

Form **990**

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)

OMB No. 1545-0047

2012

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

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

| | | | |
|---|--|---|---|
| B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | C Name of organization ACCION INTERNATIONAL | | D Employer identification number 13-2535763 |
| | Doing Business As | | |
| | Number and street (or P.O. box if mail is not delivered to street address) | Room/suite | E Telephone number (617) 625-7080 |
| | 56 ROLAND STREET | 300 | |
| City, town, or post office, state, and ZIP code BOSTON, MA 02129 | | G Gross receipts \$ 70,090,322. | |
| F Name and address of principal officer: MICHAEL SCHLEIN SAME AS C ABOVE | | H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 | | H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) | |
| J Website: WWW.ACCION.ORG | | H(c) Group exemption number ▶ | |
| K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ | | L Year of formation: 1965 M State of legal domicile: NY | |

Part I Summary

| | | |
|---|--|--|
| Activities & Governance | 1 Briefly describe the organization's mission or most significant activities: TO ASSIST IN THE IMPROVEMENT OF SOCIAL, ECONOMIC, AND CULTURAL CONDITIONS IN THE WORLD. | |
| | 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. | |
| | 3 Number of voting members of the governing body (Part VI, line 1a) | 14 |
| | 4 Number of independent voting members of the governing body (Part VI, line 1b) | 14 |
| | 5 Total number of individuals employed in calendar year 2012 (Part V, line 2a) | 151 |
| | 6 Total number of volunteers (estimate if necessary) | 15 |
| | 7a Total unrelated business revenue from Part VIII, column (C), line 12 | 0. |
| b Net unrelated business taxable income from Form 990-T, line 34 | 0. | |
| Revenue | 8 Contributions and grants (Part VIII, line 1h) | Prior Year: 7,047,083. Current Year: 9,081,595. |
| | 9 Program service revenue (Part VIII, line 2g) | 5,370,935. 7,284,874. |
| | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 3,650,739. 26,639,181. |
| | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | -257,987. 128,549. |
| | 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 15,810,770. 43,134,199. |
| | Expenses | 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) |
| 14 Benefits paid to or for members (Part IX, column (A), line 4) | | 0. 0. |
| 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | | 13,983,948. 15,886,609. |
| 16a Professional fundraising fees (Part IX, column (A), line 11e) | | 150,799. 112,452. |
| b Total fundraising expenses (Part IX, column (D), line 25) ▶ 2,973,121. | | |
| 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | | 9,777,357. 10,449,450. |
| 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 29,218,418. 33,044,453. | |
| 19 Revenue less expenses. Subtract line 18 from line 12 | -13,407,648. 10,089,746. | |
| Net Assets or Fund Balances | 20 Total assets (Part X, line 16) | Beginning of Current Year: 325,647,440. End of Year: 326,304,960. |
| | 21 Total liabilities (Part X, line 26) | 8,543,862. 15,177,823. |
| | 22 Net assets or fund balances. Subtract line 21 from line 20 | 317,103,578. 311,127,137. |

Part II Signature Block

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

| | | | | | |
|-------------------------------|--|------------------------------|--|---|-------------------|
| Sign Here | ▶ Signature of officer | Date | | | |
| | LIVINGSTON PARSONS III, CFO | Type or print name and title | | | |
| Paid Preparer Use Only | Print/Type preparer's name JOYCE M. UNDERWOOD | Preparer's signature | Date | Check if self-employed <input type="checkbox"/> | PTIN P00022361 |
| | Firm's name ▶ BDO USA, LLP | Firm's EIN ▶ 13-5381590 | Firm's address ▶ 7101 WISCONSIN AVE., SUITE 800 BETHESDA, MD 20814-4827 | Phone no. (301) 654-4900 | |

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: TO GIVE PEOPLE THE FINANCIAL TOOLS THEY NEED TO IMPROVE THEIR LIVES.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 15,260,896. including grants of \$ 6,592,623.) (Revenue \$ 1,290,485.) GLOBAL PROGRAMS AND MICROLENDING: ACCION IS AN INNOVATOR IN FINANCIAL ACCESS, DEVELOPING MANY OF THE BEST PRACTICES AND EMERGING STANDARDS IN THE INDUSTRY. IT PROVIDES A FULL RANGE OF MANAGEMENT SERVICES, INVESTMENT AND GOVERNANCE SUPPORT TO HELP FINANCIAL INSTITUTIONS TO BUILD INSTITUTIONAL CAPACITY, PROVIDE DIVERSIFIED HIGH-QUALITY FINANCIAL SERVICES AND PRODUCTS, BECOME FINANCIALLY SUSTAINABLE AND REACH MEANINGFUL SCALE. ACCION CURRENTLY PARTNERS WITH 30 MICROFINANCE INSTITUTIONS (MFIS) IN 23 COUNTRIES ON 4 CONTINENTS. AT THE END OF 2012, ACCION'S NETWORK OF PARTNER MFIS WAS SERVING 6.0 MILLION BORROWERS WITH AN ACTIVE LOAN PORTFOLIO OF \$7.1 BILLION AND SAVINGS ACCOUNTS VALUED AT MORE THAN \$3.4 BILLION. OF THOSE PARTNER INSTITUTIONS, TWO - ONE IN INNER MONGOLIA, CHINA AND ONE IN

4b (Code:) (Expenses \$ 4,334,433. including grants of \$) (Revenue \$ 5,325,342.) GLOBAL INVESTMENTS: ACCION PROVIDES EARLY-STAGE EQUITY, QUASI-EQUITY FINANCING AND LOAN GUARANTEES TO HELP MFIS BECOME INDEPENDENT OF DONOR FUNDS, BUILD THEIR CAPITAL BASE, ATTRACT DEPOSITS AND ATTAIN FINANCIAL LEVERAGE TO EXPAND THEIR REACH. ACCION ALSO EXTENDS STANDBY LETTERS OF CREDIT TO MICROFINANCE INSTITUTIONS THROUGH ITS GLOBAL BRIDGE FUND. TOGETHER, THESE FINANCING TOOLS PROVIDE CRITICALLY NEEDED CAPITAL FOR YOUNG INSTITUTIONS WORKING IN CHALLENGING MARKETS WHERE SUCH FUNDING IS TYPICALLY UNAVAILABLE. IN ADDITION, ACCION'S FRONTIER INVESTMENTS GROUP, FOUNDED IN 2008, MAKES EQUITY INVESTMENTS IN NON-MFI COMPANIES THAT PRODUCE TECHNOLOGIES, PRODUCTS AND SERVICES DESIGNED TO RADICALLY ENHANCE THE EFFICIENCY, REACH AND SCOPE OF PRODUCTS AND SERVICES FOR

4c (Code:) (Expenses \$ 3,566,707. including grants of \$ 3,320.) (Revenue \$ 671,155.) CENTER FOR FINANCIAL INCLUSION: ACCION LAUNCHED THE CENTER FOR FINANCIAL INCLUSION IN 2008 TO FOSTER CREATIVE SOLUTIONS THAT ADDRESS THE INDUSTRY'S KEY CHALLENGES. THE CENTER WORKS COLLABORATIVELY WITH MICROFINANCE INSTITUTIONS, INTERNATIONAL NETWORKS, REGULATORS, INVESTORS AND THE PRIVATE SECTOR TO DEVELOP IDEAS, RESEARCH, AND PUBLIC CAMPAIGNS DESIGNED TO BENEFIT THE INDUSTRY AND ITS CLIENTS. IN 2009 THE CENTER LAUNCHED THE SMART CAMPAIGN, A GLOBAL EFFORT TO FOSTER CONSUMER PROTECTION AND TO CERTIFY THOSE MFIS THAT INCORPORATE CLIENT-PROTECTION PRINCIPLES IN THEIR WORK. TO DATE, MORE THAN 3,800 SIGNATORIES, CONSISTING OF MICROFINANCE INSTITUTIONS, NETWORKS, ASSOCIATIONS, DONORS, INVESTORS, SUPPORTING ORGANIZATIONS AND INDIVIDUALS FROM MORE THAN 130 COUNTRIES, HAVE

4d Other program services (Describe in Schedule O.) (Expenses \$ 1,785,296. including grants of \$) (Revenue \$)

4e Total program service expenses 24,947,332.

Part IV Checklist of Required Schedules

| | | Yes | No |
|-----|--|-----|----|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> | X | |
| 2 | Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? | X | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> | | X |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> | 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? <i>If "Yes," complete Schedule C, Part III</i> | | 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? <i>If "Yes," complete Schedule D, Part I</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? <i>If "Yes," complete Schedule D, Part II</i> | | X |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> | | 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? <i>If "Yes," complete Schedule D, Part IV</i> | | X |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> | | 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? <i>If "Yes," complete Schedule D, Part VI</i> | 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? <i>If "Yes," complete Schedule D, Part VII</i> | | 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? <i>If "Yes," complete Schedule D, Part VIII</i> | 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? <i>If "Yes," complete Schedule D, Part IX</i> | | X |
| e | Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> | 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)? <i>If "Yes," complete Schedule D, Part X</i> | X | |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> | | X |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> | X | |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> | | 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? <i>If "Yes," complete Schedule F, Parts I and IV</i> | 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? <i>If "Yes," complete Schedule F, Parts II and IV</i> | 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? <i>If "Yes," complete Schedule F, Parts III and IV</i> | | 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? <i>If "Yes," complete Schedule G, Part I</i> | 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? <i>If "Yes," complete Schedule G, Part II</i> | X | |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> | | X |
| 20a | Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> | | 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 any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> | 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? <i>If "Yes," complete Schedule I, Parts I and III</i> | | 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? <i>If "Yes," complete Schedule J</i> | X | |
| 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i> | | 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? | | |
| 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part II</i> | | 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? <i>If "Yes," complete Schedule L, Part III</i> | | 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? <i>If "Yes," complete Schedule L, Part IV</i> | | X |
| b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> | | 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? <i>If "Yes," complete Schedule L, Part IV</i> | | X |
| 29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> | X | |
| 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> | | X |
| 31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> | | X |
| 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> | | 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? <i>If "Yes," complete Schedule R, Part I</i> | X | |
| 34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> | X | |
| 35a 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)? <i>If "Yes," complete Schedule R, Part V, line 2</i> | X | |
| 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> | | 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? <i>If "Yes," complete Schedule R, Part VI</i> | | X |
| 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? | X | |

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

X

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 1a through 14b regarding Form 1096, Form W-2G, backup withholding, Form W-3, foreign accounts, prohibited tax shelter transactions, and 501(c)(7), (12), and (29) organizations.

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 [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included in line 1a, above, who are independent; 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?; 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?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed AL, AK, AZ, AR, CA, CT, FL, GA, IL, IN, KS, KY
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
[X] Own website [] Another's website [X] Upon request [] Other (explain in Schedule O)
19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization:
LIVINGSTON PARSONS III, CFO - (617)625-7080
56 ROLAND STREET, NO. 300, BOSTON, MA 02129

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

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

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

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

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

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

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

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|---|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (1) DIANA TAYLOR CHAIR | 0.50 | X | | X | | | | 0. | 0. | 0. |
| (2) GUSTAVO HERRERO VICE-CHAIR | 0.50 | X | | X | | | | 0. | 0. | 0. |
| (3) BARBARA LUCAS SECRETARY | 0.50 | X | | X | | | | 0. | 0. | 0. |
| (4) RUSSELL FAUCETT TREASURER | 0.50 | X | | X | | | | 0. | 0. | 0. |
| (5) ANNE STETSON SECRETARY | 0.50 | X | | X | | | | 0. | 0. | 0. |
| (6) TITUS BRENNINKMEIJER CO VICE-CHAIR | 0.50 | X | | X | | | | 0. | 0. | 0. |
| (7) HENRY MILLER CO VICE-CHAIR | 0.50 | X | | X | | | | 0. | 0. | 0. |
| (8) THOMAS BARRY DIRECTOR | 0.50 | X | | | | | | 0. | 0. | 0. |
| (9) NANCY BIRDSALL DIRECTOR | 0.50 | X | | | | | | 0. | 0. | 0. |
| (10) AMY BUTTE DIRECTOR | 0.50 | X | | | | | | 0. | 0. | 0. |
| (11) RICARDO HAUSMANN DIRECTOR | 0.50 | X | | | | | | 0. | 0. | 0. |
| (12) JOSEPH HILL DIRECTOR | 0.50 | X | | | | | | 0. | 0. | 0. |
| (13) TARA KENNEY DIRECTOR | 0.50 | X | | | | | | 0. | 0. | 0. |
| (14) ROBERTO DANINO DIRECTOR | 0.50 | X | | | | | | 0. | 0. | 0. |
| (15) JOHN HEIMANN DIRECTOR | 0.50 | X | | | | | | 0. | 0. | 0. |
| (16) GABRIEL ROZMAN DIRECTOR | 0.50 | X | | | | | | 0. | 0. | 0. |
| (17) MICHAEL SCHLEIN PRESIDENT & CEO | 35.00 | | | X | | | | 438,292. | 0. | 30,147. |

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

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|---|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (18) ESTEBAN ALTSCHUL COO | 35.00 | | | X | | | | 452,224. | 0. | 27,477. |
| (19) LIVINGSTON PARSONS III CFO | 35.00 | | | X | | | | 225,430. | 0. | 38,501. |
| (20) KEVIN SAUNDERS ASSISTANT SECRETARY | 35.00 | | | X | | | | 112,228. | 0. | 15,347. |
| (21) ELLEN BAUER ASSISTANT SECRETARY | 35.00 | | | X | | | | 50,554. | 0. | 9,946. |
| (22) DONELLA RAPIER CDO-CAO | 35.00 | | | | X | | | 208,508. | 0. | 22,447. |
| (23) JOHN FISCHER CIO | 0.10 35.00 | | | | X | | | 48,162. | 886,966. | 29,291. |
| (24) CATHERINE QUENSE SR. VP | 35.00 | | | | | X | | 456,528. | 0. | 22,308. |
| (25) ELIZABETH RHYNE SR. VP | 35.00 | | | | | X | | 233,924. | 0. | 17,160. |
| (26) MARY CHAFFIN GENERAL COUNSEL | 35.00 | | | | | X | | 233,240. | 0. | 48,737. |
| 1b Sub-total | | | | | | | | 2,459,090. | 886,966. | 261,361. |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | 326,178. | 1,345,695. | 51,801. |
| d Total (add lines 1b and 1c) | | | | | | | | 2,785,268. | 2,232,661. | 313,162. |

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

| | Yes | No |
|--|-----|----|
| 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual | 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? If "Yes," complete Schedule J for such individual | 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? If "Yes," complete Schedule J for such person | | 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) Name and business address | (B) Description of services | (C) Compensation |
|--|--------------------------------|---------------------|
| MAYER BROWN LLP, 2027 COLLECTION CTR DR, CHICAGO, IL 60693-0020 | LEGAL SERVICES | 183,047. |
| JOHANNES MANDORFF SCHLIEMANN STR. 33 10437, BERLIN, GERMANY | BUSINESS CONSULTING | 159,075. |
| GRANT THORNTON, LLP 33960 TREASURY CTR, CHICAGO, IL 60694-3900 | AUDITING SERVICES | 150,532. |
| HOGAN LOVELLS US LLP 555 13TH ST, NW, WASHINGTON, DC 20004-1109 | LEGAL SERVICES | 138,295. |
| LAUTMAN, MASKA, NEIL & CO, 1730 RHODE ISLAND AV NW #301, WASHINGTON, DC 20036 | DIRECT MAIL CONSULTING | 131,646. |

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

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2012)

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

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position (Individual trustee or director, Institutional trustee, Officer, Key employee, Highest compensated employee, Former), (D) Reportable compensation from the organization (W-2/1099-MISC), (E) Reportable compensation from related organizations (W-2/1099-MISC), (F) Estimated amount of other compensation from the organization and related organizations. Includes entries for Brian Kuwik, Diego Guzman, and Enrique Ferraro.

Total to Part VII, Section A, line 1c 326,178. 1,345,695. 51,801.

Part VIII Statement of Revenue

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

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

Part IX Statement of Functional Expenses

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

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

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

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

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

| | | (A) Beginning of year | | (B) End of year |
|---|--|--------------------------|--------------|---------------------|
| Assets | 1 Cash - non-interest-bearing | 6,118,015. | 1 | 5,570,079. |
| | 2 Savings and temporary cash investments | 116,842,736. | 2 | 106,444,590. |
| | 3 Pledges and grants receivable, net | 5,358,864. | 3 | 7,020,188. |
| | 4 Accounts receivable, net | 733,083. | 4 | 1,036,950. |
| | 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L | | 5 | |
| | 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L | | 6 | |
| | 7 Notes and loans receivable, net | 4,831,934. | 7 | 2,200,671. |
| | 8 Inventories for sale or use | 113. | 8 | 113. |
| | 9 Prepaid expenses and deferred charges | 785,521. | 9 | 767,126. |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 1,477,795. | | |
| | b Less: accumulated depreciation | 10b 1,168,868. | 371,967. | 10c 308,927. |
| | 11 Investments - publicly traded securities | 7,337,082. | 11 | 7,494,309. |
| | 12 Investments - other securities. See Part IV, line 11 | | 12 | |
| | 13 Investments - program-related. See Part IV, line 11 | 183,112,132. | 13 | 195,289,130. |
| | 14 Intangible assets | | 14 | |
| | 15 Other assets. See Part IV, line 11 | 155,993. | 15 | 172,877. |
| 16 Total assets. Add lines 1 through 15 (must equal line 34) | 325,647,440. | 16 | 326,304,960. | |
| Liabilities | 17 Accounts payable and accrued expenses | 2,353,334. | 17 | 2,608,853. |
| | 18 Grants payable | | 18 | |
| | 19 Deferred revenue | 233,341. | 19 | 149,778. |
| | 20 Tax-exempt bond liabilities | | 20 | |
| | 21 Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| | 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L | | 22 | |
| | 23 Secured mortgages and notes payable to unrelated third parties | | 23 | |
| | 24 Unsecured notes and loans payable to unrelated third parties | 5,957,187. | 24 | 6,070,086. |
| | 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D | 0. | 25 | 6,349,106. |
| | 26 Total liabilities. Add lines 17 through 25 | 8,543,862. | 26 | 15,177,823. |
| Net Assets or Fund Balances | Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | | |
| | 27 Unrestricted net assets | 308,364,377. | 27 | 302,528,679. |
| | 28 Temporarily restricted net assets | 8,739,201. | 28 | 8,598,458. |
| | 29 Permanently restricted net assets | | 29 | |
| | Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. | | | |
| | 30 Capital stock or trust principal, or current funds | | 30 | |
| | 31 Paid-in or capital surplus, or land, building, or equipment fund | | 31 | |
| | 32 Retained earnings, endowment, accumulated income, or other funds | | 32 | |
| 33 Total net assets or fund balances | 317,103,578. | 33 | 311,127,137. | |
| 34 Total liabilities and net assets/fund balances | 325,647,440. | 34 | 326,304,960. | |

Part XI Reconciliation of Net Assets

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

| | | | |
|-----------|--|-----------|--------------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 43,134,199. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 33,044,453. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 10,089,746. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 317,103,578. |
| 5 | Net unrealized gains (losses) on investments | 5 | -10,667,811. |
| 6 | Donated services and use of facilities | 6 | |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | -5,398,376. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 311,127,137. |

Part XII Financial Statements and Reporting

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

| | Yes | No |
|--|-----|----|
| 1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. | | |
| 2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | X | |
| b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | X | |
| 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. | X | |
| 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? | | X |
| 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 | | |

Form **990** (2012)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

2012

Open to Public Inspection

| | |
|---|---|
| Name of the organization ACCION INTERNATIONAL | Employer identification number 13-2535763 |
|---|---|

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

- The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)
- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
 - 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
 - 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
 - 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
 - 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
 - 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
 - 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
 - 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
 - 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
 - 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
 - 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III - Functionally integrated d Type III - Non-functionally integrated
 - e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
 - f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
 - g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

| | Yes | No |
|--|-----------------|----|
| (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? | 11g(i) | |
| (ii) A family member of a person described in (i) above? | 11g(ii) | |
| (iii) A 35% controlled entity of a person described in (i) or (ii) above? | 11g(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 col. (i) listed in your governing document? | | (v) Did you notify the organization in col. (i) of your support? | | (vi) Is the organization in col. (i) organized in the U.S.? | | (vii) Amount of monetary support |
|------------------------------------|----------|---|---|----|--|----|---|----|----------------------------------|
| | | | Yes | No | Yes | No | Yes | No | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Total | | | | | | | | | |

LHA 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.") | 8,187,910. | 10,402,929. | 7,407,229. | 7,047,083. | 9,081,595. | 42,126,746. |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 Total. Add lines 1 through 3 | 8,187,910. | 10,402,929. | 7,407,229. | 7,047,083. | 9,081,595. | 42,126,746. |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | 16,491,809. |
| 6 Public support. Subtract line 5 from line 4. | | | | | | 25,634,937. |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total |
|--|------------|-------------|------------|------------|------------|--------------------------|
| 7 Amounts from line 4 | 8,187,910. | 10,402,929. | 7,407,229. | 7,047,083. | 9,081,595. | 42,126,746. |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 2,902,377. | 3,125,863. | 2,523,898. | 3,703,888. | 3,354,765. | 15,610,791. |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) | | | | | | |
| 11 Total support. Add lines 7 through 10 | | | | | | 57,737,537. |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 | 28,249,574. |
| 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 | 44.40 % |
| 15 Public support percentage from 2011 Schedule A, Part II, line 14 | 15 | 49.95 % |
| 16a 33 1/3% support test - 2012. If the organization did not check the box on line 13, and 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"/> | |
| 17a 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 year beginning in) ▶ | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | | |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 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 year 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 B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2012

Name of the organization

ACCION INTERNATIONAL

Employer identification number

13-2535763

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

| | |
|--|--|
| Name of organization ACCION INTERNATIONAL | Employer identification number 13-2535763 |
|--|--|

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|--|
| 1 | <hr/> <hr/> <hr/> | \$ 4,449,617. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 2 | <hr/> <hr/> <hr/> | \$ 983,317. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 3 | <hr/> <hr/> <hr/> | \$ 665,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 4 | <hr/> <hr/> <hr/> | \$ 500,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 5 | <hr/> <hr/> <hr/> | \$ 400,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 6 | <hr/> <hr/> <hr/> | \$ 350,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |

| | |
|--|--|
| Name of organization ACCION INTERNATIONAL | Employer identification number 13-2535763 |
|--|--|

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
|------------------------------|--|--|----------------------|
| | | \$ _____ | _____ |
| | | \$ _____ | _____ |
| | | \$ _____ | _____ |
| | | \$ _____ | _____ |
| | | \$ _____ | _____ |
| | | \$ _____ | _____ |
| | | \$ _____ | _____ |

| | |
|--|--|
| Name of organization ACCION INTERNATIONAL | Employer identification number 13-2535763 |
|--|--|

Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---|---------------------|--|-------------------------------------|
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

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

2012

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
▶ **See separate instructions.**

Open to Public Inspection

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

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

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

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

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

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

| | |
|---|---|
| Name of organization <p style="text-align:center">ACCION INTERNATIONAL</p> | Employer identification number <p style="text-align:center">13-2535763</p> |
|---|---|

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

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

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

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

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

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

| (a) Name | (b) Address | (c) EIN | (d) Amount paid from filing organization's funds. If none, enter -0-. | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-. |
|----------|-------------|---------|---|--|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2012

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

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

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

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

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

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

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

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

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

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

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

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

Part IV Supplemental Information

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

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

▶ **Attach to Form 990. ▶ See separate instructions.**

OMB No. 1545-0047

2012

Open to Public Inspection

Name of the organization

ACCION INTERNATIONAL

Employer identification number

13-2535763

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

| | (a) Donor advised funds | (b) Funds and other accounts |
|---|-------------------------|--|
| 1 Total number at end of year | | |
| 2 Aggregate contributions to (during year) | | |
| 3 Aggregate grants from (during year) | | |
| 4 Aggregate value at end of year | | |
| 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

| | Held at the End of the Tax Year |
|--|---------------------------------|
| a Total number of conservation easements | 2a |
| b Total acreage restricted by conservation easements | 2b |
| c Number of conservation easements on a certified historic structure included in (a) | 2c |
| d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register | 2d |

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

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

(i) Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

(ii) Assets included in Form 990, Part X

▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

b Assets included in Form 990, Part X

▶ \$ _____

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____

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

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

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

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

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

| | Amount |
|---------------------------------|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |

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

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

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

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

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

- a Board designated or quasi-endowment _____ %
- b Permanent endowment _____ %
- c Temporarily restricted endowment _____ %

The percentages in lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
- (ii) related organizations

| | Yes | No |
|--------|-----|----|
| 3a(i) | | |
| 3a(ii) | | |
| 3b | | |

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

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

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

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

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

| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|---|
| (1) Financial derivatives | | |
| (2) Closely-held equity interests | | |
| (3) Other | | |
| (A) | | |
| (B) | | |
| (C) | | |
| (D) | | |
| (E) | | |
| (F) | | |
| (G) | | |
| (H) | | |
| (I) | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) | | |

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

| (a) Description of investment type | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|---|
| (1) BANCO COMPARTAMOS | 102,611,355. | END-OF-YEAR MARKET VALUE |
| (2) OTHER PROGRAM RELATED INVESTMENTS | 92,677,775. | COST |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| (10) | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) | 195,289,130. | |

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

| (a) Description | (b) Book value |
|---|----------------|
| (1) | |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| (10) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) | |

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

| 1. (a) Description of liability | (b) Book value |
|---|----------------|
| (1) Federal income taxes | |
| (2) DEPOSIT FROM CO-INVESTOR IN PROGRAMMATIC INVESTMENT | 6,349,106. |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| (10) | |
| (11) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) | 6,349,106. |

2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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

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

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

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

Part XIII Supplemental Information

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

PART X, LINE 2: ACCION ADOPTED THE PROVISIONS OF ASC 740, INCOME TAXES

EFFECTIVE JANUARY 1, 2009. AS REQUIRED BY ASC 740-10, ACCION RECOGNIZES

THE FINANCIAL STATEMENT BENEFIT OF A TAX POSITION ONLY AFTER DETERMINING

THAT THE RELEVANT TAX AUTHORITY WOULD MORE LIKELY THAN NOT SUSTAIN THE

POSITION FOLLOWING AN AUDIT. FOR TAX POSITIONS MEETING THE MORE

LIKELY-THAN-NOT THRESHOLD, THE AMOUNT RECOGNIZED IN THE FINANCIAL

STATEMENTS IS THE LARGEST BENEFIT THAT HAS A GREATER THAN 50 PERCENT

LIKELIHOOD OF BEING REALIZED UPON ULTIMATE SETTLEMENT WITH THE RELEVANT

Part XIII Supplemental Information (continued)

TAX AUTHORITY.

ACCION APPLIED ASC 740 TO ALL TAX POSITIONS FOR WHICH THE STATUTE OF
LIMITATIONS REMAINED OPEN AND DETERMINED THESE WERE NO MATERIAL
UNRECOGNIZED TAX POSITIONS AS OF THAT DATE. IN ADDITION, THERE HAVE BEEN
NO MATERIAL CHANGES IN UNRECOGNIZED BENEFITS SINCE INCEPTION. MANAGEMENT
BELIEVES THAT ITS TAX RETURNS FOR YEARS ENDING PRIOR TO DECEMBER 31, 2009
ARE NO LONGER SUBJECT TO EXAMINATION BY TAX AUTHORITIES IN ITS MAJOR TAX
JURISDICTIONS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

| | |
|---|-------------|
| EQUITY IN INCOME OF EQUITY INVESTMENTS | -5,333,850. |
| CURRENCY (GAIN) LOSS ON CONSOLIDATION | -64,525. |
| SPECIAL EVENTS COSTS INCLUDED IN INCOME | 39,000. |
| TOTAL TO SCHEDULE D, PART XI, LINE 2D | -5,359,375. |

PART XII, LINE 2D - OTHER ADJUSTMENTS:

| | |
|---|---------|
| SPECIAL EVENTS COSTS INCLUDED IN INCOME | 39,000. |
|---|---------|

SCHEDULE F
(Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

OMB No. 1545-0047

2012

Open to Public
Inspection

| | |
|--|--|
| Name of the organization ACCION INTERNATIONAL | Employer identification number 13-2535763 |
|--|--|

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

1 For grantmakers. Does the organization maintain records to substantiate the amount of 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**

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

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

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

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

Schedule F (Form 990) 2012

Part I Continuation of Activities per Region. (Schedule F (Form 990), Part I, line 3)

| (a) Region | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i.e., fundraising, program services, 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 region |
|---------------------|-------------------------------------|---|--|--|-----------------------------------|
| SOUTH AMERICA | 2 | 101 | PROGRAM SERVICES | MICROFINANCE-TECHNICAL ASSISTANCE AND EDUCATION | 9,245,000. |
| SOUTH AMERICA | | | PROGRAM INVESTMENTS | | 44,473,000. |
| NORTH AMERICA | 0 | 1 | PROGRAM SERVICES | MICROFINANCE-TECHNICAL ASSISTANCE AND EDUCATION | 844,000. |
| NORTH AMERICA | | | PROGRAM INVESTMENTS | | 103,516,000. |
| EUROPE | 0 | 0 | PROGRAM SERVICES | MICROFINANCE-TECHNICAL ASSISTANCE AND EDUCATION | 68,000. |
| EUROPE | | | PROGRAM INVESTMENTS | | 1,200,000. |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Totals | 2 | 102 | | | 159,346,000. |

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

| 1 (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|-------------------------------|--|---------------|--------------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
| | | SOUTH AMERICA | FUNDING FIELD OPERATIONS | 3,452,013. | WIRE TRANSFER | 0. | | |
| | | SOUTH ASIA | FUNDING FIELD OPERATIONS | 1,345,000. | WIRE TRANSFER | 0. | | |
| | | SOUTH AMERICA | PROGRAM ASSISTANCE | 933,758. | WIRE TRANSFER | 0. | | |
| | | SOUTH AMERICA | PROGRAM ASSISTANCE | 532,216. | WIRE TRANSFER | 0. | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

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 **4**

3 Enter total number of other organizations or entities **0**

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

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

Schedule F (Form 990) 2012

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.

SCHEDULE F, PART I, LINE 2: ACCION'S ACCOUNTING AND RESOURCE DEVELOPMENT

DEPARTMENTS OVERSEE THE RECEIPT, DISTRIBUTION AND USE OF GRANT FUNDS, AND

PROVIDE DONORS WITH DETAILED REPORTS BASED THEREON.

Multiple horizontal lines for supplemental information.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

**Supplemental Information Regarding
Fundraising or Gaming Activities**

OMB No. 1545-0047

2012

**Open To Public
Inspection**

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

Name of the organization: ACCION INTERNATIONAL
Employer identification number: 13-2535763

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? **Yes** **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

| (i) Name and address of individual or entity (fundraiser) | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? | | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col. (i) | (vi) Amount paid to (or retained by) organization |
|--|----------------------------|--|----|-----------------------------------|---|---|
| | | Yes | No | | | |
| M&R STRATEGIC SERVICES - 1901 L. STREET, NW, SUITE 800, LAUTMAN, MASKA NEILL & COMPANY - 1730 RHODE ISLAND | ONLINE FUNDRAISING COUNSEL | | X | 0. | 36,252. | -36,252. |
| | DIRECT MAIL COUNSEL | | X | 0. | 76,200. | -76,200. |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Total | | | | | 112,452. | -112,452. |

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

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

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

| | | (a) Event #1 | (b) Event #2 | (c) Other events | (d) Total events (add col. (a) through col. (c)) |
|-----------------|---|----------------------|---------------------------|------------------------|--|
| | | GALA (event type) | MICROBIKE (event type) | NONE (total number) | |
| Revenue | 1 Gross receipts | 31,018. | 27,500. | | 58,518. |
| | 2 Less: Contributions | 29,008. | 24,000. | | 53,008. |
| | 3 Gross income (line 1 minus line 2) | 2,010. | 3,500. | | 5,510. |
| Direct Expenses | 4 Cash prizes | | | | |
| | 5 Noncash prizes | | | | |
| | 6 Rent/facility costs | | | | |
| | 7 Food and beverages | | | | |
| | 8 Entertainment | | | | |
| | 9 Other direct expenses | 39,000. | | | 39,000. |
| | 10 Direct expense summary. Add lines 4 through 9 in column (d) | | | | (39,000) |
| | 11 Net income summary. Combine line 3, column (d), and line 10 | | | | -33,490. |

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

| | | (a) Bingo | (b) Pull tabs/instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col. (a) through col. (c)) |
|--|--------------------------------------|---|---|---|---|
| | | 1 Gross revenue | | | |
| Direct Expenses | 2 Cash prizes | | | | |
| | 3 Noncash prizes | | | | |
| | 4 Rent/facility costs | | | | |
| | 5 Other direct expenses | | | | |
| | 6 Volunteer labor | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | |
| 7 Direct expense summary. Add lines 2 through 5 in column (d) | | | | () | |
| 8 Net gaming income summary. Combine line 1, column d, and line 7 | | | | | |

9 Enter the state(s) in which the organization operates gaming activities: _____
a Is the organization licensed to operate gaming activities in each of these states? Yes No
b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No
b If "Yes," explain: _____

- 11 Does the organization operate gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity operated in:

| | | |
|-------------------------------|-----|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |

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

Name ▶ _____

Address ▶ _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.
- c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: M&R STRATEGIC SERVICES

(I) ADDRESS OF FUNDRAISER:

1901 L. STREET, NW, SUITE 800, WASHINGTON, DC 20036

(I) NAME OF FUNDRAISER: LAUTMAN, MASKA NEILL & COMPANY

(I) ADDRESS OF FUNDRAISER:

1730 RHODE ISLAND AVENUE, NW, SUITE 301, WASHINGTON, DC 20036

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

OMB No. 1545-0047

2012

**Open to Public
Inspection**

Name of the organization ACCION INTERNATIONAL Employer identification number 13-2535763

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| ACCION EAST AND ONLINE 80 MAIDEN LANE, SUITE 903 NEW YORK, NY 10038 | 11-3317234 | 501(C)(3) | 119,135. | 0. | | | PROGRAM ASSISTANCE |
| ACCION, THE US NETWORK 80 MAIDEN LANE, SUITE 903 NEW YORK, NY 10038 | 45-4127501 | 501(3)(C) PENDING | 210,500. | 0. | | | PROGRAM ASSISTANCE |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

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

3 Enter total number of other organizations listed in the line 1 table 0.

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
 Part III can be duplicated if additional space is needed.

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

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

SCHEDULE I, PART I, LINE 2: ACCION'S ACCOUNTING AND RESOURCE DEVELOPMENT

DEPARTMENTS OVERSEE THE RECEIPT, DISTRIBUTION AND USE OF GRANT FUNDS, AND

PROVIDE DONORS WITH DETAILED REPORTS BASED THEREON.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2012

Open to Public Inspection

Name of the organization

ACCION INTERNATIONAL

Employer identification number

13-2535763

Part I Questions Regarding Compensation

| | Yes | No | | | | | | | | |
|--|---|---|---|--|---|---|---|--|--|--|
| <p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input checked="" type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input checked="" type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input checked="" type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table> | <input type="checkbox"/> First-class or charter travel | <input checked="" type="checkbox"/> Housing allowance or residence for personal use | <input checked="" type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence | <input checked="" type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees | <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) | | |
| <input type="checkbox"/> First-class or charter travel | <input checked="" type="checkbox"/> Housing allowance or residence for personal use | | | | | | | | | |
| <input checked="" type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence | | | | | | | | | |
| <input checked="" type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees | | | | | | | | | |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) | | | | | | | | | |
| <p>b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p> | X | | | | | | | | | |
| <p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?</p> | X | | | | | | | | | |
| <p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> Compensation committee</td> <td><input checked="" type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input checked="" type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input checked="" type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table> | <input checked="" type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract | <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study | <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee | | | | |
| <input checked="" type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract | | | | | | | | | |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study | | | | | | | | | |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee | | | | | | | | | |
| <p>4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p> | X | | | | | | | | | |
| | X | | | | | | | | | |
| | | X | | | | | | | | |
| <p>Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.</p> | | | | | | | | | | |
| <p>5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes" to line 5a or 5b, describe in Part III.</p> | | X | | | | | | | | |
| | | X | | | | | | | | |
| <p>6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes" to line 6a or 6b, describe in Part III.</p> | | X | | | | | | | | |
| | | X | | | | | | | | |
| <p>7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III</p> | X | | | | | | | | | |
| <p>8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III</p> | | X | | | | | | | | |
| <p>9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p> | | | | | | | | | | |

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

Schedule J (Form 990) 2012

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

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

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

| (A) Name and Title | | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation reported as deferred in prior Form 990 |
|---|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| (1) MICHAEL SCHLEIN PRESIDENT & CEO | (i) | 436,620. | 0. | 1,672. | 0. | 30,147. | 468,439. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (2) ESTEBAN ALTSCHUL COO | (i) | 298,123. | 0. | 154,101. | 14,579. | 12,898. | 479,701. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (3) LIVINGSTON PARSONS III CFO | (i) | 201,473. | 0. | 23,957. | 17,160. | 21,341. | 263,931. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (4) DONELLA RAPIER CDO-CAO | (i) | 183,879. | 0. | 24,629. | 15,526. | 6,921. | 230,955. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (5) JOHN FISCHER CIO | (i) | 46,094. | 0. | 2,068. | 3,142. | 3,058. | 54,362. | 0. |
| | (ii) | 113,671. | 767,680. | 5,615. | 7,800. | 15,291. | 910,057. | 0. |
| (6) CATHERINE QUENSE SR. VP | (i) | 36,492. | 0. | 420,036. | 3,959. | 18,349. | 478,836. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (7) ELIZABETH RHYNE SR. VP | (i) | 210,600. | 0. | 23,324. | 17,160. | 0. | 251,084. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (8) MARY CHAFFIN GENERAL COUNSEL | (i) | 208,016. | 0. | 25,224. | 17,590. | 31,147. | 281,977. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (9) BRIAN KUWIK REGIONAL HEAD, AFRICA | (i) | 156,048. | 0. | 87,170. | 7,254. | 15,252. | 265,724. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (10) DIEGO GUZMAN REGIONAL HEAD, LATIN AMERICA | (i) | 82,960. | 0. | 0. | 0. | 0. | 82,960. | 0. |
| | (ii) | 141,798. | 0. | 0. | 0. | 0. | 141,798. | 0. |
| (11) ENRIQUE FERRARO MANAGING DIR., AIMCO | (i) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (ii) | 133,863. | 1,041,107. | 28,927. | 8,854. | 20,441. | 1,233,192. | 0. |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |

Part III Supplemental Information

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

PART I, LINE 1A: HOUSING ALLOWANCE, TAX INDEMNIFICATION AND ONCE A YEAR

HOME LEAVE FOR EMPLOYEES AND THE MEMBERS OF THEIR FAMILIES WERE PROVIDED TO

ESTEBAN ALTSCHUL AND BRIAN KUWIK AS PART OF AN EXPATRIATE BENEFIT PACKAGE

DURING THEIR TEMPORARY ASSIGNMENT TO A FOREIGN OFFICE.

PART I, LINE 1B: THESE EXPENSES ARE INCLUDED WITHIN THE TOTAL

COMPENSATION REVIEW AND APPROVAL PROCESS.

PART I, LINES 4A-B: CATHERINE QUENSE RECEIVED SEVERANCE OF \$135,353 AND A

RETIREMENT BENEFIT OF \$243,635 BASED UPON HER 28 YEARS OF SERVICE TO THE

ORGANIZATION. PRIOR TO AWARDING THESE AMOUNTS, ACCION CONDUCTED ITS

REASONABLE COMPENSATION REVIEW AND APPROVAL PROCESS AS DESCRIBED IN

SCHEDULE O.

PART I, LINE 7: UNDER THE TERMS OF MANAGEMENT AGREEMENT BETWEEN ACCION

INVESTMENT MANAGEMENT COMPANY, LLC ("AIMCO" - A WHOLLY OWNED SUBSIDIARY OF

ACCION INTERNATIONAL), AND ACCION INVESTMENTS IN MICROFINANCE, SPC ("AINV"

- AN INVESTMENT FUND MANAGED BY AIMCO), AIMCO COULD EARN AN ANNUAL BONUS

FROM AINV CONTINGENT UPON MEETING CERTAIN GOALS AND FINANCIAL CRITERIA. IN

Part III Supplemental Information

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

2011 AND 2012, AIMCO MET THOSE GOALS AND WAS AWARDED THE ANNUAL BONUS BY

AINV IN 2012. FROM THIS ANNUAL BONUS AWARD, AIMCO PROVIDED ENRIQUE FERRARO

AND JOHN FISCHER A COMBINED ANNUAL INCENTIVE COMPENSATION AMOUNT OF

\$185,000.

ADDITIONALLY, AIMCO WAS ELIGIBLE FOR A ONE TIME, END-OF-FUND BONUS UPON THE

CLOSE OF THE AINV FUND CONTINGENT UPON MEETING CERTAIN GOALS AND FINANCIAL

CRITERIA. OVER ITS HISTORY, THE AINV FUND EXPANDED FINANCIAL INCLUSION FOR

MORE THAN 1 MILLION CLIENTS AT THE BASE OF THE PYRAMID IN COUNTRIES

INCLUDING BOLIVIA, PERU, NICARAGUA, ECUADOR, NIGERIA, ETC. IN ADDITION,

AINV REALIZED A 15.6% RATE OF RETURN, WHICH HAS HAD A CATALYTIC EFFECT ON

ATTRACTING NEW SOURCES OF FUNDING INTO THE FIELD. THE FUND, LAUNCHED IN

2003, CLOSED IN 2012, AND AINV AWARDED AIMCO THE ONE TIME, END-OF-FUND

BONUS.

IN TOTAL, AINV AWARDED AIMCO \$9,879,126.06. MOST OF THIS SPECIAL BONUS,

NET OF TAX LIABILITIES (APPROXIMATELY \$6,600,000), WAS DIVIDENDED UP TO ITS

PARENT, ACCION, WHERE IT IS BEING USED TO FURTHER SUPPORT ACCION'S

CHARITABLE MISSION.

Part III Supplemental Information

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

IN ADDITION, AIMCO AWARDED INCENTIVE COMPENSATION TO TWO AIMCO EMPLOYEES WHO HAD MANAGED THE FUND SINCE ITS INCEPTION IN 2003, ENRIQUE FERRARO AND JOHN FISCHER AS INDICATED IN COLUMN B(II) OF SCHEDULE J, PART II, TOTALING A COMBINED \$1,623,787. THE INCENTIVE COMPENSATION AWARD WAS BASED UPON TEN YEARS OF FUND MANAGEMENT, WHICH RESULTED IN EXCEPTIONAL FUND PERFORMANCE, EFFECTIVE GOVERNANCE, THE FURTHER GROWTH OF THE MICROFINANCE INDUSTRY, AND THE ADVANCEMENT OF ACCION'S CHARITABLE MISSION. PRIOR TO AWARDING THESE AMOUNTS TO ENRIQUE FERRARO AND JOHN FISCHER, ACCION HIRED EXTERNAL LEGAL COUNSEL TO REVIEW ACCION'S CONTRACTUAL LEGAL OBLIGATIONS AS WELL AS AN EXPERT IN NON-PROFIT COMPENSATION TO INDEPENDENTLY CONDUCT A REASONABLENESS COMPENSATION REVIEW. THIS REVIEW WAS PROVIDED TO THE EXECUTIVE COMMITTEE OF ACCION'S BOARD OF DIRECTORS FOR ITS CONSIDERATION. AFTER REVIEWING THE DATA PROVIDED BY THE EXTERNAL LEGAL COUNSEL AND THE COMPENSATION EXPERT WHICH INDICATED COMPARABLE COMPENSATION FOR SIMILARLY QUALIFIED PERSONS IN FUNCTIONALLY COMPARABLE POSITIONS AT SIMILARLY SITUATED ORGANIZATIONS, THE EXECUTIVE COMMITTEE APPROVED ALL COMPENSATION AMOUNTS WHICH WERE PROVIDED TO ENRIQUE FERRARO AND JOHN FISCHER IN 2012. THESE PAYMENTS REPRESENT A ONE TIME OCCURENCE RELATED TO THE CLOSING OF AINV.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2012

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organizations answered "Yes" on Form
990, Part IV, lines 29 or 30.
▶ Attach to Form 990.**

Name of the organization **ACCION INTERNATIONAL** Employer identification number **13-2535763**

Part I Types of Property

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

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) (2012)

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2012

Open to Public
Inspection

Name of the organization

ACCION INTERNATIONAL

Employer identification number

13-2535763

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

MANAUS, BRAZIL - ARE OWNED AND OPERATED BY ACCION. SINCE FOUNDING THE

TWO INSTITUTIONS, ACCION HAS INVESTED A TOTAL OF \$17.3M IN THEM TO

CREATE ECONOMIC OPPORTUNITY IN REGIONS THAT ARE UN- OR UNDER-SERVED BY

FINANCIAL SERVICES. ACCION ALSO DEDICATES SIGNIFICANT RESOURCES TO

INDUSTRY TRAINING. IN 2012, MORE THAN 3,800 MICROFINANCE PROFESSIONALS

AROUND THE GLOBE WERE TRAINED THROUGH PROGRAMS DEVELOPED BY ITS

TRAINING AND CAPACITY-BUILDING INITIATIVE. ACCION ALSO CONTINUES TO

STRENGTHEN ITS PROGRAMS IN FINANCIAL LITERARY AND BUSINESS-SKILLS

TRAINING FOR CLIENTS. SINCE THE INCEPTION OF OUR CLIENT-EDUCATION

PROGRAMS IN THE LATE 1990S, WE HAVE HELPED TRAIN OVER THREE-QUARTERS OF

A MILLION ENTREPRENEURS IN LATIN AMERICA. IN 2009, WE EXPANDED OUR

CLIENT-EDUCATION PROGRAMS TO INDIA AND, BY THE CLOSE OF 2012, ACCION

AND ITS PARTNERS HAD BROUGHT FINANCIAL LITERARY AND BUSINESS SKILLS TO

MORE THAN 50,000 INDIAN WOMEN, IN FIVE SEPARATE LANGUAGES.

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

THE UNBANKED. SINCE ITS INCEPTION, FRONTIER HAS MADE INVESTMENTS IN

NINE EARLY-STAGE COMPANIES THAT SERVE THE BASE OF THE ECONOMIC PYRAMID,

FOR A TOTAL INVESTMENT OF \$12.8M. IN 2012 ALONE, FRONTIER MADE

EARLY-STAGE INVESTMENTS IN SUCH PROMISING YOUNG COMPANIES SUCH AS

TIAXA, A MOBILE SERVICES PROVIDER IN CHILE THAT GIVES PREPAID PHONE

USERS INSTANTANEOUS ACCESS TO 'NANOLOANS', AND IN SHUBHAM, WHICH OFFERS

MORTGAGES FOR QUALITY, AFFORDABLE HOUSING TO LOW-INCOME CLIENTS IN

INDIA. FRONTIER ALSO INVESTED IN 2012 IN ZOONA (FORMERLY MTZ) A MOBILE

PAYMENTS BUSINESS IN ZAMBIA, ZIMBABWE AND MOZAMBIQUE THAT IS

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

Schedule O (Form 990 or 990-EZ) (2012)

232211
01-04-13

| | |
|--|--|
| Name of the organization ACCION INTERNATIONAL | Employer identification number 13-2535763 |
|--|--|

TRANSFORMING THE WAY PEOPLE AND ORGANIZATIONS TRANSACT BUSINESS BY
 REDUCING RELIANCE ON CASH. COMPLEMENTING FRONTIER INVESTMENTS GROUP IS
 ACCION'S VENTURE LAB, A NEW \$10M SEED-STAGE IMPACT-INVESTMENT
 INITIATIVE. LAUNCHED IN EARLY 2012, VENTURE LAB IS ALSO DESIGNED TO
 SUPPORT START-UPS FOCUSED ON CREATING FINANCIAL PRODUCTS AND SERVICES
 TO EXPAND FINANCIAL INCLUSION FOR THE BASE OF PYRAMID, THOUGH START-UPS
 AT AN EARLIER, MORE CRITICAL STAGE, WHEN THEY ARE NORMALLY CONSIDERED
 'PRE-INVESTABLE' - WHEN A PRODUCT OR SERVICE IS READY TO TEST THE
 MARKET BUT HAS NOT YET PROVED ITS ABILITY TO GENERATE REVENUE. VENTURE
 LAB TYPICALLY MAKES INVESTMENTS OF \$100,000 TO \$500,000; IT CLOSED ITS
 FIRST INVESTMENT IN 2012, FOR \$300,000, AND HAD CLOSED SIX MORE BY Q3
 2013.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:
 ENDORSED THE CAMPAIGN; THOSE INSTITUTIONS TODAY COLLECTIVELY SERVE
 OVER 65 MILLION MICROFINANCE CLIENTS. THE CENTER ALSO DIRECTS THE
 AMBITIOUS FINANCIAL INCLUSION 2020 INITIATIVE, A GLOBAL MOVEMENT
 DESIGNED TO MOBILIZE PUBLIC AND PRIVATE STAKEHOLDERS AROUND THE
 ACHIEVEMENT OF FULL FINANCIAL INCLUSION, USING THE YEAR 2020 AS A FOCAL
 POINT FOR ACTION.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
 EDUCATION AND COMMUNICATIONS:
 THE COMMUNICATIONS DEPARTMENT SUPPORTS ACCION'S STRATEGIC OBJECTIVES BY
 PROMOTING AWARENESS OF ACCION'S WORK AROUND THE GLOBE AND EDUCATING THE
 PUBLIC ABOUT ITS MISSION.

EXPENSES \$ 1,785,296. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

| | |
|--|--|
| Name of the organization ACCION INTERNATIONAL | Employer identification number 13-2535763 |
|--|--|

FORM 990, PART V, LINE 4B, LIST OF FOREIGN COUNTRIES:

GHANA, MAURITIUS, BRAZIL, MEXICO,

PANAMA, INDIA, CHINA

FORM 990, PART VI, SECTION A, LINE 1: THE EXECUTIVE COMMITTEE HAS BEEN

DELEGATED AUTHORITY TO ACT ON BEHALF OF THE BOARD OF DIRECTORS SUBJECT TO

SUBSEQUENT RATIFICATION BY THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 11: PRIOR TO THE FILING OF THE FORM

990, THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS RECEIVES THE FORM

990 FOR REVIEW AND APPROVAL. EACH MEMBER OF THE BOARD OF DIRECTORS

SUBSEQUENTLY RECEIVES A COPY OF THE RECEIVED FORM 990 BEFORE ACCION FILES

IT WITH THE INTERNAL REVENUE SERVICE.

FORM 990, PART VI, SECTION B, LINE 12C: ACCION INTERNATIONAL'S CONFLICT OF

INTEREST POLICY REQUIRES ANNUAL DISCLOSURE OF ACTUAL OR POTENTIAL

CONFLICTS OF INTEREST, INCLUDING ALL TRANSACTIONS, FINANCIAL INTERESTS,

CONTRACTS, OR POSITIONS, CONDUCTED OR HELD BY THE OFFICER, DIRECTOR, OR KEY

EMPLOYEE OR IMMEDIATE MEMBER OF HIS/HER FAMILY, WITH ANY BUSINESSES,

CORPORATIONS, PARTNERSHIPS, PROPRIETORSHIPS THAT CARRY OUT ANY BUSINESS

ACTIVITIES WITH ACCION INTERNATIONAL OR ANY OF ITS SUBSIDIARIES, INVESTEES,

AFFILIATES OR OTHER PERSONS OR INSTITUTIONS IN ANY RELATED TO ACCION

INTERNATIONAL. IN ADDITION TO THE ANNUAL DISCLOSURE REQUIREMENT, OFFICER,

DIRECTORS, AND KEY EMPLOYEES MUST ALSO DISCLOSE ANY POTENTIAL OR REAL

CONFLICT OF INTEREST AS THEY ARISE. EACH REAL OR POTENTIAL CONFLICT MUST BE

EVALUATED BY INDEPENDENT, DISINTERESTED DIRECTORS SERVING ON THE "AUDIT AND

COMPLIANCE" COMMITTEE OF THE BOARD OF DIRECTORS, AND IF A REAL OR POTENTIAL

CONFLICT OF INTEREST IS DETERMINED TO EXIST, THAT CONFLICT SITUATION MUST

| | |
|--|--|
| Name of the organization ACCION INTERNATIONAL | Employer identification number 13-2535763 |
|--|--|

BE DETERMINED TO BE FAIR AND REASONABLE TO THE CORPORATION AND THUS WAIVED

BEFORE THE AFFECTED OFFICER, DIRECTOR, OR KEY EMPLOYEE MAY PROCEED.

FORM 990, PART VI, SECTION B, LINE 15: COMPENSATION FOR OFFICERS

(INCLUDING THE CEO) AND KEY EMPLOYEES MUST BE APPROVED BY THE APPROPRIATE

COMMITTEE OF THE BOARD OF DIRECTORS AFTER CONSIDERATION OF DATA PROVIDED BY

THIRD PARTY EXPERTS WHICH INDICATES COMPARABLE COMPENSATION FOR SIMILARLY

QUALIFIED PERSONS IN FUNCTIONALLY COMPARABLE POSITIONS AT SIMILARLY

SITUATED ORGANIZATIONS. THE BOARD COMMITTEE WILL MAINTAIN CONTEMPORANEOUS

DOCUMENTATION AND RECORDKEEPING WITH RESPECT TO THE DELIBERATIONS AND

DECISIONS REGARDING THE COMPENSATION ARRANGEMENTS

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AL, AK, AZ, AR, CA, CT, FL, GA, IL, IN, KS, KY, ME, MD, MA, MI, MN, MS, NH, NJ, NM, NY, OH, OK, OR

PA, RI, SC, TN, VA, WA, WI

FORM 990, PART VI, SECTION C, LINE 19: ACCION INTERNATIONAL'S AUDITED

FINANCIAL STATEMENTS, GOVERNING DOCUMENTS, AND CONFLICT OF INTEREST POLICY

ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

| | |
|--|-------------|
| EQUITY IN INCOME OF EQUITY INVESTMENTS | -5,333,850. |
|--|-------------|

| | |
|---------------------------------------|----------|
| CURRENCY (GAIN) LOSS ON CONSOLIDATION | -64,525. |
|---------------------------------------|----------|

| | |
|---------------------|-----|
| ROUNDING ADJUSTMENT | -1. |
|---------------------|-----|

| | |
|------------------------------------|-------------|
| TOTAL TO FORM 990, PART XI, LINE 9 | -5,398,376. |
|------------------------------------|-------------|

FORM 990, PART XI, LINE 2B

FINANCIAL STATEMENTS:

232212
01-04-13

Name of the organization
ACCION INTERNATIONAL

Employer identification number
13-2535763

ACCION INTERNATIONAL'S FINANCIAL STATEMENTS ARE AUDITED AND PRESENTED
ON A CONSOLIDATED BASIS, INCLUDING FOREIGN ENTITIES IN COLOMBIA, INDIA,
CHINA, BRAZIL AND MAURITIUS. THE U.S. ORGANIZATION'S FINANCIALS AS
REFLECTED FOR TAX PURPOSES ON A STAND-ALONE BASIS ARE NOT SEPARATELY
AUDITED.

FORM 990, PART XII, LINE 2C

OVERSIGHT OF AUDIT:

THERE WAS NO CHANGE IN THE AUDIT OVERSIGHT PROCESS FROM THE PRIOR YEAR.

Related Organizations and Unrelated Partnerships

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

Name of the organization: ACCION INTERNATIONAL
Employer identification number: 13-2535763

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

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

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

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

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

Schedule R (Form 990) 2012

SEE PART VII FOR CONTINUATIONS

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Predominant income (related, unrelated, excluded from tax under sections 512-514) | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproportion- ate allocations? | | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? | | (k) Percentage ownership |
|--|-------------------------|--|-------------------------------------|---|---------------------------------|--|---|----|---|---|----|--------------------------------|
| | | | | | | | Yes | No | | Yes | No | |
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Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of-year assets | (h) Percentage ownership | (i) Section 512(b)(13) controlled entity? | |
|---|---|---|-------------------------------------|--|---------------------------------|--|--------------------------------|---|----|
| | | | | | | | | Yes | No |
| CHIFENG CITY YUANBAOSHAN DISTRICT ACCION MICRO-CREDIT COMPANY, LTD., 9TH FL, HONGXING BUILDING ZHAOWUDA STREET, CHIFENG, HONGSHAN, ACCION (BEIJING) CONSULTATION SERVICES CO., LTD., ROOM 606, BLD 3, WANDA PLAZA, NO.93, BEIJING, CHAOYANG, CHINA | PROVISION OF FINANCIAL SERVICES TO MICROENTREPRENEURS | CHINA | ACCION GATEWAY, LLC | | 589,032. | 13,440,951. | 100.00% | | X |
| ACCION MICROFINANCAS SOCIEDADE DE CREDITO AVENIDA DJALMA BATISTA 946-SALA 8 & 9 MANAUS, AMAZONAS, BRAZIL | PROVISION OF FINANCIAL SERVICES TO MICROENTREPRENEURS | BRAZIL | ACCION GATEWAY, LLC | | -2,561,729. | 3,433,556. | 73.00% | | X |
| ACCION INVESTMENT MANAGEMENT CO., LLC - 04-3322187, 56 ROLAND STREET SUITE 300, BOSTON, MA 02129 | INVESTMENT MANAGEMENT | DE | ACCION INTERNATIONAL | C CORP | 5,084,969. | 5,067,213. | 100.00% | | X |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

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

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

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

| | Yes | No |
|---|-----|----|
| a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity | | X |
| b Gift, grant, or capital contribution to related organization(s) | X | |
| c Gift, grant, or capital contribution from related organization(s) | | X |
| d Loans or loan guarantees to or for related organization(s) | X | |
| e Loans or loan guarantees by related organization(s) | | X |
| f Dividends from related organization(s) | | X |
| g Sale of assets to related organization(s) | | X |
| h Purchase of assets from related organization(s) | | X |
| i Exchange of assets with related organization(s) | | X |
| j Lease of facilities, equipment, or other assets to related organization(s) | | X |
| k Lease of facilities, equipment, or other assets from related organization(s) | | X |
| l Performance of services or membership or fundraising solicitations for related organization(s) | | X |
| m Performance of services or membership or fundraising solicitations by related organization(s) | | X |
| n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | | X |
| o Sharing of paid employees with related organization(s) | | X |
| p Reimbursement paid to related organization(s) for expenses | X | |
| q Reimbursement paid by related organization(s) for expenses | X | |
| r Other transfer of cash or property to related organization(s) | | X |
| s Other transfer of cash or property from related organization(s) | | X |

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

| (a) Name of other organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved |
|--|-------------------------------|------------------------|--|
| (1) FUNDATION CENTRO ACCION MICROEMPRESARIAL | B | 3,452,013.FMV | |
| (2) ACCION TECHNICAL ADVISORS INDIA | B | 1,345,000.FMV | |
| (3) ACCION AFRICA ASIA INVESTMENT COMPANY | B | 6,383,407.FMV | |
| (4) ACCION INVESTMENT MANAGEMENT CO., LLC | B | 14,500.FMV | |
| (5) CHIFEN CITY YUANBAOSHAN DISTRICT ACCION MICRO-CREDIT COMPANY, LTD | B | 7,978,953.FMV | |
| (6) ACCION MICROFINANCAS SOCIEDADE DE CREDITO AO MICROEMPREENDEDOR E A EMPRESA | B | 2,480,657.FMV | |

Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

| (a) Name of other organization | (b) Transaction type (a-r) | (c) Amount involved | (d) Method of determining amount involved |
|---|-------------------------------|------------------------|--|
| (7) CHIFEN CITY YUANBAOSHAN DISTRICT ACCION MICRO-CREDIT COMPANY, LTD | D | 2,200,000 | FMV |
| (8) ACCION MICROFINANCAS SOCIEDADE DE CREDITO AO MICROEMPREENDEDOR E A EMPRESA | D | 1,657,498 | FMV |
| (9) ACCION MICROFINANCAS SOCIEDADE DE CREDITO AO MICROEMPREENDEDOR E A EMPRESA | D | 1,400,000 | FMV |
| (10) FUNDATION CENTRO ACCION MICROEMPRESARIAL ACCION MICROFINANCAS SOCIEDADE DE CREDITO AO | D | 510,000 | FMV |
| (11) MICROEMPREENDEDOR E A EMPRESA | O | 1,843 | FMV |
| (12) ACCION INVESTMENT MANAGEMENT CO., LLC | O | 35,052 | FMV |
| (13) ACCION (BEIJING) CONSULTATION SERVICES CO., LTD. | O | 783,019 | FMV |
| (14) ACCION INVESTMENT MANAGEMENT CO., LLC | P | 70,639 | FMV |
| (15) FUNDATION CENTRO ACCION MICROEMPRESARIAL ACCION MICROFINANCAS SOCIEDADE DE CREDITO AO | P | 13,349 | FMV |
| (16) MICROEMPREENDEDOR E A EMPRESA | P | 44,301 | FMV |
| (17) FUNDATION CENTRO ACCION MICROEMPRESARIAL CHIFEN CITY YUANBAOSHAN DISTRICT ACCION MICRO-CREDIT COMPANY, LTD | P | 8,514 | FMV |
| (18) ACCION MICROFINANCAS SOCIEDADE DE CREDITO AO MICROEMPREENDEDOR E A EMPRESA | P | 177,923 | FMV |
| (19) MICROEMPREENDEDOR E A EMPRESA | P | 31,344 | FMV |
| (20) | | | |
| (21) | | | |
| (22) | | | |
| (23) | | | |
| (24) | | | |

Part VII Supplemental Information

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

PART I, IDENTIFICATION OF DISREGARDED ENTITIES:

NAME AND ADDRESS OF DISREGARDED ENTITY:

ACCION INVESTMENT IN MICROFINANCE NIGERIA

INTERTRUST CORPORATE SRV, 190 ELGIN AVE

GEORGE TOWN GRAND CAYMAN, CAYMAN ISLANDS KY1-9005

NAME AND ADDRESS OF DISREGARDED ENTITY:

ACCION INVESTMENT IN MICROFINANCE CAMEROON

INTERTRUST CORPORATE SRV, 190 ELGIN AVE

GEORGE TOWN GRAND CAYMAN, CAYMAN ISLANDS KY1-9005

NAME AND ADDRESS OF DISREGARDED ENTITY:

ACCION INVESTMENT IN MICROFINANCE GHANA

INTERTRUST CORPORATE SRV, 190 ELGIN AVE

GEORGE TOWN GRAND CAYMAN, CAYMAN ISLANDS KY1-9005

PART IV, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS CORP OR TRUST:

NAME AND ADDRESS OF RELATED ORGANIZATION:

CHIFENG CITY YUANBAOSHAN DISTRICT ACCION MICRO-CREDIT

COMPANY, LTD.

9TH FL, HONGXING BUILDING ZHAOWUDA STREET

CHIFENG, HONGSHAN, CHINA 24000

SCH R, PART IV, COLUMN A

NAME OF ORGANIZATION

THE FULL NAME OF THE LAST ORGANIZATION LISTED ON SCHEDULE R, PART IV IS

Part VII Supplemental Information

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

"ACCION MICROFINANCAS SOCIEDADE DE CREDITO AO MICROEMPREENDEDOR E A

EMPRESA DE PEQUENO PORTE, SA".

Multiple horizontal lines for supplemental information.