY YUANBAOSHAN DISTRICT ACCION MICRO-CREDIT COMPANY LTD	B	7,978,953	FMV
ACCION MICROFINANCAS SOCIEDADE DE CREDITO AO MICROEMPREENDEDOR E A EMPRESA	B	2,480,657	FMV
CHIFEN CITY YUANBAOSHAN DISTRICT ACCION MICRO-CREDIT COMPANY LTD	D	2,200,000	FMV
ACCION MICROFINANCAS SOCIEDADE DE CREDITO AO MICROEMPREENDEDOR E A EMPRESA	D	1,657,498	FMV
ACCION MICROFINANCAS SOCIEDADE DE CREDITO AO MICROEMPREENDEDOR E A EMPRESA	D	1,400,000	FMV
FUNDATION CENTRO ACCION MICROEMPRESARIAL	D	510,000	FMV
ACCION MICROFINANCAS SOCIEDADE DE CREDITO AO MICROEMPREENDEDOR E A EMPRESA	O	1,843	FMV
ACCION INVESTMENT MANAGEMENT CO LLC	O	35,052	FMV
ACCION (BEIJING) CONSULTATION SERVICES CO LTD	O	783,019	FMV
ACCION INVESTMENT MANAGEMENT CO LLC	P	70,639	FMV
FUNDATION CENTRO ACCION MICROEMPRESARIAL	P	13,349	FMV
ACCION MICROFINANCAS SOCIEDADE DE CREDITO AO MICROEMPREENDEDOR E A EMPRESA	P	44,301	FMV
FUNDATION CENTRO ACCION MICROEMPRESARIAL	P	8,514	FMV
CHIFEN CITY YUANBAOSHAN DISTRICT ACCION MICRO-CREDIT COMPANY LTD	P	177,923	FMV
ACCION MICROFINANCAS SOCIEDADE DE CREDITO AO MICROEMPREENDEDOR E A EMPRESA	P	31,344	FMV