

Form 8453-EO	Exempt Organization Declaration and Signature for Electronic Filing	OMB No. 1545-1879
Department of the Treasury Internal Revenue Service	For calendar year 2009, or tax year beginning _____, 2009, and ending _____, 20____ For use with Forms 990, 990-EZ, 990-PF, 1120-POL, and 8868 See instructions.	2009
Name of exempt organization ACCION INTERNATIONAL		Employer identification number 13-2535763

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8453-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a below and the amount on that line for the return for which you are filing this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). If you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	45510811
2a Form 990-EZ check here <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here <input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b	

Part II Declaration of Officer

☐ I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-953-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

☐ If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/990-PF (as specifically identified in Part I above) to the selected state agency(ies).

Under penalties of perjury, I declare that I am an officer of the above named organization and that I have examined a copy of the organization's 2009 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmittal, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund.

Sign Here

James B. Fawcett
Signature of officer

11/10/10
Date

TREASURER
Title

Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions)

I declare that I have reviewed the above organization's return and that the entries on Form 8453-EO are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The organization officer will have signed this form before I submit the return. I will give the officer a copy of all forms and information to be filed with the IRS, and have followed all other requirements in Pub. 4163, Modernized e-file (MeF) Information for Authorized IRS e-file Providers for Business Returns. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

ERO's Use Only	ERO's signature <i>James B. Fawcett</i> Firm's name (or yours if self-employed), address, and ZIP code BDO USA, LLP 7101 WISCONSIN AVE., SUITE 800 BETHESDA, MD 20814-4827	Date 11/15/10	Check if also Paid preparer <input checked="" type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's SSN or PTIN P00022361 EIN 13-5381590 Phone no. (301) 654-4900
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Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge.

Paid Preparer's Use Only	Preparer's signature Firm's name (or yours if self-employed), address, and ZIP code	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN EIN Phone no.
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LHA For Privacy Act and Paperwork Reduction Act Notice, see the instructions.

Form 8453-EO (2009)

923031 11-04-09

Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung
benefit trust or private foundation)

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

OMB No. 1545-0047

2009Open to Public
Inspection**A For the 2009 calendar year, or tax year beginning**

and ending

B Check if
applicable:

- ☐ Address
change
☐ Name
change
☐ Initial
return
☐ Termin-
ated
return
☐ Amend-
ed
return
☐ Applica-
tion
pending

Please
use IRS
label or
print or
type.See
Specific
Instruc-
tions.**C Name of organization**

ACCION INTERNATIONAL

Doing Business AsNumber and street (or P.O. box if mail is not delivered to street address) Room/suite
56 ROLAND STREET 300

City or town, state or country, and ZIP + 4

BOSTON, MA 02129

F Name and address of principal officer: SUSAN CLANCY
SAME AS C ABOVE**D Employer identification number**

13-2535763

E Telephone number

(617) 625-7080

G Gross receipts \$ 45,965,470.**H(a) Is this a group return**
for affiliates? ☐ Yes ☒ No**H(b) Are all affiliates included?** ☐ Yes ☐ No

If "No," attach a list. (see instructions)

H(c) Group exemption number ▶**I Tax-exempt status:** ☒ 501(c) (3) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527**J Website:** ▶ WWW.ACCION.ORG**K Form of organization:** ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L Year of formation:** 1965**M State of legal domicile:** NY**Part I Summary**

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)	3	19
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	18
	5	Total number of employees (Part V, line 2a)	5	160
	6	Total number of volunteers (estimate if necessary)	6	9
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	990,673.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	7,395,104.	10,402,928.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,333,609.	2,352,927.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	6,302,949.	31,727,577.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,109,245.	1,027,379.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	17,140,907.	45,510,811.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	4,556,245.	3,214,937.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	13,190,863.	15,227,028.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 2,401,269.		186,500.
Expenses	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	9,890,215.	10,683,396.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	27,637,323.	29,311,861.
	19	Revenue less expenses. Subtract line 18 from line 12	-10,496,416.	16,198,950.
	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	233,056,061.	342,297,882.
Net Assets or Fund Balances	22	Net assets or fund balances. Subtract line 21 from line 20	9,030,503.	8,393,567.
			224,025,558.	333,904,315.

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

RUSSELL FAUCETT, TREASURER

Type or print name and title

Paid
Preparer's
Use OnlyPreparer's
signature

Date

Check if
self-
employed ☐Preparer's identifying number
(see instructions)Firm's name (or
yours if
self-employed),
address, and
ZIP + 4
BDO USA, LLP
7101 WISCONSIN AVE., SUITE 800
BETHESDA, MD 20814-4827

EIN ▶

Phone no. ▶ (301) 654-4900

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

932001 02-04-10

LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2009)

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission: SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No
If "Yes," describe these changes on Schedule O.

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

SEE SCHEDULE O FOR CONTINUATION(S)

4a (Code:) (Expenses \$ 13,238,905. including grants of \$ 3,214,937.) (Revenue \$ 1,921,473.)
GLOBAL PROGRAMS:

ACCION CURRENTLY PARTNERS WITH 30 MFIS ON FOUR CONTINENTS, WHICH IN 2009 SERVED MORE THAN 3.3 MILLION CLIENTS WITH AN ACTIVE LOAN PORTFOLIO OF \$3.47 BILLION AND SAVINGS ACCOUNTS VALUED AT MORE THAN \$1.82 BILLION. ACCION'S 2009 PROGRAM MILESTONES INCLUDE: THE LAUNCH OF A MULTI-YEAR, MULTI-PARTNER RURAL LENDING INITIATIVE IN LATIN AMERICA THAT SEEKS TO REACH 200,000 PEOPLE BY 2013; A NEW PARTNERSHIP WITH, AND INVESTMENT IN, SAIJA FINANCE LTD., IN BIHAR, INDIA - ONE OF THE POOREST AND MOST UNDER-SERVED REGIONS IN THE WORLD; THE LAUNCH OF ITS FIRST MAJORITY-OWNED MFIS, IN CHIFENG, CHINA (DECEMBER 2009) AND MANAUS, BRAZIL (SEPTEMBER 2010); AND THE TRAINING OF MORE THAN 1,500 MICROFINANCE PRACTITIONERS AT ITS GLOBAL TRAINING CENTERS IN ACCRA,

4b (Code:) (Expenses \$ 2,238,082. including grants of \$) (Revenue \$ 33,232.)
GLOBAL INVESTMENTS:

ACCION'S INVESTMENT FUNDS HELP FACILITATE THE WORKING POOR'S ACCESS TO CAPITAL THROUGH THE PROVISION OF DEBT AND EQUITY FUNDING TO MICROFINANCE INSTITUTIONS (MFIS). IN 2009, ACCION, THROUGH ITS GATEWAY AND GATEWAY MICROFINANCE INVESTMENT VEHICLE FUNDS, HELD EQUITY VALUED AT \$184 MILLION, INVESTED IN 17 FUNDS AND MFIS WORLDWIDE. ACCION'S GLOBAL BRIDGE FUND MANAGES \$8 MILLION IN LOAN GUARANTEES FOR MFIS IN LATIN AMERICA AND ASIA. IN ADDITION, ACCION'S FRONTIER INVESTMENTS GROUP, FOUNDED IN 2008, HAS MADE EQUITY INVESTMENTS VALUED AT \$2 MILLION IN COMPANIES PROVIDING INNOVATIVE SERVICES, TECHNOLOGIES AND BUSINESS MODELS TO THE MICROFINANCE INDUSTRY.

4c (Code:) (Expenses \$ 3,131,989. including grants of \$) (Revenue \$ 194,456.)
CENTER FOR FINANCIAL INCLUSION:

SINCE ITS LAUNCH IN SEPTEMBER 2008, THE CENTER FOR FINANCIAL INCLUSION (CFI) HAS BEEN DEDICATED TO CONNECTING THE MICROFINANCE COMMUNITY WITH THE MAJOR DRIVERS OF THE GLOBAL ECONOMY - E.G., CAPITAL MARKETS AND TECHNOLOGY - TO HARNESS THEIR CAPABILITIES FOR THE WORLD'S POOR. AMONG ITS MANY PROJECTS, THE CFI SERVES AS THE SECRETARIAT OF THE SMART CAMPAIGN, A GLOBAL CONSORTIUM OF MICROFINANCE PRACTITIONERS DEDICATED TO ENSURING CLIENT PROTECTION THROUGH TRANSPARENT, RESPECTFUL AND PRUDENT MICROFINANCE SERVICES. TO DATE, MORE THAN 1,000 SIGNATORIES - INCLUDING SOME OF THE WORLD'S BIGGEST AND BEST-KNOWN MFIS, AS WELL AS INVESTORS, DONORS AND INDIVIDUALS FROM AROUND THE GLOBE - HAVE PLEDGED TO KEEP CLIENTS FIRST IN MICROFINANCE. CFI STAFF MEMBERS ARE

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

(Expenses \$ 2,560,961. including grants of \$) (Revenue \$ 1,015,673.)

4e Total program service expenses ► \$ 21,169,937.

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 Schedule B, Schedule of Contributors?	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? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>		
6 Did the organization maintain any donor advised funds or any similar funds or accounts where 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; 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 term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X	
• 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>		
• 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>		
• 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>		
• 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>		
• Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>		
• 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? <i>If "Yes," complete Schedule D, Part X.</i>		
12 Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i>		X
12A Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional</i>	Yes X	No
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, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Part I</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, Part II</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, Part III</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
20 Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X

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Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21 x	
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	x
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23 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>	24a	x
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
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>	25a	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>	25b	x
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	26	x
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	27	x
28 Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a	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>	28b	x
c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c x	
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29 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>	30	x
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	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>	32	x
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33 x	
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34 x	
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35 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>	36	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>	37	x
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O.	38 x	

Form 990 (2009)

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		
1a	186		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
2a	160		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	X	
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	X	
b	If "Yes," enter the name of the foreign country: SEE SCHEDULE O See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
7g			
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
7h			
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
8			
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		
9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
9b			
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12		
10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
10b			
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders		
11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
12b			

Form 990 (2009)

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.

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body	1a	19
b Enter the number of voting members that are independent	1b	18
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	X
5 Did the organization become aware during the year of a material diversion of the organization's assets?	5	X
6 Does the organization have members or stockholders?	6	X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	X
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	8a	X
b Each committee with authority to act on behalf of the governing body?	8b	X
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	9	X

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **► KY, LA, MD, MA, MI, MN, MS, MO, MT, NH, NJ, NM**

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
☒ Own website ☐ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **►**
SUSAN CLANCY, CFO - (617)625-7080
56 ROLAND STREET, NO. 300, BOSTON, MA 02129

Form 990 (2009)

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors
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. Use Schedule J-2 if additional space is needed.

• 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. 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 the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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			
DIANA TAYLOR CHAIR	2.00	X		X				0.	0.	0.
ALVARO RODRIGUEZ ARREGUI DIRECTOR	2.00	X		X				0.	0.	0.
NANCY BIRDSALL DIRECTOR	2.00	X						0.	0.	0.
TITUS BRENNINKMEIJER DIRECTOR	2.00	X						0.	0.	0.
AMY BUTTE DIRECTOR	2.00	X						0.	0.	0.
RUSSELL FAUCETT SECRETARY	2.00	X		X				0.	0.	0.
JOSE FERNANDEZ DIRECTOR	2.00	X						0.	0.	0.
RICARDO HAUSMANN DIRECTOR	2.00	X						0.	0.	0.
GUSTAVO HERRERO VICE-CHAIR	2.00	X		X				0.	0.	0.
TARA KENNEY TREASURER	2.00	X		X				0.	0.	0.
BARBARA LUCAS DIRECTOR	2.00	X						0.	0.	0.
HENRY MILLER DIRECTOR	2.00	X						0.	0.	0.
DAVID PIERCE DIRECTOR	2.00	X						0.	0.	0.
MARGARET EKUA PRAH DIRECTOR	2.00	X						0.	0.	0.
GABRIEL ROZMAN DIRECTOR	2.00	X						0.	0.	0.
JANE SIEBELS DIRECTOR	2.00	X						0.	0.	0.
CHRISTOPHER SMART DIRECTOR	2.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(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			
ROY SOSA DIRECTOR	2.00	X						0.	0.	0.
ANNE STETSON DIRECTOR	2.00	X						0.	0.	0.
ROBERT STRASSLER DIRECTOR	2.00	X						0.	0.	0.
MARIA OTERO PRESIDENT & CEO, DIR	35.00	X		X				733,952.	0.	29,183.
MICHAEL SCHLEIN PRESIDENT & CEO, DIR	35.00	X		X				86,475.	0.	4,060.
CATHERINE QUENSE SR. VP AND CFO	35.00			X				190,743.	0.	35,986.
SUSAN CLANCY CFO	35.00			X				179,944.	0.	28,816.
LAUREN BURNHILL CIO	35.00			X				100,310.	0.	7,621.
KEVIN SAUNDERS ASSISTANT SECRETARY	0.50			X				0.	0.	0.
CARLOS CASTELLO EXECUTIVE VP	35.00				X			204,064.	0.	38,686.
1b Total								2,590,508.	0.	261,124.

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

33

- 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
- 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
- 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3		X
4	X	
5		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.

(A) Name and business address	(B) Description of services	(C) Compensation
M&R STRATEGIC CONSULTING, 2120 L. STREET, NW SIXTH FLOOR, WASHINGTON, DC 20037	COMMUNICATION CONSULTING	373,100.
SSI (US) INC. DBA SPENCERSTUART, 277 PARK AVENUE, 32ND FLOOR, NEW YORK, NY 10172	EXECUTIVE SEARCH FIRM	157,771.
HIGH STREET PARTNER, INC., 31 ST. JAMES AVENUE, SUITE 880, BOSTON, MA 02116	INTERNATIONAL BUSINESS	141,132.
DELOITTE AND TOUCHE, LLP 220 BERKELEY ST. SUITE 1, BOSTON, MA 02116	AUDIT AND TAX	140,000.
LAUTMAN, MASKA, NEIL & CO, 1730 RHODE ISLAND AVE NW, STE 301, WASHINGTON, DC 20036	DIRECT MAIL CONSULTING	139,211.

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

10

SEE SCHEDULE J-2 FOR PART VII, SECTION A CONTINUATION

Form 990 (2009)

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1 a Federated campaigns	1a	59,988.				
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	10,342,940.				
	g Noncash contributions included in lines 1a-1f: \$		77,423.				
	h Total. Add lines 1a-1f			10,402,928.			
Program Service Revenue	2 a CONTRACT REVENUE	Business Code	541900	1,544,906.	1,544,906.		
	b MEMBERSHIP FEES		541900	808,021.	808,021.		
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f			2,352,927.			
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			4,481,998.		
4 Income from investment of tax-exempt bond proceeds							
5 Royalties							
6 a Gross Rents		(i) Real	(ii) Personal				
b Less: rental expenses							
c Rental income or (loss)							
d Net rental income or (loss)							
7 a Gross amount from sales of assets other than inventory		(i) Securities	(ii) Other				
b Less: cost or other basis and sales expenses				449,673.			
c Gain or (loss)				27,245,579.			
d Net gain or (loss)				27,245,579.			27,245,579.
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18		a					
b Less: direct expenses		b					
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19		a					
b Less: direct expenses		b					
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances		a		4,993.			
b Less: cost of goods sold	b		4,986.				
c Net income or (loss) from sales of inventory			7.			7.	
Miscellaneous Revenue			Business Code				
11 a INVESTMENT MANAGEMENT		515100	990,673.		990,673.		
b MISCELLANEOUS REVENUE		541900	36,699.	36,699.			
c							
d All other revenue							
e Total. Add lines 11a-11d			1,027,372.				
12 Total revenue. See instructions.			45,510,811.	2,389,626.	990,673.	31,727,584.	

Part IX Statement of Functional Expenses

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

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

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 U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	3,214,937.	3,214,937.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,680,620.	370,792.	1,138,828.	171,000.
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	10,842,597.	7,763,200.	2,025,497.	1,053,900.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	404,541.	262,754.	102,218.	39,569.
9 Other employee benefits	1,297,412.	842,686.	327,826.	126,900.
10 Payroll taxes	1,001,858.	650,539.	253,389.	97,930.
11 Fees for services (non-employees):				
a Management				
b Legal	444,107.	332,983.	111,071.	53.
c Accounting	142,660.	4,833.	137,827.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	186,500.			186,500.
f Investment management fees				
g Other	3,083,462.	2,685,567.	306,185.	91,710.
12 Advertising and promotion	620,298.	381,127.	23,294.	215,877.
13 Office expenses	817,166.	377,080.	288,605.	151,481.
14 Information technology	218,400.	164,470.	32,462.	21,468.
15 Royalties				
16 Occupancy	1,293,709.	749,877.	463,543.	80,289.
17 Travel	2,846,000.	2,446,562.	294,577.	104,861.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	583,024.	546,758.	22,426.	13,840.
20 Interest	304,690.	223,673.	61,244.	19,773.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	187,077.	93,999.	66,960.	26,118.
23 Insurance	72,622.	20,996.	51,626.	
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a				
b				
c				
d				
e				
f All other expenses	70,181.	37,104.	33,077.	
25 Total functional expenses. Add lines 1 through 24f	29,311,861.	21,169,937.	5,740,655.	2,401,269.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation ...				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	1,376,484.	1	941,778.
	2 Savings and temporary cash investments	112,960,982.	2	124,821,677.
	3 Pledges and grants receivable, net	7,211,438.	3	5,831,630.
	4 Accounts receivable, net	1,262,887.	4	865,200.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	417,500.
	8 Inventories for sale or use		8	8,771.
	9 Prepaid expenses and deferred charges	466,332.	9	459,437.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,187,964.		
	b Less: accumulated depreciation	10b 749,792.		
		560,130.	10c	438,172.
	11 Investments - publicly traded securities	8,148,628.	11	8,287,434.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11	98,530,960.	13	200,044,494.
	14 Intangible assets		14	
15 Other assets. See Part IV, line 11	2,538,220.	15	181,789.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	233,056,061.	16	342,297,882.	
Liabilities	17 Accounts payable and accrued expenses	1,948,937.	17	1,577,245.
	18 Grants payable	24,249.	18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 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	7,011,597.	23	
	24 Unsecured notes and loans payable to unrelated third parties		24	6,791,880.
	25 Other liabilities. Complete Part X of Schedule D	45,720.	25	24,442.
	26 Total liabilities. Add lines 17 through 25	9,030,503.	26	8,393,567.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	211,859,698.	27	321,865,927.
	28 Temporarily restricted net assets	12,165,860.	28	12,038,388.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, 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	224,025,558.	33	333,904,315.
	34 Total liabilities and net assets/fund balances	233,056,061.	34	342,297,882.

Form **990** (2009)

Part XI Financial Statements and Reporting

	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?	2a	x
b Were the organization's financial statements audited by an independent accountant?	2b	x
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	x
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		
d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	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.	3b	

Form 990 (2009)

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

2009

**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 - Other

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

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

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

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

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

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

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

[illegible]

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

Schedule A (Form 990 or 990-EZ) 2009

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	15,487,317.	11,677,460.	5,041,969.	8,187,910.	10,402,928.	50,797,584.
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	15,487,317.	11,677,460.	5,041,969.	8,187,910.	10,402,928.	50,797,584.
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)						16,329,726.
6 Public support. Subtract line 5 from line 4.						34,467,858.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	15,487,317.	11,677,460.	5,041,969.	8,187,910.	10,402,928.	50,797,584.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,707,637.	4,154,776.	4,883,289.	6,191,601.	4,481,998.	21,419,301.
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.)	98,725.	244,845.	237,028.	98,066.	36,706.	715,370.
11 Total support. Add lines 7 through 10						72,932,255.
12 Gross receipts from related activities, etc. (see instructions)					12	13,646,563.
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 2009 (line 6, column (f) divided by line 11, column (f))	14	47.26 %
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	55.81 %
16a 33 1/3% support test - 2009. 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 - 2008. 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 - 2009. 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 - 2008. 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"/>	

Schedule A (Form 990 or 990-EZ) 2009

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.)**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15		%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16		%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17		%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18		%

19a **33 1/3% support tests - 2009.** 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 - 2008.** 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 A (Form 990 or 990-EZ) 2009

Schedule B
(Form 990, 990-EZ,
or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2009

Name of the organization

Employer identification number

ACCION INTERNATIONAL

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, aggregate 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 aggregate 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 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 Privacy Act and Paperwork Reduction Act Notice, see the Instructions
for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

Name of organization

Employer identification number

ACCION INTERNATIONAL

13-2535763

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	BILL & MELINDA GATES FOUNDATION PO BOX 23350 SEATTLE, WA 98102-0650	\$ 5,415,364.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	CREDIT SUISSE GROUP- HEADQUARTERS 11 MADISON AVE NEW YORK, NY 10010-3643	\$ 1,290,400.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	NETHERLANDS DEVELOPMENT FINANCE COMPANY (FMO) PO BOX 93060 THE HAGUE, NETHERLANDS 2509 AB	\$ 477,705.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	CITI FOUNDATION 425 PARK AVE FL 2 NEW YORK, NY 10022-3591	\$ 435,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	VISA INTERNATIONAL 900 METRO CENTER BLVD MI-9B FOSTER CITY, CA 94404-2775	\$ 400,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Schedule D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.
► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047

2009

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).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

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

	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	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 XIV, 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, 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 XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116, 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 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 XIV.

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 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 XIV 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 XIV.

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 year end balance held as:

- a Board designated or quasi-endowment ☐ _____ %
b Permanent endowment ☐ _____ %
c Term endowment ☐ _____ %

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

- (i) unrelated organizations ☐ **3a(i)** ☐ Yes ☐ No
(ii) related organizations ☐ **3a(ii)** ☐ Yes ☐ No

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? ☐ **3b** ☐ Yes ☐ No

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

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

Description of investment	(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		136,704.	104,321.	32,383.
d Equipment		496,487.	332,754.	163,733.
e Other		554,773.	312,717.	242,056.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				438,172.

Schedule D (Form 990) 2009

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	45,510,811.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	29,311,861.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	16,198,950.
4	Net unrealized gains (losses) on investments	4	86,074,458.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	7,605,349.
9	Total adjustments (net). Add lines 4 through 8	9	93,679,807.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	109,878,757.

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

1	Total revenue, gains, and other support per audited financial statements	1	140,308,972.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	86,074,458.
b	Donated services and use of facilities	2b	1,118,354.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	7,605,349.
e	Add lines 2a through 2d	2e	94,798,161.
3	Subtract line 2e from line 1	3	45,510,811.
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 XIV.)	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	45,510,811.

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

1	Total expenses and losses per audited financial statements	1	30,430,215.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	1,118,354.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	1,118,354.
3	Subtract line 2e from line 1	3	29,311,861.
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 XIV.)	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	29,311,861.

Part XIV 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, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X: AT JANUARY 1, 2009, ACCION APPLIED ASC 740 TO ALL TAX

POSITIONS FOR WHICH THE STATUTE OF LIMITATIONS REMAINED OPEN AND

DETERMINED THERE WERE NO MATERIAL UNRECOGNIZED TAX POSITIONS AS OF THAT

DATE.

PART XI, LINE 8 - OTHER ADJUSTMENTS:

EQUITY IN INCOME OF EQUITY INVESTMENTS: 7597827.

CURRENCY GAIN ON CONSOLIDATION: 2536.

Part XIV Supplemental Information (continued)

COST OF GOODS SOLD: 4986.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

EQUITY IN INCOME OF EQUITY INVESTMENTS: 7597827.

CURRENCY GAIN ON CONSOLIDATION: 2536.

COST OF GOODS SOLD: 4986.

**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

2009

Open to Public
Inspection

Name of the organization

Employer identification number

ACCION INTERNATIONAL

13-2535763

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

1 For grantmakers. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No

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

3 Activities per Region. (Use Schedule F-1 (Form 990) if additional space is needed.)

(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
ALL REGIONS	0	0	PROGRAM SERVICES	INVESTMENTS, TECHNICAL ASSISTANCE AND EDUCATION RELATED TO MICROFINANCE	17,147,876.
SUB-SAHARAN AFRICA	1	25	PROGRAM SERVICES	INVESTMENTS, TECHNICAL ASSISTANCE AND EDUCATION RELATED TO MICROFINANCE	0.
EAST ASIA AND THE PACIFIC	1	4	PROGRAM SERVICES	INVESTMENTS, TECHNICAL ASSISTANCE AND EDUCATION RELATED TO MICROFINANCE	0.
SOUTH ASIA	1	3	PROGRAM SERVICES	INVESTMENTS, TECHNICAL ASSISTANCE AND EDUCATION RELATED TO MICROFINANCE	0.
CENTRAL AMERICA AND THE CARIBBEAN	0	2	PROGRAM SERVICES	INVESTMENTS, TECHNICAL ASSISTANCE AND EDUCATION RELATED TO MICROFINANCE	0.
SOUTH AMERICA	1	25	PROGRAM SERVICES	INVESTMENTS, TECHNICAL ASSISTANCE AND EDUCATION RELATED TO MICROFINANCE	0.
NORTH AMERICA	0	1	PROGRAM SERVICES	INVESTMENTS, TECHNICAL ASSISTANCE AND EDUCATION RELATED TO MICROFINANCE	0.
Totals	4	60			17,147,876.

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

Schedule F (Form 990) 2009

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

Use Schedule F-1 (Form 990) 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	3,065,840.	WIRE TRANSFER	0.		
		SOUTH AMERICA	PASSTHROUGH PRIZE GRANT	30,000.	WIRE TRANSFER	0.		
		SOUTH AMERICA	PASSTHROUGH PRIZE GRANT	15,000.	WIRE TRANSFER	0.		
		SOUTH AMERICA	PASSTHROUGH PRIZE GRANT	20,000.	WIRE TRANSFER	0.		
		SOUTH AMERICA	PASSTHROUGH PRIZE GRANT	20,000.	WIRE TRANSFER	0.		
		SOUTH AMERICA	PASSTHROUGH PRIZE GRANT	64,097.	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 6

3 Enter total number of other organizations or entities 6

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.

Use Schedule F-1 (Form 990) if additional space is needed.

[illegible]

Part IV Supplemental Information

Complete this part to provide the information required in Part I, line 2, and 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.

SCHEDULE F, PART I, LINE 3

TOTAL EXPENDITURES FOR INVESTMENTS, TECHNICAL ASSISTANCE AND EDUCATION

RELATED TO MICROFINANCE FOR ALL REGIONS OUTSIDE THE UNITED STATES ARE

ESTIMATED. CURRENTLY ACCION'S ACCOUNTING SYSTEM DOES NOT SEPARATE

EXPENDITURES PER REGIONS.

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

▶ **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.**

2009

Open To Public Inspection

Name of the organization

ACCIÓN INTERNACIONAL

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 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 CONSULTING	ONLINE FUNDRAISING COUNSEL		X	0.	93,100.	-93,100.
LAUTMAN, MASKA NEILL & COMPANY	DIRECT MAIL COUNSEL		X	0.	93,400.	-93,400.
Total					186,500.	-186,500.

Total

186,500.	-186,500.
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3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

AL AK AZ AR CA CO CT DC FL GA HI IL IN KS KY LA ME MD MA MI MN MS MO MT NH

NJ NM NY NC ND OH OK OR PA RI SC TN TX VA WA WV WI

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

Schedule G (Form 990 or 990-EZ) 2009

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. 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))
		(event type)	(event type)	(total number)	
Revenue	1 Gross receipts				
	2 Less: Charitable contributions				
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary. Add lines 4 through 9 in column (d)				()
	11 Net income summary. Combine line 3, column (d), and line 10				

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))
Revenue	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? _____

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? _____

b If "Yes," explain: _____

11 Does the organization operate gaming activities with nonmembers? _____

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
9a		
10a		
11		
12		

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? **15a****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? **17a****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 III

[illegible]

Part IV

[illegible]

**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

2009

Open to Public
Inspection

Name of the organization

ACCION INTERNATIONAL

Employer identification number

13-2535763

Part I Questions Regarding Compensation

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

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

b If any of the boxes 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

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

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's
CEO/Executive Director. Check all that apply.

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

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

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

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

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

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

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

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

a The organization?

b Any related organization?

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

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

a The organization?

b Any related organization?

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

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

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

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

Yes No

1b

2

4a

X

4b

X

4c

X

5a

X

5b

X

6a

X

6b

X

7

X

8

X

9

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

Schedule J (Form 990) 2009

Part III Supplemental Information

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

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

INVESTMENT MANAGEMENT COMPANY, LLC ("AIMCO"), AND ACCION INVESTMENTS IN

MICROFINANCE, SPC ("AINV"), AIMCO CAN EARN AN ANNUAL BONUS FROM AINV

CONTINGENT UPON MEETING CERTAIN GOALS AND FINANCIAL CRITERIA. IN 2009,

AIMCO MET THOSE GOALS AND WAS AWARDED THE ANNUAL BONUS BY AINV. BECAUSE

AIMCO'S EMPLOYEES ARE SECONDED BY ACCION TO AIMCO, THE DISBURSEMENT OF THE

ANNUAL BONUS TO AIMCO EMPLOYEES FLOWS THROUGH ACCION'S PAYROLL TO THOSE

EMPLOYEES. ACCION PASSED THROUGH ANNUAL BONUS FUNDS TO TWO AIMCO EMPLOYEES

IN 2009.

SCHEDULE J - PART II - ADDITIONAL INFORMATION:

IN 2009 ACCION INTERNATIONAL'S BOARD OF DIRECTORS APPROVED RETIREMENT

COMPENSATION FOR MS. MARIA OTERO BASED ON THREE FACTORS: CURRENT NON-PROFIT

ORGANIZATION PRACTICE WHEN LONG-TERM CHIEF EXECUTIVES RETIRE; MS. OTERO'S

PERFORMANCE DURING HER 22-YEAR EMPLOYMENT WITH ACCION INTERNATIONAL; AND

THE LACK OF ANY RETIREMENT PLANS AT ACCION INTERNATIONAL DURING YEARS OF

HER EMPLOYMENT. IN ASSESSING THE REASONABLENESS OF THE RETIREMENT

COMPENSATION, THE BOARD OF DIRECTORS CONSIDERED DATA PROVIDED BY

INDEPENDENT EXTERNAL EXPERTS WHICH INDICATED COMPARABLE RETIREMENT

Part III

Supplemental Information

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

COMPENSATION FOR SIMILARLY QUALIFIED PERSONS IN FUNCTIONALLY COMPARABLE

POSITIONS AT SIMILARLY SITUATED ORGANIZATIONS.

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.
▶ See the Instructions for Form 990.

Open to Public Inspection

13-2535763

Schedule J-2 (Form 990) 2009

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

▶ Complete if the organization answered
"Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open To Public
Inspection

Name of the organization

ACCION INTERNATIONAL

Employer identification number

13-2535763

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958

▶ \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization

▶ \$

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No

Total ▶ \$

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount and type of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
ACCION INVESTMENTS	BUSINESS RELATIONSH	990,673.	INVESTMENT		X

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

Schedule L (Form 990 or 990-EZ) 2009

SEE SCHEDULE O FOR SCHEDULE L CONTINUATIONS

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

OMB No. 1545-0047

2009

**Open to Public
Inspection**

Name of the organization

ACCION INTERNATIONAL

Employer identification number

13-2535763

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
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	14	51,867.	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	X	4	14,465.	FMV
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► (COMP EQUIP)	X	2	11,091.	FMV
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 Acknowledgment

29

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?

Yes No

30a		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?

31	X	
----	---	--

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

32a		X
-----	--	---

b If "Yes," describe in Part II.

33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II.

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

Schedule M (Form 990) 2009

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

ACCION INTERNATIONAL

Employer identification number

13-2535763

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

ACCION INTERNATIONAL IS A PRIVATE, NONPROFIT ORGANIZATION WITH THE

MISSION OF GIVING PEOPLE THE FINANCIAL TOOLS THEY NEED TO WORK THEIR

WAY OUT OF POVERTY. BY PROVIDING 'MICRO' LOANS, FINANCIAL SERVICES AND

BUSINESS TRAINING TO POOR MEN AND WOMEN WHO START THEIR OWN BUSINESSES,

ACCION HELPS PEOPLE WORK THEIR WAY UP THE ECONOMIC LADDER, WITH DIGNITY

AND PRIDE.

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

BANGALORE AND BEIJING.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS

SIMULTANEOUSLY DEVELOPING TOOLS TO SUPPORT THE CAMPAIGN AND WORKING

WITH MICROFINANCE NETWORKS AND ASSOCIATIONS TO HELP MFIS IMPLEMENT NEW

PROCEDURES FOR EMBEDDING CLIENT PROTECTION PROCEDURES WITHIN THEIR

OPERATIONS.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

COMMUNICATIONS. THE COMMUNICATIONS DEPARTMENT SUPPORTS ACCION'S

STRATEGIC OBJECTIVES BY GENERATING AWARENESS OF THE ORGANIZATION AND

EDUCATING THE PUBLIC ABOUT ITS MISSION AND PROGRESS IN MICROFINANCE.

EXPENSES \$ 1570288. INCLUDING GRANTS OF \$ 0. REVENUE \$ 25000.

ACCION INVESTMENT MANAGEMENT COMPANY ("AIMCO"). AIMCO SUPPORTS ACCION'S

STRATEGIC OBJECTIVES BY: (A) MANAGING THE OPERATIONS OF INVESTMENT

VEHICLES WHICH INCLUDE THIRD PARTY MONEY AND WHICH INVEST IN

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

Schedule O (Form 990) 2009

932211
02-03-10

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

ACCION INTERNATIONAL

Employer identification number

13-2535763

EQUITY, QUASI-EQUITY AND DEBT SECURITIES OF MICROFINANCE INSTITUTIONS;

AND (B) FORMULATING INVESTMENT AND OTHER POLICIES FOR SUCH INVESTMENT

VEHICLES.

EXPENSES \$ 990673. INCLUDING GRANTS OF \$ 0. REVENUE \$ 990673.

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

CHINA, BRAZIL, GHANA, INDIA,

PANAMA

FORM 990, PART VI, SECTION A, LINE 2: RUSS FAUCETT AND GUSTAVO HERRERO

ENGAGED IN A BUSINESS RELATIONSHIP.

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

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

FOR REVIEW. EACH MEMBER OF THE BOARD OF DIRECTORS SUBSEQUENTLY RECEIVES A

COPY OF THE REVIEWED FORM 990 BEFORE ACCION FILES IT WITH THE INTERNAL

REVENUE SERVICE.

FORM 990, PART VI, SECTION B, LINE 12C: ACCION INTERNATIONAL FOLLOWS A

CONFLICT OF INTEREST POLICY WHICH APPLIES TO ALL OFFICERS, DIRECTORS, AND

KEY EMPLOYEES. THIS 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,

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

Schedule O (Form 990) 2009

932211
02-03-10

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

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2009
Open to Public
Inspection

Name of the organization

ACCION INTERNATIONAL

Employer identification number

13-2535763

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

GOVERNANCE, LEGAL & REGULATORY COMPLIANCE COMMITTEE OF THE BOARD OF

DIRECTORS, AND IF A REAL OR POTENTIAL CONFLICT OF INTEREST IS DETERMINED TO

EXIST, THAT CONFLICT SITUATION MUST BE DETERMINED TO BE FAIR AND REASONABLE

TO THE CORPORATION AND THUS WAIVED BEFORE THE AFFECTED OFFICER, DIRECTOR,

OR KEY EMPLOYEE MAY PROCEED.

FORM 990, PART VI, SECTION B, LINE 15: ACCION INTERNATIONAL SET ITS CHIEF

EXECUTIVE OFFICER'S SALARY IN FISCAL YEAR 2009 THROUGH REVIEW AND APPROVAL

BY THE FULL BOARD OF DIRECTORS. THE BOARD OF DIRECTORS, IN ITS

DELIBERATIONS, CONSIDERED DATA PROVIDED BY THIRD PARTY EXPERTS INDICATING

COMPARABLE COMPENSATION FOR SIMILARLY QUALIFIED PERSONS IN FUNCTIONALLY

COMPARABLE POSITIONS AT SIMILARLY SITUATED ORGANIZATIONS. THE BOARD OF

DIRECTORS MAINTAIN CONTEMPORANEOUS DOCUMENTATION AND RECORDKEEPING WITH

RESPECT TO THE DELIBERATIONS AND DECISIONS REGARDING THE COMPENSATION

ARRANGEMENT.

ACCION INTERNATIONAL HAS A COMPENSATION POLICY AND PROCEDURE WHICH APPLIES

TO ALL OFFICERS AND KEY EMPLOYEES. COMPENSATION FOR OFFICERS AND KEY

EMPLOYEES IS APPROVED BY THE COMPENSATION & ORGANIZATIONAL STRUCTURE

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

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

Schedule O (Form 990) 2009

932211
02-03-10

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

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ACCION INTERNATIONAL

Employer identification number

13-2535763

SITUATED ORGANIZATIONS, THE COMPENSATION & ORGANIZATIONAL STRUCTURE

COMMITTEE MAINTAINS 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:

KY, LA, MD, MA, MI, MN, MS, MO, MT, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, TN, TX, UT, VA

WA, WV, WI, AL, AK, AZ, AR, CA, CO, CT, DC, FL, GA, HI, IL, IN, KS

FORM 990, PART VI, SECTION C, LINE 19: ACCION INTERNATIONAL MAKES ITS

AUDITED FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC VIA ITS WEBSITE, AND

MAKES ITS GOVERNING DOCUMENTS AND CONFLICTS OF INTEREST POLICY AVAILABLE

UPON REQUEST.

FORM 990, PART XI, LINE 2B

FINANCIAL STATEMENTS

ACCION INTERNATIONAL'S FINANCIAL STATEMENTS ARE AUDITED AND PRESENTED

ON A CONSOLIDATED BASIS, INCLUDING FOREIGN ENTITIES IN COLOMBIA, INDIA,

AND CHINA. THE US ORGANIZATION'S FINANCIALS AS REFLECTED FOR TAX

PURPOSES ON A STAND-ALONE BASIS ARE NOT SEPARATELY AUDITED.

FORM 990, PART XI, LINE 2C

OVERSIGHT OF AUDIT

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

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No. 1545-0047

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ACCION INTERNATIONAL

Employer identification number

13-2535763

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: ACCION INVESTMENTS

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

BUSINESS RELATIONSHIP

(C) AMOUNT OF TRANSACTION \$ 990673.

(D) DESCRIPTION OF TRANSACTION: INVESTMENT MANAGEMENT FEES FROM ACCION

INVESTMENTS IN MICROFINANCE, SPC.

(E) SHARING OF ORGANIZATION REVENUES? = NO

FORM 990, PART X, LINE 13

INVESTMENTS - PROGRAM RELATED

AT THE END OF 2009, ACCION HELD 7% OF THE SHARES OUTSTANDING IN BANCO

COMPARTAMOS, A MICROFINANCE INSTITUTION IN MEXICO WHICH SERVES OVER 1

MILLION POOR INDIVIDUALS. IN 2009, ACCION SOLD 20% OF ITS SHARES

RESULTING IN A CAPITAL GAIN OF \$26.7M. COMPARTAMOS IS A PUBLICALLY HELD

CORPORATION, TRADING ITS SHARES ON THE MEXICAN STOCK EXCHANGE. AS SUCH

THE VALUE OF ITS SHARES IS SUBJECT TO FLUCTUATION. ACCION'S 2009

INCREASE IN PROGRAM-RELATED INVESTMENT VALUE WAS DUE TO AN INCREASE IN

COMPARTAMOS SHARE PRICE AND TO CURRENCY FLUCTUATION.

SCHEDULE R
(Form 990)Department of the Treasury
Internal Revenue Service**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.**

2009
Open to Public
Inspection**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 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 ST. STE. 300 BOSTON, MA 02129	PROGRAM RELATED INVESTMENT	MASSACHUSETTS	2,587,415.	169,867,794.	N/A
ACCION INVESTMENT MANAGEMENT CO., LLC - 04-3322187, 56 ROLAND ST. STE. 300, BOSTON, MA 02129	INVESTMENT MANAGEMENT	MASSACHUSETTS	990,673.	138,970.	N/A

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
ACCION TECHNICAL ADVISORS INDIA 64 A 5TH CROSS LAVELLE ROAD BANGALORE, INDIA 560001	TECHNICAL ASSISTANCE AND EDUCATION RELATED TO MICROFINANCE	INDIA	SECTION 25 COMPANY	N/A	
FUNDACION CENTRO ACCION MICROEMPRESARIAL CARRERA 45 # 128 B ' 41CENTRO COMERCIAL ROSE BOGOTA, COLOMBIA	TECHNICAL ASSISTANCE AND EDUCATION RELATED TO MICROFINANCE	COLOMBIA	FUNDACION	N/A	
ACCION EUROPE AVENUE LOUISE 331-333 BRUSSELS, BELGIUM 1050	CHARITABLE SOLICITATION	BELGIUM	ASSOC. SANS BUT LUC.	N/A	

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.**Schedule R (Form 990) 2009**

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 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	1a	X
b Gift, grant, or capital contribution to other organization(s)	1b	X
c Gift, grant, or capital contribution from other organization(s)	1c	X
d Loans or loan guarantees to or for other organization(s)	1d	X
e Loans or loan guarantees by other organization(s)	1e	X
f Sale of assets to other organization(s)	1f	X
g Purchase of assets from other organization(s)	1g	X
h Exchange of assets	1h	X
i Lease of facilities, equipment, or other assets to other organization(s)	1i	X
j Lease of facilities, equipment, or other assets from other organization(s)	1j	X
k Performance of services or membership or fundraising solicitations for other organization(s)	1k	X
l Performance of services or membership or fundraising solicitations by other organization(s)	1l	X
m Sharing of facilities, equipment, mailing lists, or other assets	1m	X
n Sharing of paid employees	1n	X
o Reimbursement paid to other organization for expenses	1o	X
p Reimbursement paid by other organization for expenses	1p	X
q Other transfer of cash or property to other organization(s)	1q	X
r Other transfer of cash or property from other organization(s)	1r	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(s)	(b) Transaction type (a-r)	(c) Amount involved
(1)	FUNDACION CENTRO ACCION MICROEMPRESARIAL	B	3,065,840.
(2)	CHIFENG CITY YUANBAOSHAN DISTRICT ACCION MICRO-CREDIT COMPANY, LTD	B	4,407,500.
(3)	ACCION (BEIJING) CONSULTATION SERVICES CO., LTD.	B	485,000.
(4)			
(5)			
(6)			

**Application for Extension of Time To File an
Exempt Organization Return**

OMB No. 1545-1709

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒ **X**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete **Part II** unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization	Employer identification number
	ACCION INTERNATIONAL	13-2535763
	Number, street, and room or suite no. If a P.O. box, see instructions.	
	56 ROLAND STREET, NO. 300	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	BOSTON, MA 02129	

Check type of return to be filed (file a separate application for each return):

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

SUSAN CLANCY, CFO

- The books are in the care of ▶ **56 ROLAND STREET, NO. 300 - BOSTON, MA 02129**

Telephone No. ▶ **(617) 625-7080**

FAX No. ▶

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover.

- 1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until **AUGUST 15, 2010**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
- ▶ ☒ calendar year **2009** or
- ▶ ☐ tax year beginning _____, and ending _____

- 2 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

3a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$
b	If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$
c	Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$ N/A

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev. 4-2009)

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ☒ **x**

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).		
Type or print File by the extended due date for filing the return. See instructions.	Name of Exempt Organization	Employer identification number
	ACCION INTERNATIONAL	13-2535763
	Number, street, and room or suite no. If a P.O. box, see instructions.	For IRS use only
	56 ROLAND STREET, NO. 300	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	BOSTON, MA 02129	

Check type of return to be filed (File a separate application for each return):

- ☒ Form 990
 ☐ Form 990-EZ
 ☐ Form 990-T (sec. 401(a) or 408(a) trust)
 ☐ Form 1041-A
 ☐ Form 5227
 ☐ Form 8870
☐ Form 990-BL
☐ Form 990-PF
☐ Form 990-T (trust other than above)
☐ Form 4720
☐ Form 6069

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

SUSAN CLANCY, CFO

- The books are in the care of ☒ 56 ROLAND STREET, NO. 300 - BOSTON, MA 02129
 Telephone No. ☒ (617) 625-7080 FAX No. ☒ (617) 625-7020
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) ☐. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.
- 4 I request an additional 3-month extension of time until NOVEMBER 15, 2010.
- 5 For calendar year 2009, or other tax year beginning _____, and ending _____.
- 6 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period
- 7 State in detail why you need the extension _____

DUE TO THE COMPLEXITY OF THE RETURN, ADDITIONAL TIME IS NECESSARY TO

COMPILE THE INFORMATION NEEDED FOR A COMPLETE AND ACCURATE RETURN.

8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$
c	Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$ N/A

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature Joyce Anderson Title CPA

Date 7/17/10

Form 8868 (Rev. 4-2009)



Department of the Treasury
Internal Revenue Service
OGDEN UT 84201-0074

For assistance, call:
1-877-829-5500

Notice Number: CP211A
Date: May 31, 2010

Taxpayer Identification Number:
13-2535763
Tax Form: 990
Tax Period: December 31, 2009

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|||



ACCION INTERNATIONAL
ACCION USA
56 ROLAND ST STE 300
CHARLESTOWN MA 02129-1233755

019364

APPLICATION FOR EXTENSION OF TIME TO FILE AN EXEMPT ORGANIZATION RETURN - APPROVED

We received and approved your Form 8868, Application for Extension of Time to File an Exempt Organization Return, for the return (form) and tax period identified above. Your extended due date to file your return is **August 15, 2010**.

When it's time to file your Form 990, 990-EZ, 990-PF or 1120-POL, you should consider filing electronically. Electronic filing is the fastest, easiest and most accurate way to file your return. For more information, visit the Charities and Nonprofit web at www.irs.gov/eo. This site will provide information about:

- The type of returns that can be filed electronically,
- approved e-File providers, and
- if you are required to file electronically.

If you have any questions, please call us at the number shown above, or you may write us at the address shown at the top of this letter.



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02129

IRS USE ONLY

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TE 3

Department of the Treasury
Internal Revenue Service
Ogden UT 84201

For assistance, call:
1-877-829-5500

Notice Number: CP211A
Date: September 13, 2010

Taxpayer Identification Number:
13-2535763
Tax Form: 990
Tax Period: December 31, 2009

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|||||

ACCION INTERNATIONAL
ACCION USA
56 ROLAND ST STE 300
CHARLESTOWN MA 02129-1233755



007122

APPLICATION FOR EXTENSION OF TIME TO FILE AN EXEMPT ORGANIZATION RETURN - APPROVED

We received and approved your Form 8868, Application for Extension of Time to File an Exempt Organization Return, for the return (form) and tax period identified above. Your extended due date to file your return is **November 15, 2010**.

When it's time to file your Form 990, 990-EZ, 990-PF or 1120-POL, you should consider filing electronically. Electronic filing is the fastest, easiest and most accurate way to file your return. For more information, visit the Charities and Nonprofit web at www.irs.gov/eo. This site will provide information about:

- The type of returns that can be filed electronically,
- approved e-File providers, and
- if you are required to file electronically.

If you have any questions, please call us at the number shown above, or you may write us at the address shown at the top of this letter.