

Return of Organization Exempt From Income Tax

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

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

2012

Open to Public Inspection

Department of the Treasury Internal Revenue Service

A For the 2012 calendar year, or tax year beginning, 2012, and ending

B Check if applicable: Address change, Name change, Initial return, Terminated, Amended return, Application pending. C INTERNATIONAL ASSISTANCE PROGRAM, P.O. BOX 18702, SPOKANE, WA 99228. D Employer Identification Number 91-1747079. E Telephone number (509) 466-5562. G Gross receipts \$ 277,071.

F Name and address of principal officer: KEITH DAVIS, SAME AS C ABOVE. H(a) Is this a group return for affiliates? Yes No. H(b) Are all affiliates included? Yes No.

I Tax-exempt status: [X] 501(c)(3), 501(c) ( ) (insert no.), 4947(a)(1) or 527

J Website: ASSIST.ORG. H(c) Group exemption number

K Form of organization: [X] Corporation, Trust, Association, Other. L Year of Formation: 1997. M State of legal domicile: WA

Part I Summary

1 Briefly describe the organization's mission or most significant activities: TO ASSIST EVANGELICAL CHRISTIAN ORGANIZATIONS IN LOW-INCOME COUNTRIES TO IMPACT THEIR COMMUNITIES THROUGH HUMANITARIAN AND COMMUNITY DEVELOPMENT PROJECTS DESIGNED TO MEET PHYSICAL, EMOTIONAL AND SPIRITUAL NEEDS OF THEIR PEOPLE.

Table with 2 columns: Description and Amount. Rows 2-7: 2 Check this box, 3 Number of voting members (3/7), 4 Number of independent voting members (4/6), 5 Total number of individuals employed (5/2), 6 Total number of volunteers (6/25), 7a Total unrelated business revenue (7a/0), 7b Net unrelated business taxable income (7b/0).

Table with 3 columns: Description, Prior Year, Current Year. Rows 8-12: 8 Contributions and grants (384,338/277,038), 9 Program service revenue, 10 Investment income (77/33), 11 Other revenue (4,823), 12 Total revenue (389,238/277,071).

Table with 3 columns: Description, Prior Year, Current Year. Rows 13-19: 13 Grants and similar amounts paid (228,800/300,836), 14 Benefits paid to or for members, 15 Salaries, other compensation, employee benefits (46,883/44,673), 16a Professional fundraising fees, 16b Total fundraising expenses (17,730), 17 Other expenses (36,234/37,368), 18 Total expenses (311,917/382,877), 19 Revenue less expenses (77,321/-105,806).

Table with 3 columns: Description, Beginning of Current Year, End of Year. Rows 20-22: 20 Total assets (165,180/59,459), 21 Total liabilities (1,242/1,327), 22 Net assets or fund balances (163,938/58,132).

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, Date 8/22/2019, Type or print name and title: JOHN D. LELAND, EXECUTIVE DIRECTOR

Paid Preparer Use Only: Print/Type preparer's name, Preparer's signature SELF-PREPARED, Date, Check self-employed, Firm's name, Firm's address, Firm's EIN, Phone no.

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

0436896870 SEP 04 '19

SCANNED OCT 07 2019

599-018

STATE UNIT RECEIVED AUG 30 2019 BRANCH LOGDEN

RECEIVED AUG 28 2019 IRS-OSC

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III [X]

1 Briefly describe the organization's mission:

TO ASSIST EVANGELICAL CHRISTIAN ORGANIZATIONS IN LOW-INCOME COUNTRIES TO IMPACT THEIR COMMUNITIES THROUGH HUMANITARIAN AND COMMUNITY DEVELOPMENT PROJECTS DESIGNED TO MEET PHYSICAL, EMOTIONAL AND SPIRITUAL NEEDS OF THEIR PEOPLE.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

[ ] Yes [X] No

If 'Yes,' describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

[ ] Yes [X] No

If 'Yes,' describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 221,517. including grants of \$ 203,200.) (Revenue \$ )

IAP FOUNDED A CHILDREN'S HOME FOR ORPHANS IN SAWLA, GHANA, AND RAISES MONEY AS THE ORPHANAGE'S PRIMARY FUNDING SOURCE. THIS IS THE FIRST ESTABLISHMENT OF ITS KIND IN THE REGION. 38 ORPHANS AGE 5 TO 16 ARE BEING GIVEN A SAFE AND SUPPORTIVE HOME AND MOST ARE ATTENDING SCHOOL FOR THE FIRST TIME. THE STAFF CONSISTS OF DORM MOTHERS, COOKS, SECURITY GUARDS AND 2 DIRECTORS. IN ADDITION, FUNDS HAVE BEEN RAISED FOR TWO WATER WELLS IN NEARBY VILLAGES.

4b (Code: ) (Expenses \$ 80,284. including grants of \$ 73,636.) (Revenue \$ )

IAP RAISES MONEY TO FUND LOCAL ECONOMIC DEVELOPMENT IN DILLA, ETHIOPIA BY SUPPORTING SMALL BUSINESS MICRO-LENDING THROUGH LETTA MICROFINANCE INSTITUTION. IAP IS LETTA'S PRIMARY FUNDING SOURCE FOR CAPITALIZATION. LETTA DISBURSES SMALL LOANS, PRIMARILY TO WOMEN, WHO RECEIVE TRAINING, PREPARE BUSINESS PLANS, AND ARE BEING EQUIPPED FOR FINANCIAL INDEPENDENCE. WITH OVER 1,200 LOAN RECIPIENTS, LOAN REPAYMENT IS EXCELLENT WITH VIRTUALLY NO LOSSES.

4c (Code: ) (Expenses \$ 26,171. including grants of \$ 24,000.) (Revenue \$ )

IAP RAISES MONEY TO ASSIST THE ROBLEALTO CHILD CARE ASSOCIATION IN SAN JOSE, COSTA RICA CARE FOR STREET CHILDREN. ROBLEALTO CURRENTLY SERVES OVER 800 CHILDREN THROUGH THREE DAY CARE CENTERS, A TEMPORARY SHELTER WITH A CHRISTIAN SCHOOL, AND A TEEN PROGRAM. ROBLEALTO'S MINISTRY IS HIGHLY RESPECTED BY THE COSTA RICAN GOVERNMENT AND IS SEEN AS THE MODEL FOR TREATMENT OF CHILDREN AND FAMILIES IN POVERTY. ROBLEALTO OWNS AND OPERATES FIVE AGRIBUSINESS PROJECTS TO SUPPORT IT'S CHILDREN'S MINISTRY. THE BUSINESSES PROVIDE FOOD FOR THE CHILDREN AND ROBLEALTO HAS BECOME THE LARGEST PRODUCER OF POULTRY LAYER GENETICS IN THE COUNTRY, HATCHING OVER SEVEN MILLION CHICKS A YEAR FOR SALE. ROBLEALTO SUPPLIES NEARLY 80% OF THE COSTA RICAN MARKET, PROFITS PROVIDING DIRECT FUNDING FOR THE CHILDREN'S MINISTRY. IAP ASSISTS ROBLEALTO WITH BUSINESS CONSULTING AND FUNDING STRATEGIC PLANNING FOR GROWTH.

4d Other program services. (Describe in Schedule O.) SEE SCHEDULE O

(Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 327,972.

**Part IV Checklist of Required Schedules**

|   | Yes | No |
|---|-----|----|
| 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A .....   | X   |    |
| 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? .....   | X   |    |
| 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 .....  |     | X  |
| 4 <b>Section 501(c)(3) organizations</b> 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 .....  |     | X  |
| 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 .....   |     | X  |
| 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 .....  |     | X  |
| 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 .....   |     | X  |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III .....   |     | X  |
| 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV .....             |     | X  |
| 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V .....   |     | X  |
| 11 If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.  |     |    |
| a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI .....  |     | X  |
| 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 .....   |     | X  |
| 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 .....   |     | X  |
| d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX .....  |     | X  |
| e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X .....   |     | X  |
| f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X .....  |     | X  |
| 12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII .....   |     | X  |
| 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 .....   |     | X  |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E .....  |     | X  |
| 14a Did the organization maintain an office, employees, or agents outside of the United States? .....   |     | X  |
| 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 ..... | X   |    |
| 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 .....  | X   |    |
| 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Parts III and IV .....  |     | X  |
| 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) .....  |     | X  |
| 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II .....   |     | X  |
| 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III .....   |     | X  |
| 20 a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H .....  |     | X  |
| b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return? .....  |     |    |

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

|   | Yes | No |
|---|-----|----|
| 21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II.....  |     | X  |
| 22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III.....   |     | X  |
| 23 Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J.....  |     | X  |
| 24 a 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, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25.....                       |     | X  |
| b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?.....  |     |    |
| 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?.....   |     |    |
| d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?.....  |     |    |
| 25 a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I.....   |     | X  |
| b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I.....  |     | X  |
| 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.....   |     | X  |
| 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III..... |     | X  |
| 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):  |     |    |
| a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV.....  |     | X  |
| b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV.....   |     | X  |
| 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.....   |     | X  |
| 29 Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M.....  |     | X  |
| 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M.....  |     | X  |
| 31 Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I.....  |     | X  |
| 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II.....  |     | X  |
| 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I.....  |     | X  |
| 34 Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1.....   |     | X  |
| 35 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?.....   |     | X  |
| b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2.....  |     |    |
| 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2.....  |     | X  |
| 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.....   |     | X  |
| 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.....  | X   |    |

BAA

Form 990 (2012)

**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                                  |
|---|---|-------------------------------------|-------------------------------------|
| 1 a   | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. <b>1 a</b> 0  | <input type="checkbox"/>            | <input type="checkbox"/>            |
| b   | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. <b>1 b</b> 0   | <input type="checkbox"/>            | <input type="checkbox"/>            |
| c   | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? <b>1 c</b>   | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 2 a   | 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>2 a</b> 2   | <input type="checkbox"/>            | <input type="checkbox"/>            |
| b   | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>2 b</b> X   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)   |   |                                     |                                     |
| 3 a   | Did the organization have unrelated business gross income of \$1,000 or more during the year? <b>3 a</b>  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| b   | If 'Yes,' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O. <b>3 b</b>  | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 4 a   | 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>4 a</b> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| b   | If 'Yes,' enter the name of the foreign country:<br>See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. <b>4 b</b>   | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 5 a   | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? <b>5 a</b>  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| b   | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? <b>5 b</b>   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| c   | If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T? <b>5 c</b>   | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 6 a   | 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>6 a</b>                                    | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| b   | If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? <b>6 b</b>  | <input type="checkbox"/>            | <input type="checkbox"/>            |
| <b>7 Organizations that may receive deductible contributions under section 170(c).</b>  |   |                                     |                                     |
| a   | 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>7 a</b>  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| b   | If 'Yes,' did the organization notify the donor of the value of the goods or services provided? <b>7 b</b>  | <input type="checkbox"/>            | <input type="checkbox"/>            |
| c   | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? <b>7 c</b>   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| d   | If 'Yes,' indicate the number of Forms 8282 filed during the year. <b>7 d</b>   | <input type="checkbox"/>            | <input type="checkbox"/>            |
| e   | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? <b>7 e</b>  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| f   | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? <b>7 f</b>   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| g   | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? <b>7 g</b>   | <input type="checkbox"/>            | <input type="checkbox"/>            |
| h   | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? <b>7 h</b>   | <input type="checkbox"/>            | <input type="checkbox"/>            |
| <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>8</b> |   |                                     |                                     |
| <b>9 Sponsoring organizations maintaining donor advised funds.</b>  |   |                                     |                                     |
| a   | Did the organization make any taxable distributions under section 4966? <b>9 a</b>  | <input type="checkbox"/>            | <input type="checkbox"/>            |
| b   | Did the organization make a distribution to a donor, donor advisor, or related person? <b>9 b</b>   | <input type="checkbox"/>            | <input type="checkbox"/>            |
| <b>10 Section 501(c)(7) organizations.</b> Enter:   |   |                                     |                                     |
| a   | Initiation fees and capital contributions included on Part VIII, line 12. <b>10 a</b>   | <input type="checkbox"/>            | <input type="checkbox"/>            |
| b   | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. <b>10 b</b>  | <input type="checkbox"/>            | <input type="checkbox"/>            |
| <b>11 Section 501(c)(12) organizations.</b> Enter:  |   |                                     |                                     |
| a   | Gross income from members or shareholders. <b>11 a</b>  | <input type="checkbox"/>            | <input type="checkbox"/>            |
| b   | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.). <b>11 b</b>   | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 12 a  | <b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? <b>12 a</b>   | <input type="checkbox"/>            | <input type="checkbox"/>            |
| b   | If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year. <b>12 b</b>  | <input type="checkbox"/>            | <input type="checkbox"/>            |
| <b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>  |   |                                     |                                     |
| a   | Is the organization licensed to issue qualified health plans in more than one state? <b>13 a</b>  | <input type="checkbox"/>            | <input type="checkbox"/>            |
| <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.  |   |                                     |                                     |
| b   | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans. <b>13 b</b>  | <input type="checkbox"/>            | <input type="checkbox"/>            |
| c   | Enter the amount of reserves on hand. <b>13 c</b>   | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 14 a  | Did the organization receive any payments for indoor tanning services during the tax year? <b>14 a</b>  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| b   | If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O. <b>14 b</b>  | <input type="checkbox"/>            | <input type="checkbox"/>            |

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

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

**Section A. Governing Body and Management**

|     |  | Yes                                 | No                                  |
|-----|--|-------------------------------------|-------------------------------------|
| 1 a | Enter the number of voting members of the governing body at the end of the tax year. . . . . 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. | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| 1 b | Enter the number of voting members included in line 1a, above, who are independent . . . . .   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| 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? . . . . .   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 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? . . . . .  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 4   | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 5   | Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 6   | Did the organization have members or stockholders? . . . . .   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 7 a | 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? . . . . .   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 7 b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body? . . . . .  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 8   | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: <b>SEE SCHEDULE O</b>  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| 8 a | The governing body? . . . . .  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 8 b | Each committee with authority to act on behalf of the governing body? . . . . .  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 9   | Is there any officer, director or 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. . . . .  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |

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

|      | Yes   | No                                  |
|------|---|-------------------------------------|
| 10 a | <input type="checkbox"/>  | <input checked="" type="checkbox"/> |
| 10 b | <input type="checkbox"/>  | <input type="checkbox"/>            |
| 11 a | <input type="checkbox"/>  | <input checked="" type="checkbox"/> |
| 11 b | Describe in Schedule O the process, if any, used by the organization to review this Form 990. <b>SEE SCHEDULE O</b> |                                     |
| 12 a | <input checked="" type="checkbox"/>   | <input type="checkbox"/>            |
| 12 b | <input checked="" type="checkbox"/>   | <input type="checkbox"/>            |
| 12 c | <input checked="" type="checkbox"/>   | <input type="checkbox"/>            |
| 13   | <input checked="" type="checkbox"/>   | <input type="checkbox"/>            |
| 14   | <input checked="" type="checkbox"/>   | <input type="checkbox"/>            |
| 15   | <input checked="" type="checkbox"/>   | <input checked="" type="checkbox"/> |
| 15 a | <input type="checkbox"/>  | <input checked="" type="checkbox"/> |
| 15 b | <input type="checkbox"/>  | <input checked="" type="checkbox"/> |
| 16 a | <input type="checkbox"/>  | <input checked="" type="checkbox"/> |
| 16 b | <input checked="" type="checkbox"/>   | <input checked="" type="checkbox"/> |

**Section C. Disclosure**

- 17 List the states with which a copy of this Form 990 is required to be filed ▶ NONE
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain in Schedule O)
- 19 Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. **SEE SCHEDULE O**
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization:  
 ▶ KEITH DAVIS 1311 N WASHINGTON ST SPOKANE WA 99201 (509) 466-5562

**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**

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

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

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

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

| (A)<br>Name and Title            | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |         | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|----------------------------------|--|---|-----------------------|---------|--------------|------------------------------|---------|--|---|---|
|                                  |  | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former  |  |   |   |
| (1) STU STILES<br>CHAIRMAN       | 5<br>0   | X   |                       | X       |              |                              |         | 0.   | 0.  | 0.  |
| (2) KEITH DAVIS<br>EXEC DIRECTOR | 25<br>0  | X   |                       | X       |              |                              | 22,800. | 0.   | 0.  | 0.  |
| (3) BILL ROE<br>TREASURER        | 10<br>0  | X   |                       | X       |              |                              | 0.      | 0.   | 0.  | 0.  |
| (4) BARRY MERRELL<br>SECRETARY   | 2<br>0   | X   |                       | X       |              |                              | 0.      | 0.   | 0.  | 0.  |
| (5) MAURICE GRESS<br>DIRECTOR    | 2<br>0   | X   |                       |         |              |                              | 0.      | 0.   | 0.  | 0.  |
| (6) JOHN LELAND<br>DIRECTOR      | 20<br>0  | X   |                       |         |              |                              | 0.      | 0.   | 0.  | 0.  |
| (7) COLIN HART<br>DIRECTOR       | 2<br>0   | X   |                       |         |              |                              | 0.      | 0.   | 0.  | 0.  |
| (8) -----                        |  |   |                       |         |              |                              |         |  |   |   |
| (9) -----                        |  |   |                       |         |              |                              |         |  |   |   |
| (10) -----                       |  |   |                       |         |              |                              |         |  |   |   |
| (11) -----                       |  |   |                       |         |              |                              |         |  |   |   |
| (12) -----                       |  |   |                       |         |              |                              |         |  |   |   |
| (13) -----                       |  |   |                       |         |              |                              |         |  |   |   |
| (14) -----                       |  |   |                       |         |              |                              |         |  |   |   |

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

| (A)<br>Name and title  | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--|---|---|
|  |  | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee |  |   |   |
| (15) -----   |  |   |                       |         |              |                              |  |   |   |
| (16) -----   |  |   |                       |         |              |                              |  |   |   |
| (17) -----   |  |   |                       |         |              |                              |  |   |   |
| (18) -----   |  |   |                       |         |              |                              |  |   |   |
| (19) -----   |  |   |                       |         |              |                              |  |   |   |
| (20) -----   |  |   |                       |         |              |                              |  |   |   |
| (21) -----   |  |   |                       |         |              |                              |  |   |   |
| (22) -----   |  |   |                       |         |              |                              |  |   |   |
| (23) -----   |  |   |                       |         |              |                              |  |   |   |
| (24) -----   |  |   |                       |         |              |                              |  |   |   |
| (25) -----   |  |   |                       |         |              |                              |  |   |   |
| <b>1 b Sub-total</b> .....   |  |   |                       |         |              | 22,800.                      | 0.   | 0.  |   |
| <b>c Total from continuation sheets to Part VII, Section A</b> ..... |  |   |                       |         |              | 0.                           | 0.   | 0.  |   |
| <b>d Total (add lines 1b and 1c)</b> .....                           |  |   |                       |         |              | 22,800.                      | 0.   | 0.  |   |

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 **0**

|  | Yes | No |
|--|-----|----|
| 3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If 'Yes,' complete Schedule J for such individual.</i> .....   |     | X  |
| 4 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? <i>If 'Yes,' complete Schedule J for such individual.</i> ..... |     | X  |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If 'Yes,' complete Schedule J for such person.</i> .....                       |     | X  |

**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)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **0**

**Part VIII Statement of Revenue**

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

|   |  | (A)<br>Total revenue   | (B)<br>Related or<br>exempt<br>function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from tax<br>under sections<br>512, 513, or 514 |  |
|---|--|--|--|---|---|--|
| <b>CONTRIBUTIONS, GIFTS, GRANTS<br/>AND OTHER SIMILAR AMOUNTS</b>             | <b>1 a</b> Federated campaigns .....   | <b>1 a</b>   |  |   |   |  |
|   | <b>b</b> Membership dues .....   | <b>1 b</b>   |  |   |   |  |
|   | <b>c</b> Fundraising events .....  | <b>1 c</b>   |  |   |   |  |
|   | <b>d</b> Related organizations .....   | <b>1 d</b>   |  |   |   |  |
|   | <b>e</b> Government grants (contributions) .....   | <b>1 e</b>   |  |   |   |  |
|   | <b>f</b> All other contributions, gifts, grants, and<br>similar amounts not included above ...   | <b>1 f</b>   | 277,038.   |   |   |  |
|   | <b>g</b> Noncash contributions included in lns 1a-1f: \$   |  |  |   |   |  |
| <b>h Total.</b> Add lines 1a-1f .....   |  | 277,038.   |  |   |   |  |
| <b>PROGRAM SERVICE REVENUE</b>  | <b>2 a</b> Business Code   |  |  |   |   |  |
|   | <b>b</b> -----   |  |  |   |   |  |
|   | <b>c</b> -----   |  |  |   |   |  |
|   | <b>d</b> -----   |  |  |   |   |  |
|   | <b>e</b> -----   |  |  |   |   |  |
|   | <b>f</b> All other program service revenue ...   |  |  |   |   |  |
|   | <b>g Total.</b> Add lines 2a-2f .....  |  |  |   |   |  |
| <b>OTHER REVENUE</b>  | <b>3</b> Investment income (including dividends, interest and<br>other similar amounts) .....  |  | 33.  | 33.                                     |   |  |
|   | <b>4</b> Income from investment of tax-exempt bond proceeds .....  |  |  |   |   |  |
|   | <b>5</b> Royalties .....   |  |  |   |   |  |
|   | <b>6 a</b> Gross rents .....   | (i) Real   |  |   |   |  |
|   |  | (ii) Personal  |  |   |   |  |
|   |  | <b>b</b> Less: rental expenses .....                           |  |   |   |  |
|   |  | <b>c</b> Rental income or (loss) ...                           |  |   |   |  |
|   | <b>d</b> Net rental income or (loss) .....   |  |  |   |   |  |
|   | <b>7 a</b> Gross amount from sales of<br>assets other than inventory.  | (i) Securities   |  |   |   |  |
|   |  | (ii) Other   |  |   |   |  |
|   |  | <b>b</b> Less: cost or other basis<br>and sales expenses ..... |  |   |   |  |
|   |  | <b>c</b> Gain or (loss) .....                                  |  |   |   |  |
|   | <b>d</b> Net gain or (loss) .....  |  |  |   |   |  |
|   | <b>8 a</b> Gross income from fundraising events<br>(not including \$ _____<br>of contributions reported on line 1c).<br>See Part IV, line 18 ..... | <b>a</b>   |  |   |   |  |
|   |  | <b>b</b> Less: direct expenses .....                           | <b>b</b>   |   |   |  |
| <b>c</b> Net income or (loss) from fundraising events .....                   |  |  |  |   |   |  |
| <b>9 a</b> Gross income from gaming activities.<br>See Part IV, line 19 ..... | <b>a</b>   |  |  |   |   |  |
|   | <b>b</b> Less: direct expenses .....   | <b>b</b>   |  |   |   |  |
|   | <b>c</b> Net income or (loss) from gaming activities .....   |  |  |   |   |  |
| <b>10 a</b> Gross sales of inventory, less returns<br>and allowances .....    | <b>a</b>   |  |  |   |   |  |
|   | <b>b</b> Less: cost of goods sold .....  | <b>b</b>   |  |   |   |  |
|   | <b>c</b> Net income or (loss) from sales of inventory .....  |  |  |   |   |  |
| <b>Miscellaneous Revenue</b>  |  | <b>Business Code</b>   |  |   |   |  |
| <b>11 a</b> -----   |  |  |  |   |   |  |
| <b>b</b> -----  |  |  |  |   |   |  |
| <b>c</b> -----  |  |  |  |   |   |  |
| <b>d</b> All other revenue .....  |  |  |  |   |   |  |
| <b>e Total.</b> Add lines 11a-11d .....                                       |  |  |  |   |   |  |
| <b>12 Total revenue.</b> See instructions .....                               |  | 277,071.   | 33.  | 0.                                      | 0.  |  |

**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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.  | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|---|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21   |                       |                                 |  |                             |
| 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.   | 300,836.              | 300,836.                        |  |                             |
| 4 Benefits paid to or for members   |                       |                                 |  |                             |
| 5 Compensation of current officers, directors, trustees, and key employees  | 22,800.               | 11,400.                         | 5,700.                                 | 5,700.                      |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)   | 0.                    | 0.                              | 0.                                     | 0.                          |
| 7 Other salaries and wages  | 13,383.               | 3,346.                          | 6,692.                                 | 3,345.                      |
| 8 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)  | 2,280.                | 1,140.                          | 570.                                   | 570.                        |
| 9 Other employee benefits   | 3,237.                | 1,619.                          | 809.                                   | 809.                        |
| 10 Payroll taxes  | 2,973.                | 1,192.                          | 1,038.                                 | 743.                        |
| 11 Fees for services (non-employees):   |                       |                                 |  |                             |
| a Management  |                       |                                 |  |                             |
| b Legal   |                       |                                 |  |                             |
| c Accounting  |                       |                                 |  |                             |
| d Lobbying  |                       |                                 |  |                             |
| e Professional fundraising services. See Part IV, line 17   |                       |                                 |  |                             |
| f Investment management fees  |                       |                                 |  |                             |
| g Other. (If line 11g amt exceeds 10% of line 25, column (A) amt, list line 11g expenses on Sch O)  |                       |                                 |  |                             |
| 12 Advertising and promotion  | 4,818.                |                                 |  | 4,818.                      |
| 13 Office expenses  | 2,320.                | 580.                            | 1,160.                                 | 580.                        |
| 14 Information technology   |                       |                                 |  |                             |
| 15 Royalties  |                       |                                 |  |                             |
| 16 Occupancy  | 5,280.                |                                 | 5,280.                                 |                             |
| 17 Travel   | 2,009.                |                                 | 2,009.                                 |                             |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials   |                       |                                 |  |                             |
| 19 Conferences, conventions, and meetings   |                       |                                 |  |                             |
| 20 Interest   |                       |                                 |  |                             |
| 21 Payments to affiliates   |                       |                                 |  |                             |
| 22 Depreciation, depletion, and amortization  |                       |                                 |  |                             |
| 23 Insurance  | 566.                  |                                 | 566.                                   |                             |
| 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>DIRECT PROGRAM EXPENSES</b>  | 5,530.                | 5,530.                          |  |                             |
| b <b>PRINTING AND PUBLICATIONS</b>  | 4,658.                | 2,329.                          | 1,164.                                 | 1,165.                      |
| c <b>WEBSITE</b>  | 4,290.                |                                 | 4,290.                                 |                             |
| d <b>FEES AND MEMBERSHIPS</b>   | 3,463.                |                                 | 3,463.                                 |                             |
| e All other expenses  | 4,434.                |                                 | 4,434.                                 |                             |
| 25 Total functional expenses. Add lines 1 through 24e   | 382,877.              | 327,972.                        | 37,175.                                | 17,730.                     |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> 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.

|  |   | (A)<br>Beginning of year |           | (B)<br>End of year |
|--|---|--------------------------|-----------|--------------------|
| <b>ASSETS</b>  | <b>1</b> Cash – non-interest-bearing.....   | 42,294.                  | <b>1</b>  | 46,880.            |
|  | <b>2</b> Savings and temporary cash investments.....  | 122,886.                 | <b>2</b>  | 12,579.            |
|  | <b>3</b> Pledges and grants receivable, net.....  |                          | <b>3</b>  |                    |
|  | <b>4</b> Accounts receivable, net.....  |                          | <b>4</b>  |                    |
|  | <b>5</b> 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>  |                    |
|  | <b>6</b> 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>  |                    |
|  | <b>7</b> Notes and loans receivable, net.....   |                          | <b>7</b>  |                    |
|  | <b>8</b> Inventories for sale or use.....   |                          | <b>8</b>  |                    |
|  | <b>9</b> Prepaid expenses and deferred charges.....   |                          | <b>9</b>  |                    |
|  | <b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.....   | <b>10a</b>               |           |                    |
|  | <b>b</b> Less: accumulated depreciation.....  | <b>10b</b>               |           | <b>10c</b>         |
|  | <b>11</b> Investments – publicly traded securities.....   |                          | <b>11</b> |                    |
|  | <b>12</b> Investments – other securities. See Part IV, line 11.....   |                          | <b>12</b> |                    |
|  | <b>13</b> Investments – program-related. See Part IV, line 11.....  |                          | <b>13</b> |                    |
|  | <b>14</b> Intangible assets.....  |                          | <b>14</b> |                    |
|  | <b>15</b> Other assets. See Part IV, line 11.....   |                          | <b>15</b> |                    |
| <b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34)..... |   | 165,180.                 | <b>16</b> | 59,459.            |
| <b>LIABILITIES</b>   | <b>17</b> Accounts payable and accrued expenses.....  | 1,242.                   | <b>17</b> | 1,327.             |
|  | <b>18</b> Grants payable.....   |                          | <b>18</b> |                    |
|  | <b>19</b> Deferred revenue.....   |                          | <b>19</b> |                    |
|  | <b>20</b> Tax-exempt bond liabilities.....  |                          | <b>20</b> |                    |
|  | <b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D.....  |                          | <b>21</b> |                    |
|  | <b>22</b> 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> |                    |
|  | <b>23</b> Secured mortgages and notes payable to unrelated third parties.....   |                          | <b>23</b> |                    |
|  | <b>24</b> Unsecured notes and loans payable to unrelated third parties.....   |                          | <b>24</b> |                    |
|  | <b>25</b> 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.....  |                          | <b>25</b> |                    |
|  | <b>26 Total liabilities.</b> Add lines 17 through 25.....   |                          | 1,242.    | <b>26</b>          |
| <b>NET ASSETS OR FUND BALANCES</b>                                       | <b>27</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.<br>Unrestricted net assets.....   | 163,938.                 | <b>27</b> | 58,132.            |
|  | <b>28</b> Temporarily restricted net assets.....  |                          | <b>28</b> |                    |
|  | <b>29</b> Permanently restricted net assets.....  |                          | <b>29</b> |                    |
|  | <b>30</b> Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.<br>Capital stock or trust principal, or current funds.....   |                          | <b>30</b> |                    |
|  | <b>31</b> Paid-in or capital surplus, or land, building, or equipment fund.....   |                          | <b>31</b> |                    |
|  | <b>32</b> Retained earnings, endowment, accumulated income, or other funds.....   |                          | <b>32</b> |                    |
|  | <b>33 Total net assets or fund balances</b> .....   | 163,938.                 | <b>33</b> | 58,132.            |
|  | <b>34 Total liabilities and net assets/fund balances</b> .....  | 165,180.                 | <b>34</b> | 59,459.            |

BAA

**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  | 277,071.  |
| 2  | Total expenses (must equal Part IX, column (A), line 25)   | 2  | 382,877.  |
| 3  | Revenue less expenses. Subtract line 2 from line 1   | 3  | -105,806. |
| 4  | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                      | 4  | 163,938.  |
| 5  | Net unrealized gains (losses) on investments   | 5  |           |
| 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  | 0.        |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 58,132.   |

**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: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other _____<br>If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.   |     |    |
| 2 a | Were the organization's financial statements compiled or reviewed by an independent accountant? .....<br>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:<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis |     | X  |
| 2 b | Were the organization's financial statements audited by an independent accountant? .....<br>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:<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis                           |     | X  |
| 2 c | 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? .....<br>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.   |     |    |
| 3 a | 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? .....  |     | X  |
| 3 b | 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 .....  |     |    |

BAA

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2012**

Department of the Treasury  
Internal Revenue Service

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

**Open to Public Inspection**

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

Name of the organization

Employer identification number

**INTERNATIONAL ASSISTANCE PROGRAM**

91-1747079

**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 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.
  - 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 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?

07

- (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? .....

|            | Yes | No |
|------------|-----|----|
| 11 g (i)   |     |    |
| 11 g (ii)  |     |    |
| 11 g (iii) |     |    |

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

| (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 column (i) listed in your governing document? |    | (v) Did you notify the organization in column (i) of your support? |    | (vi) Is the organization in column (i) organized in the U.S.? |    | (vii) Amount of monetary support |
|------------------------------------|----------|---|---|----|--|----|---|----|----------------------------------|
|                                    |          |   | Yes   | No | Yes  | No | Yes   | No |                                  |
| (A)                                |          |   |   |    |  |    |   |    |                                  |
| (B)                                |          |   |   |    |  |    |   |    |                                  |
| (C)                                |          |   |   |    |  |    |   |    |                                  |
| (D)                                |          |   |   |    |  |    |   |    |                                  |
| (E)                                |          |   |   |    |  |    |   |    |                                  |
| <b>Total</b>                       |          |   |   |    |  |    |   |    |                                  |

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

Schedule A (Form 990 or 990-EZ) 2012

**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'.) .....   | 285,293. | 262,133. | 328,507. | 384,338. | 227,038. | 1,487,309. |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.....   |          |          |          |          |          | 0.         |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge ...  |          |          |          |          |          | 0.         |
| 4 Total. Add lines 1 through 3...  | 285,293. | 262,133. | 328,507. | 384,338. | 227,038. | 1,487,309. |
| 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) .. |          |          |          |          |          | 252,758.   |
| 6 Public support. Subtract line 5 from line 4 .....  |          |          |          |          |          | 1,234,551. |

**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.....   | 285,293. | 262,133. | 328,507. | 384,338. | 227,038. | 1,487,309. |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.....  | 623.     | 68.      | 101.     | 77.      | 33.      | 902.       |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on.....  |          |          |          |          |          | 0.         |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.).....  |          |          |          |          |          | 0.         |
| 11 Total support. Add lines 7 through 10.....  |          |          |          |          |          | 1,488,211. |
| 12 Gross receipts from related activities, etc (see instructions).....   |          |          |          |          | 12       | 0.         |
| 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here..... ▶ <input type="checkbox"/> |          |          |          |          |          |            |

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

|  |    |         |
|--|----|---------|
| 14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)).....   | 14 | 82.96 % |
| 15 Public support percentage from 2011 Schedule A, Part II, line 14.....   | 15 | 79.50 % |
| 16 a 33-1/3% support test – 2012. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization..... ▶ <input checked="" type="checkbox"/>   |    |         |
| b 33-1/3% support test – 2011. 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 stop here. The organization qualifies as a publicly supported organization..... ▶ <input type="checkbox"/>  |    |         |
| 17 a 10%-facts-and-circumstances test – 2012. 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 stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization..... ▶ <input type="checkbox"/>   |    |         |
| b 10%-facts-and-circumstances test – 2011. 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 stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization..... ▶ <input type="checkbox"/> |    |         |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions... ▶ <input type="checkbox"/>  |    |         |

**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 yr 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.  |          |          |          |          |          |           |
| 6 Total. Add lines 1 through 5.   |          |          |          |          |          |           |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons.  |          |          |          |          |          |           |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.           |          |          |          |          |          |           |
| c Add lines 7a and 7b.  |          |          |          |          |          |           |
| 8 Public support (Subtract line 7c from line 6.)  |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal yr beginning in) ▶   | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6.  |          |          |          |          |          |           |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. |          |          |          |          |          |           |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.                          |          |          |          |          |          |           |
| c Add lines 10a and 10b.  |          |          |          |          |          |           |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.     |          |          |          |          |          |           |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)                                  |          |          |          |          |          |           |
| 13 Total support. (Add lines 9, 10c, 11, and 12.)   |          |          |          |          |          |           |

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

**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 | % |

19a 33-1/3% support tests – 2012. 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 stop here. The organization qualifies as a publicly supported organization.

b 33-1/3% support tests – 2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.



**Schedule F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No. 1545-0047

**2012**

Department of the Treasury  
Internal Revenue Service

▶ Complete if the organization answered 'Yes' to Form 990, Part IV, line 14b, 15, or 16.  
▶ Attach to Form 990. ▶ See separate instructions.

Open to Public Inspection

Name of the organization

Employer identification number

INTERNATIONAL ASSISTANCE PROGRAM

91-1747079

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

- For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ...  Yes  No
- For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. **PART V**
- 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<br>PT V |
|--|-------------------------------------|--|---|--|--|
| SUB-SAHARA<br>(1) AFRICA                               |                                     |  | PROGRAM SERVICES  | MICRO LENDING  | 73,636.  |
| SUB-SAHARA<br>(2) AFRICA                               |                                     |  | PROGRAM SERVICES  | ORPHANAGE  | 203,200.   |
| (3) CENTRAL AMERICA                                    |                                     |  | PROGRAM SERVICES  | CHILD CARE   | 24,000.  |
| (4)  |                                     |  |   |  |  |
| (5)  |                                     |  |   |  |  |
| (6)  |                                     |  |   |  |  |
| (7)  |                                     |  |   |  |  |
| (8)  |                                     |  |   |  |  |
| (9)  |                                     |  |   |  |  |
| (10)   |                                     |  |   |  |  |
| (11)   |                                     |  |   |  |  |
| (12)   |                                     |  |   |  |  |
| (13)   |                                     |  |   |  |  |
| (14)   |                                     |  |   |  |  |
| (15)   |                                     |  |   |  |  |
| (16)   |                                     |  |   |  |  |
| (17)   |                                     |  |   |  |  |
| <b>3 a</b> Sub-total.....                              |                                     |  |   |  | 300,836.   |
| <b>b</b> Total from continuation sheets to Part I..... |                                     |  |   |  |  |
| <b>c</b> Totals (add lines 3a and 3b)...               | 0                                   | 0  |   |  | 300,836.   |

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

| 1    | (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount non-cash assistance |
|------|--------------------------|--|------------|----------------------|--------------------------|---------------------------------|--------------------------------|
| (1)  |                          |  |            | CHILD CARE           | 24,000.                  | BANK WIRE                       |                                |
| (2)  |                          |  |            | MICRO LOANS          | 73,636.                  | BANK WIRE                       |                                |
| (3)  |                          |  |            | ORPHANAGE            | 203,200.                 | BANK WIRE                       |                                |
| (4)  |                          |  |            |                      |                          |                                 |                                |
| (5)  |                          |  |            |                      |                          |                                 |                                |
| (6)  |                          |  |            |                      |                          |                                 |                                |
| (7)  |                          |  |            |                      |                          |                                 |                                |
| (8)  |                          |  |            |                      |                          |                                 |                                |
| (9)  |                          |  |            |                      |                          |                                 |                                |
| (10) |                          |  |            |                      |                          |                                 |                                |
| (11) |                          |  |            |                      |                          |                                 |                                |
| (12) |                          |  |            |                      |                          |                                 |                                |
| (13) |                          |  |            |                      |                          |                                 |                                |
| (14) |                          |  |            |                      |                          |                                 |                                |
| (15) |                          |  |            |                      |                          |                                 |                                |
| (16) |                          |  |            |                      |                          |                                 |                                |

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

3 Enter total number of other organizations or entities .....

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

| (a) Type of grant or assistance | (b) Region | (c) Number of recipients | (d) Amount of cash grant | (e) Manner of cash disbursement | (f) Amount of non-cash assistance |
|---------------------------------|------------|--------------------------|--------------------------|---------------------------------|-----------------------------------|
| (1)                             |            |                          |                          |                                 |                                   |
| (2)                             |            |                          |                          |                                 |                                   |
| (3)                             |            |                          |                          |                                 |                                   |
| (4)                             |            |                          |                          |                                 |                                   |
| (5)                             |            |                          |                          |                                 |                                   |
| (6)                             |            |                          |                          |                                 |                                   |
| (7)                             |            |                          |                          |                                 |                                   |
| (8)                             |            |                          |                          |                                 |                                   |
| (9)                             |            |                          |                          |                                 |                                   |
| (10)                            |            |                          |                          |                                 |                                   |
| (11)                            |            |                          |                          |                                 |                                   |
| (12)                            |            |                          |                          |                                 |                                   |
| (13)                            |            |                          |                          |                                 |                                   |
| (14)                            |            |                          |                          |                                 |                                   |
| (15)                            |            |                          |                          |                                 |                                   |
| (16)                            |            |                          |                          |                                 |                                   |
| (17)                            |            |                          |                          |                                 |                                   |
| (18)                            |            |                          |                          |                                 |                                   |

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**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, Information 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).

**PART I, LINE 2 - GRANTMAKERS EXPLANATION FOR MONITORING USE OF FUNDS OUTSIDE US**

INTERNATIONAL ASSISTANCE PROGRAM SENDS REPRESENTATIVES FROM THE BOARD OF DIRECTORS AND OTHER VOLUNTEERS TO MEET WITH THE FOREIGN ORGANIZATION RECIPIENTS, MONITOR THE USE OF FUNDS PROVIDED, AND OBSERVE ACTIVITY OF RECIPIENTS OF BENEFITS PROVIDED BY PROGRAM SERVICES NOT LESS THAN ANNUALLY.

**PART I, LINE 3F - METHOD OF ACCOUNTING**

CASH

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

**Supplemental Information to Form 990 or 990-EZ**

OMB No. 1545-0047

**2012**

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

▶ Attach to Form 990 or 990-EZ.

Department of the Treasury  
Internal Revenue Service

Open to Public  
Inspection

Name of the organization

Employer identification number

INTERNATIONAL ASSISTANCE PROGRAM

91-1747079

**FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION**

IAP CONDUCTS SEMINARS AND MEETINGS TO ENCOURAGE CHRISTIANS TO LIVE THEIR CHRISTIAN FAITH FULLY AND PARTICIPATE IN HELPING THE UNDER-PRIVILEGED IN THIRD-WORLD COUNTRIES.

**FORM 990, PART VI, LINE 8 - EXPLANATION OF NO CONTEMPORANEOUSLY DOCUMENTATION OF MEETINGS**

THERE ARE NO COMMITTEES THAT HAVE THE AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY.

**FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS**

THE ORGANIZATION'S FORM 990 IS AVAILABLE TO BOARD MEMBERS UPON REQUEST, BUT IS NOT SUBJECT TO FORMAL REVIEW. CURRENT FINANCIAL STATEMENTS AND REPORTS ARE REVIEWED AND APPROVED AT EACH BOARD MEETING. THE FORM 990 IS PREPARED DIRECTLY FROM THESE FINANCIAL REPORTS APPROVED BY THE BOARD. THE FORM 990 IS PREPARED BY THE ORGANIZATION'S CORPORATE SECRETARY WHO IS A PRACTICING CPA.

**FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS**

EACH BOARD MEMBER AND OFFICER IS REQUIRED TO SIGN A STATEMENT EACH YEAR STATING THEY HAVE READ, UNDERSTAND, AND AGREE TO COMPLY WITH THE CONFLICT OF INTEREST POLICY.

**FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE**

IAP GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, WHISTLEBLOWER POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.