

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)

Department of the Treasury
Internal Revenue Service

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

A For the 2008 calendar year, or tax year beginning and ending																
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; vertical-align: top;"> Please use IRS label or print or type. See Specific Instructions. </td> <td style="width: 80%;"> C Name of organization ACCION INTERNATIONAL Doing Business As Number 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 </td> <td style="width: 10%;"> D Employer identification number 13-2535763 </td> </tr> <tr> <td colspan="2"> F Name and address of principal officer: SUSAN CLANCY SAME AS C ABOVE </td> <td> E Telephone number (617) 625-7080 </td> </tr> <tr> <td colspan="2"> I Tax-exempt status: <input checked="" type="checkbox"/> 501(c) (3) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 </td> <td> G Gross receipts \$ 17,140,907. </td> </tr> <tr> <td colspan="2"> J Website: WWW.ACCIONINTERNATIONAL.COM </td> <td> H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶ </td> </tr> <tr> <td colspan="2"> K Type of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ </td> <td> L Year of formation: 1965 M State of legal domicile: NY </td> </tr> </table>	Please use IRS label or print or type. See Specific Instructions.	C Name of organization ACCION INTERNATIONAL Doing Business As Number 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	D Employer identification number 13-2535763	F Name and address of principal officer: SUSAN CLANCY SAME AS C ABOVE		E Telephone number (617) 625-7080	I Tax-exempt status: <input checked="" type="checkbox"/> 501(c) (3) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		G Gross receipts \$ 17,140,907.	J Website: WWW.ACCIONINTERNATIONAL.COM		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶	K Type of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1965 M State of legal domicile: NY
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Part I Summary			
	1 Briefly describe the organization's mission or most significant activities: <u>TO ASSIST IN THE IMPROVEMENT OF SOCIAL, ECONOMIC AND CULTURAL CONDITIONS IN THE WORLD.</u>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.		
Activities & Governance	3 Number of voting members of the governing body (Part VI, line 1a)	3	18
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	17
	5 Total number of employees (Part V, line 2a)	5	156
	6 Total number of volunteers (estimate if necessary)	6	0
	7a Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	1,060,292.
	b Net unrelated business taxable income from Form 990-T, line 34	7b	-1,180.
	Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year
9 Program service revenue (Part VIII, line 2g)		5,041,969.	7,395,104.
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		3,477,641.	2,333,609.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		139,330,474.	6,302,949.
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		900,559.	1,109,245.
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		148,750,643.	17,140,907.
14 Benefits paid to or for members (Part IX, column (A), line 4)		438,656.	4,556,245.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		10,855,900.	13,190,863.
16a Professional fundraising fees (Part IX, column (A), line 11e)		9,882,020.	9,890,215.
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 2,036,276.		21,176,576.	27,637,323.
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		127,574,067.	-10,496,416.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)			
19 Revenue less expenses. Subtract line 18 from line 12			
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Year	End of Year
	21 Total liabilities (Part X, line 26)	340,025,332.	233,056,061.
	22 Net assets or fund balances. Subtract line 21 from line 20	8,248,231.	9,030,503.
		331,777,101.	224,025,558.

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 _____ TARA KENNEY, TREASURER Type or print name and title	Date _____	
Paid Preparer's Use Only	Preparer's signature ▶ _____ Firm's name (or yours if self-employed), address, and ZIP + 4 BDO SEIDMAN, LLP 7101 WISCONSIN AVE., SUITE 800 BETHESDA, MD 20814-4827	Date _____	Check if self-employed <input type="checkbox"/> Preparer's identifying number (see instructions) _____ EIN ▶ _____ Phone no. ▶ (301) 654-4900

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

Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission: SEE SCHEDULE O FOR CONTINUATION ACCION INTERNATIONAL IS A PRIVATE, NOT-FOR-PROFIT ORGANIZATION WITH THE MISSION OF GIVING POOR 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

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

4a (Code:) (Expenses \$ 2,236,043. including grants of \$) (Revenue \$ 3,438,547.) GLOBAL INVESTMENTS: ACCION'S INVESTMENT FUNDS HELP FACILITATE THE WORKING POOR ACCESS TO CAPITAL THROUGH THE PROVISION OF DEBT AND EQUITY FUNDING TO MICROFINANCE INSTITUTIONS. IN 2008, ACCION HELD INVESTMENTS IN 36 MICROFINANCE INSTITUTIONS WORLDWIDE. THESE INVESTMENTS ARE MANAGED THROUGH ACCION'S GATEWAY AND GATEWAY MICROFINANCE INVESTMENT VEHICLE EQUITY FUNDS, AND THROUGH ACCION'S LATIN AMERICA AND GLOBAL BRIDGE FUNDS, WHICH PROVIDE LOAN GUARANTEES. ACCION'S MOST RECENT INITIATIVE IS ITS FRONTIER INVESTMENTS GROUP, WHICH INVESTS IN NEW TECHNOLOGIES TO SUPPORT AND GROW MICROFINANCE INSTITUTIONS IN ORDER TO BETTER SERVE THE WORLD'S POOR.

4b (Code:) (Expenses \$ 13,912,317. including grants of \$ 4,449,200.) (Revenue \$ 1,633,176.) GLOBAL PROGRAMS: ACCION'S TECHNICAL ASSISTANCE PARTNERSHIPS SPAN 32 INSTITUTIONS ACROSS FOUR CONTINENTS, WHICH IN 2008 SERVED MORE THAN 3.7 MILLION CLIENTS WITH AN ACTIVE LOAN PORTFOLIO OF US \$3.6 BILLION. THIS REPRESENTS MORE THAN A 20 PERCENT INCREASE, YEAR ON YEAR, IN BOTH NUMBER OF CLIENTS SERVED AND TOTAL AMOUNT OF MICROLOANS PROVIDED TO THE POOR. ACCION'S 2008 MILESTONES INCLUDE THE LAUNCH OF ECOBANK-ACCION SAVINGS AND LOANS IN ACCRA, GHANA, AND THE OPENING OF AN AFRICAN HUB OFFICE IN ACCRA TO BETTER SERVE TECHNICAL ASSISTANCE AND TRAINING PROGRAMS THROUGHOUT THE CONTINENT.

4c (Code:) (Expenses \$ 2,477,375. including grants of \$ 107,045.) (Revenue \$ 855,886.) CENTER FOR FINANCIAL INCLUSION: IN SEPTEMBER 2008, ACCION LAUNCHED THE CENTER FOR FINANCIAL INCLUSION TO PROVIDE LEADERSHIP FOR THE MICROFINANCE INDUSTRY AND TO CONNECT THE INDUSTRY TO THE MAJOR DRIVERS OF THE GLOBAL ECONOMY. THE CENTER IS ADVANCING RAPIDLY ON SEVERAL COLLABORATIVE PROJECTS WHICH ARE ORIENTED TO PROVIDE STRATEGIC AND FACTUAL TOOLS TO ENABLE LEADING PRIVATE BUSINESSES, PUBLIC AGENCIES AND SOCIAL-SECTOR INSTITUTIONS TO MAKE POLICY, BUSINESS AND RESOURCE-ALLOCATION DECISIONS THAT WILL SUBSTANTIALLY ADVANCE FINANCIAL INCLUSION, WHILE ALSO WORKING TO PROTECT THE WORLD'S ENTREPRENEURIAL POOR AND ENSURE THAT THEY ARE TREATED FAIRLY.

4d Other program services. (Describe in Schedule O.) (Expenses \$ 2,045,897. including grants of \$) (Revenue \$ 1,060,292.)

4e Total program service expenses \$ 20,671,632. (Must equal Part IX, Line 25, column (B).)

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>	N/A	
6	Did the organization maintain any donor advised funds or any 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 hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>		X
13	Is the organization a school as 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 U.S.?	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 U.S.? <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 more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18	Did the organization report more than \$15,000 total 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 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
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? <i>If "Yes," complete Schedule J</i>	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If "Yes," complete Schedule L, Part I</i>		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, 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>		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		X

Part IV Checklist of Required Schedules (continued)

		Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i>		X
b	Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		X
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i>	X	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	X	
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	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>	X	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X

Form 990 (2008)

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		
	26		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	0		
1c	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		
	156		
2b	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	
4b	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 question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
6a	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).		
7a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?		X
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7d	If "Yes," indicate the number of Forms 8282 filed during the year		
7e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		X
7h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		X
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? N/A		
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966? N/A		
9b	Did the organization make a distribution to a donor, donor advisor, or related person? N/A		
10	Section 501(c)(7) organizations. Enter: N/A		
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter: N/A		
11a	Gross income from members or shareholders		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A		

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Body and Management

For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

		Yes	No
1a	Enter the number of voting members of the governing body		
1b	Enter the number of voting members that are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	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?		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		X
6	Does the organization have members or stockholders?		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?	X	
9a	Does the organization have local chapters, branches, or affiliates?		X
9b	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?		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	X	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

Section B. Policies

		Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13	Does the organization have a written whistleblower policy?	X	
14	Does the organization have a written document retention and destruction policy?	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:		
15a	The organization's CEO, Executive Director, or top management official?	X	
15b	Other officers or key employees of the organization?	X	
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?		X
16b	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?		

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. <input checked="" type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> 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

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. 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, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• 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 officer, director, trustee, or key employee.

(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			
ALVARO RODRIGUEZ ARREGUI CHAIR	2.00	X						0.	0.	0.
TITUS BRENNINKMEIJER DIRECTOR	2.00	X						0.	0.	0.
AMY BUTTE DIRECTOR	2.00	X						0.	0.	0.
MICHAEL CHU DIRECTOR	2.00	X						0.	0.	0.
BRIAN CLANCY DIRECTOR	2.00	X						0.	0.	0.
RUSSELL FAUCETT SECRETARY	2.00	X						0.	0.	0.
JOSE FERNANDEZ DIRECTOR	2.00	X						0.	0.	0.
GUSTAVO HERRERO DIRECTOR	2.00	X						0.	0.	0.
RICHARD HUBER DIRECTOR	2.00	X						0.	0.	0.
TARA KENNEY TREASURER	2.00	X						0.	0.	0.
HENRY MILLER DIRECTOR	2.00	X						0.	0.	0.
DAVID PIERCE DIRECTOR	2.00	X						0.	0.	0.
GABRIEL ROZMAN DIRECTOR	2.00	X						0.	0.	0.
MICHAEL SCHLEIN DIRECTOR	2.00	X						0.	0.	0.
SAMUEL SCOTT 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			
ANNE STETSON DIRECTOR	2.00	X						0.	0.	0.
ROBERT STRASSLER DIRECTOR	2.00	X						0.	0.	0.
TERENCE CANAVAN DIRECTOR, EMERITUS	2.00	X						0.	0.	0.
ROBERT HELANDER DIRECTOR, EMERITUS	2.00	X						0.	0.	0.
DANIEL MARTIN DIRECTOR, EMERITUS	2.00	X						0.	0.	0.
TOM MCDERMOTT DIRECTOR, EMERITUS	2.00	X						0.	0.	0.
CROCKER NEVIN DIRECTOR, EMERITUS	2.00	X						0.	0.	0.
NANCY S. TRUITT DIRECTOR, EMERITUS	2.00	X						0.	0.	0.
JOHN W. SCOTT DIRECTOR, EMERITUS	2.00	X						0.	0.	0.
DIANA TAYLOR VICE CHAIR	2.00	X						0.	0.	0.
1b Total								2,250,809.	0.	183,028.

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization 27

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation
DELOITTE & TOUCHE LLP 200 BERKELEY ST. SUITE 1, BOSTON, MA 02116	AUDIT AND TAX	327,514.
HOGAN & HARTSON LLP 875 THIRD AVENUE, NEW YORK, NY 10022	LEGAL COUNSEL	224,491.
SMS DIRECT 7540 MASON KING COURT, MANASSAS, VA 20109	DIRECT MAIL PRINTING AND POSTAGE	186,867.
MONITOR & CO 2 CANAL PARK, CAMBRIDGE, MA 02141	CONSULTING	136,000.
LAUTMAN, MASKA, NEILL AND COMPANY, 1730 RHODE ISLAND AVE NW, SUITE 301,	DIRECT MAIL CONSULTING	133,246.

2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization 7

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

Part VIII		Statement of Revenue		(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1 a	Federated campaigns	1a	58,912.				
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	141,266.				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	7,194,926.				
	g	Noncash contributions included in lines 1a-1f: \$		48,219.				
	h	Total. Add lines 1a-1f			7,395,104.			
	Program Service Revenue	2 a	CONTRACT REVENUE	Business Code	541900	1,526,735.	1,526,735.	
b		MEMBERSHIP FEES	541900		806,874.	806,874.		
c								
d								
e								
f		All other program service revenue						
g		Total. Add lines 2a-2f			2,333,609.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)			6,302,949.		6,302,949.	
	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						
c	Gain or (loss)							
d	Net gain or (loss)							
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					
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					
c	Net income or (loss) from gaming activities							
10 a	Gross sales of inventory, less returns and allowances	a	6,375.					
		b	Less: cost of goods sold					
c	Net income or (loss) from sales of inventory			6,375.		6,375.		
Miscellaneous Revenue		Business Code						
11 a	INVESTMENT MANAGEMENT	515100		1,060,292.		1,060,292.		
b	MISCELLANEOUS REVENUE	541900		42,578.	42,578.			
c								
d	All other revenue							
e	Total. Add lines 11a-11d			1,102,870.				
12	Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e			17,140,907.	2,376,187.	1,060,292.	6,309,324.	

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	14,950.	14,950.		
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	4,541,295.	4,541,295.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	994,505.	348,000.	646,505.	
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	9,983,814.	7,416,734.	1,633,245.	933,835.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	151,825.	95,505.	38,042.	18,278.
9 Other employee benefits	1,429,017.	1,088,816.	227,876.	112,325.
10 Payroll taxes	631,702.	389,656.	165,995.	76,051.
11 Fees for services (non-employees):				
a Management				
b Legal	485,113.	98,409.	386,704.	
c Accounting	289,010.	189,332.	99,528.	150.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	155,013.	155,013.		
g Other	2,654,128.	1,905,409.	359,504.	389,215.
12 Advertising and promotion	323,557.	169,836.	84,683.	69,038.
13 Office expenses	862,846.	375,212.	279,494.	208,140.
14 Information technology	316,831.	118,760.	198,071.	
15 Royalties				
16 Occupancy	1,016,349.	630,659.	287,578.	98,112.
17 Travel	2,736,034.	2,377,067.	280,362.	78,605.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	256,177.	227,566.	27,596.	1,015.
20 Interest	176,149.	175,546.	625.	-22.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	324,598.	156,333.	143,123.	25,142.
23 Insurance	69,113.	27,312.	41,801.	
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	225,297.	170,222.	28,683.	26,392.
25 Total functional expenses. Add lines 1 through 24f	27,637,323.	20,671,632.	4,929,415.	2,036,276.
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)		(B)
		Beginning of year		End of year
Assets	1 Cash - non-interest-bearing		1	1,376,484.
	2 Savings and temporary cash investments	127,551,986.	2	112,960,982.
	3 Pledges and grants receivable, net	12,220,177.	3	7,211,438.
	4 Accounts receivable, net	1,050,738.	4	1,262,887.
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. 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	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	173,788.	9	466,332.
	10a Land, buildings, and equipment: cost basis ...	10a 1,123,849.		
	b Less: accumulated depreciation. Complete Part VI of Schedule D	10b 563,719.	591,571.	10c 560,130.
	11 Investments - publicly traded securities	8,204,326.	11	8,148,628.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11	186,793,280.	13	98,530,960.
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	3,439,466.	15	2,538,220.
16 Total assets. Add lines 1 through 15 (must equal line 34)	340,025,332.	16	233,056,061.	
Liabilities	17 Accounts payable and accrued expenses	456,746.	17	1,948,937.
	18 Grants payable		18	24,249.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow 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	7,139,469.	23	7,011,597.
	24 Unsecured notes and loans payable		24	
	25 Other liabilities. Complete Part X of Schedule D	652,016.	25	45,720.
	26 Total liabilities. Add lines 17 through 25	8,248,231.	26	9,030,503.
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	317,793,116.	27	211,859,698.
	28 Temporarily restricted net assets	13,983,985.	28	12,165,860.
	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	331,777,101.	33	224,025,558.	
34 Total liabilities and net assets/fund balances	340,025,332.	34	233,056,061.	

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		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
2b	Were the organization's financial statements audited by an independent accountant?		X
2c	If "Yes" to lines 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?	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	If "Yes," did the organization undergo the required audit or audits?		

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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: (Please check only **one** organization.)

- 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)**. (Attach Schedule H.)
- 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 the Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**. (see instructions)
- 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?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)	
(ii) A family member of a person described in (i) above?	11g(ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	
- h Provide the following information about the organizations the organization supports.

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule A (Form 990 or 990-EZ) 2008

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) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	5,571,054.	15,487,317.	11,677,460.	5,041,969.	8,187,910.	45,965,710.
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 - 3	5,571,054.	15,487,317.	11,677,460.	5,041,969.	8,187,910.	45,965,710.
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)						9,622,339.
6 Public Support. Subtract line 5 from line 4.						36,343,371.

Section B. Total Support

Calendar year (or fiscal year beginning in)▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	5,571,054.	15,487,317.	11,677,460.	5,041,969.	8,187,910.	45,965,710.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,357,151.	1,707,637.	4,154,776.	4,883,289.	6,191,601.	18,294,454.
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.)	184,267.	98,725.	244,845.	237,028.	98,066.	862,931.
11 Total support. Add lines 7 through 10						65,123,095.
12 Gross receipts from related activities, etc. (see instructions)					12	13,286,880.
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 2008 (line 6, column (f) divided by line 11, column (f))	14	55.81 %
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	51.32 %
16a 33 1/3% support test - 2008. 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 - 2007. 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 - 2008. 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 - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 - 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 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
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) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ...						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	%

19a 33 1/3% support tests - 2008. 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 - 2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2008

Name of the organization

ACCION INTERNATIONAL

Employer identification number

13-2535763

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. (Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.)

General Rule

For organizations 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 Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/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 Form 990, Part VIII, line 1h or 2% of the amount on Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests 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 Form 990-EZ, that received from any one contributor, during the year, some 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. Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** answer "No" on Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do 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. These instructions will be issued separately.

Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

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

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	ACADEMY FOR EDUCATIONAL DEVELOPMENT 1825 CONNECTICUT AVE NW WASHINGTON, DC 20009-5708	\$ 196,012.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	CITI FOUNDATION 425 PARK AVE FL 2 NEW YORK, NY 10022-3591	\$ 460,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	CREDIT SUISSE GROUP- HEADQUARTERS 11 MADISON AVE NEW YORK, NY 10010-3643	\$ 1,250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	THE RUMSFELD FOUNDATION 1718 M ST NW UNIT 366 WASHINGTON, DC 20036-4504	\$ 200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	ESTATE OF ESTELLE SMUCKER 5907 MASSACHUSETTS AVE BETHESDA, MD 20816-2043	\$ 700,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	VISA INTERNATIONAL 900 METRO CENTER BLVD MI-9B FOSTER CITY, CA 94404-2775	\$ 1,500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	STEVEN WATSON <hr/> NUMBER 3 TURTLE COVE <hr/> TAI TAM, HONG KONG <hr/>	\$ 451,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____ <hr/> _____ <hr/> _____ <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____ <hr/> _____ <hr/> _____ <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____ <hr/> _____ <hr/> _____ <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____ <hr/> _____ <hr/> _____ <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____ <hr/> _____ <hr/> _____ <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____ <hr/> _____ <hr/> _____ <hr/>	\$ _____	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

▶ **Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.**

OMB No. 1545-0047

2008

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 may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? <input type="checkbox"/> Yes <input type="checkbox"/> No		

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area
 Protection of natural habitat Preservation of certified historic structure
 Preservation of open space

2 Complete lines 2a-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 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 taxable 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, violations, and enforcement of the conservation easements it holds? Yes No

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

7 Amount of expenses incurred in monitoring, inspecting, and enforcing 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 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 Trust, 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 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 Investment earnings or 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:
- | | Yes | No |
|----------------------------------------------------------------------------------------------------|---------------|----|
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |

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) Depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		136,705.	81,537.	55,168.
d Equipment		987,144.	482,182.	504,962.
e Other				
Total. Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				560,130.

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	17,140,907.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	27,637,323.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-10,496,416.
4	Net unrealized gains (losses) on investments	4	-97,549,505.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	294,378.
9	Total adjustments (net). Add lines 4-8	9	-97,255,127.
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	-107,751,543.

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	-78,784,615.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	-97,549,505.
b	Donated services and use of facilities	2b	727,571.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	896,412.
e	Add lines 2a through 2d	2e	-95,925,522.
3	Subtract line 2e from line 1	3	17,140,907.
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 should equal Form 990, Part I, line 12.)	5	17,140,907.

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

1	Total expenses and losses per audited financial statements	1	28,364,894.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	727,571.
b	Prior year adjustments	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	727,571.
3	Subtract line 2e from line 1	3	27,637,323.
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 should equal Form 990, Part I, line 18.)	5	27,637,323.

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; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.

PART X: THE ORGANIZATION HAS ELECTED TO DEFER THE ADOPTION OF

FASB INTERPRETATION NO. 48 (FIN-48) UNTIL THE YEAR ENDING DECEMBER 31,

2009.

PART XI, LINE 8 - OTHER ADJUSTMENTS:

EQUITY IN INCOME OF EQUITY INVESTMENTS: 896412.

TRANSFER OF NET ASSETS ACCION USA NY: -1000000.

EQUITY IN FOREIGN ENTITY RECORDED ON US FINANCIALS IN PRIOR YEAR: 397966.

Part XIV Supplemental Information *(continued)*

PART XII, LINE 2D - OTHER ADJUSTMENTS:

EQUITY IN INCOME OF EQUITY INVESTMENTS: 896412.

**Schedule F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

OMB No. 1545-0047

2008

Open to Public Inspection

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

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

1 For grantmakers. Does the organization maintain records to substantiate the amount of 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 in region
ALL REGIONS	0	0	PROGRAM SERVICES	INVESTMENTS, TECHNICAL ASSISTANCE AND EDUCATION RELATED TO MICROFINANCE	17,703,886.
SUB-SAHARAN AFRICA	1	16	PROGRAM SERVICES	INVESTMENTS, TECHNICAL ASSISTANCE AND EDUCATION RELATED TO MICROFINANCE	0.
EAST ASIA AND THE PACIFIC	1	11	PROGRAM SERVICES	INVESTMENTS, TECHNICAL ASSISTANCE AND EDUCATION RELATED TO MICROFINANCE	0.
SOUTH ASIA	1	16	PROGRAM SERVICES	INVESTMENTS, TECHNICAL ASSISTANCE AND EDUCATION RELATED TO MICROFINANCE	0.
CENTRAL AMERICA AND THE CARIBBEAN	0	5	PROGRAM SERVICES	INVESTMENTS, TECHNICAL ASSISTANCE AND EDUCATION RELATED TO MICROFINANCE	0.
SOUTH AMERICA	1	60	PROGRAM SERVICES	INVESTMENTS, TECHNICAL ASSISTANCE AND EDUCATION RELATED TO MICROFINANCE	0.
NORTH AMERICA	0	2	PROGRAM SERVICES	INVESTMENTS, TECHNICAL ASSISTANCE AND EDUCATION RELATED TO MICROFINANCE	0.
Totals	4	110			17,703,886.

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

Schedule F (Form 990) 2008

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 ASIA	FUNDING FIELD OPERATIONS	1,000,000.	WIRE TRANSFER	0.		N/A
		SOUTH AMERICA	FUNDING FIELD OPERATIONS	3,304,200.	WIRE TRANSFER	0.		N/A
		CENTRAL AMERICA AND THE CARIBBEAN	PASSTHROUGH GRANT	25,000.	WIRE TRANSFER	0.		N/A
		CENTRAL AMERICA AND THE CARIBBEAN	PASSTHROUGH PRIZE GRANT	20,000.	WIRE TRANSFER	0.		N/A
		SOUTH AMERICA	PASSTHROUGH PRIZE GRANT	20,000.	WIRE TRANSFER	0.		N/A
		SOUTH AMERICA	PASSTHROUGH PRIZE GRANT	20,000.	WIRE TRANSFER	0.		N/A
		CENTRAL AMERICA AND THE CARIBBEAN	PASSTHROUGH PRIZE GRANT	20,000.	WIRE TRANSFER	0.		N/A
		SOUTH AMERICA	PASSTHROUGH PRIZE GRANT	20,000.	WIRE TRANSFER	0.		N/A

2 Enter total number of organizations that are recognized as charities by the foreign country or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 14

3 Enter total number of other organizations or entities 0

Part IV Supplemental Information

Complete this part to provide the information required by Part I, line 2, and any other additional information.

SCHEDULE F, PART I, LINE 2: ACCION'S FINANCE, 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.

Part II Continuation of Grants and Other Assistance or Entities Outside the United States. (Schedule F (Form 990), Part II)								
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)
		CENTRAL AMERICA AND THE CARIBBEAN	PASSTHROUGH PRIZE GRANT	15,000.	WIRE TRANSFER	0.		N/A
		CENTRAL AMERICA AND THE CARIBBEAN	PASSTHROUGH PRIZE GRANT	15,000.	WIRE TRANSFER	0.		N/A
		SOUTH AMERICA	PASSTHROUGH PRIZE GRANT	15,000.	WIRE TRANSFER	0.		N/A
		CENTRAL AMERICA AND THE CARIBBEAN	RELIEF FUNDS	11,945.	WIRE TRANSFER	0.		N/A
		CENTRAL AMERICA AND THE CARIBBEAN	HURRICANE REFIEF FUNDS	10,000.	WIRE TRANSFER	0.		N/A
		SOUTH ASIA	SCHOLARSHIP TO MICROFINANCE PROGRAM	5,830.	WIRE TRANSFER	0.		N/A

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the U.S.**

▶ **Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22.
▶ Attach to Form 990.**

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Name of the organization

ACCION INTERNATIONAL

Employer identification number

13-2535763

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ...

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITUS 220W MERCER STREET SUITE W-500 SEATTLE, WA 98119	87-0621367	501(C)(3)	9,200.	0.			SCHOLARSHIPS TO MICROFINANCE PROGRAM
OPPORTUNITY INTERNATIONAL 2122 YORK ROAD SUITE 150 CHICAGO, IL 60523	54-0907624	501(C)(3)	5,750.	0.			SCHOLARSHIPS TO MICROFINANCE PROGRAM

- 2** Enter total number of section 501(c)(3) and government organizations **2.**
- 3** Enter total number of other organizations

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

Schedule I (Form 990) 2008

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Use Schedule I-1 (Form 990) if additional space is needed.

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

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

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

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

FUNDS, AND PROVIDE DONORS WITH DETAILED REPORTS BASED THEREON.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

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

2008

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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 line 1a is 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:

- a** Receive a severance payment or change of control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.

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

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7	X	
8		X

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

Schedule J (Form 990) 2008

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.

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

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ	
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation					
MARIA OTERO	(i)	218,754.	0.	27,186.	0.	30,092.	276,032.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
CATHERINE QUENSE	(i)	155,684.	0.	10,692.	0.	24,015.	190,391.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
LAUREN BURNHILL	(i)	138,133.	0.	15,860.	0.	12,552.	166,545.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
CARLOS CASTELLO	(i)	166,084.	0.	21,052.	0.	25,305.	212,441.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
ROY JACOBOWITZ	(i)	146,674.	0.	8,502.	0.	24,715.	179,891.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
ELIZABETH RHYNE	(i)	149,800.	0.	21,152.	0.	6,720.	177,672.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
WILLIAM BURRUS	(i)	85,359.	466,666.	792.	0.	15,205.	568,022.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
ENRIQUE FERRARO	(i)	149,245.	87,975.	1,032.	0.	14,214.	252,466.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
JOHN FISCHER	(i)	110,648.	48,300.	25,290.	0.	18,857.	203,095.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 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 2008,

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 2008.

SCHEDULE J - PART II - ADDITIONAL INFORMATION:

IN 2008 ACCION INTERNATIONAL'S BOARD OF DIRECTORS APPROVED RETIREMENT

COMPENSATION FOR MR. WILLIAM BURRUS BASED ON THREE FACTORS: CURRENT

NON-PROFIT ORGANIZATION PRACTICE WHEN LONG-TERM CHIEF EXECUTIVES RETIRE;

MR. BURRUS' PERFORMANCE DURING HIS 35-YEAR EMPLOYMENT WITH ACCION

INTERNATIONAL; AND THE LACK OF ANY RETIREMENT PLANS AT ACCION INTERNATIONAL

DURING MORE THAN 21 YEARS OF HIS EMPLOYMENT. IN ASSESSING THE

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.

REASONABLENESS OF THE RETIREMENT COMPENSATION, THE BOARD OF DIRECTORS

CONSIDERED DATA PROVIDED BY INDEPENDENT EXTERNAL EXPERTS WHICH INDICATED

COMPARABLE RETIREMENT COMPENSATION FOR SIMILARLY QUALIFIED PERSONS IN

FUNCTIONALLY COMPARABLE POSITIONS AT SIMILARLY SITUATED ORGANIZATIONS.

SCHEDULE J-2
(Form 990)

Continuation Sheet for Form 990

OMB No. 1545-0047

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the Organization

ACCION INTERNATIONAL

Employer Identification number

13-2535763

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(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			
MARIA OTERO PRESIDENT & CEO, DIRECTO	35.00	X		X				245,940.	0.	30,092.
CATHERINE QUENSE SR. VP AND CFO	35.00			X				166,376.	0.	24,015.
SUSAN CLANCY CFO	35.00			X				67,072.	0.	6,353.
LAUREN BURNHILL CIO	35.00			X				153,993.	0.	12,552.
CHANTAL AGARWAL ASSISTANT SECRETARY	2.00			X				0.	0.	0.
KEVIN SAUNDERS ASSISTANT SECRETARY	2.00			X				0.	0.	0.
CARLOS CASTELLO EXECUTIVE VP	35.00				X			187,136.	0.	25,305.
ROY JACOBOWITZ SR. VP, FUNDRAISING	35.00				X			155,176.	0.	24,715.
ELIZABETH RHYNE SR. VP	35.00					X		170,952.	0.	6,720.
WILLIAM BURRUS MANAGING DIR., AUSA	35.00					X		552,817.	0.	15,205.
ENRIQUE FERRARO MANAGING DIR., AIMCO	35.00					X		238,252.	0.	14,214.
JOHN FISCHER VP, AIMCO	35.00					X		184,238.	0.	18,857.
TAWHEED HAZARIKA CONTROLLER	35.00					X		128,857.	0.	5,000.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

2008

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:

OWN BUSINESSES, ACCION HELPS PEOPLE WORK THEIR WAY UP THE ECONOMIC LADDER, WITH DIGNITY AND PRIDE.

FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:

SEE PART III, LINE 4(C) CENTER FOR FINANCIAL INCLUSION

FORM 990, PART III, LINE 3, CHANGES IN PROGRAM SERVICES:

EFFECTIVE JANUARY 1, 2008, ACCION USA BECAME A SINGLE MEMBER NOT-FOR-PROFIT CORPORATION, AND ACCEPTED ACCION NEW YORK AS ITS SOLE MEMBER. THE COMBINATION OF ACCION USA'S AND ACCION NEW YORK'S LENDING OPERATIONS AND OTHER PROGRAMS STRENGTHENED THE SERVICES PROVIDED TO THE PUBLIC. DUE TO THIS CHANGE IN LEGAL STRUCTURE, ACCION USA IS NO LONGER AN ACCION PROGRAM SERVICE.

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. 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 EQUITY, QUASI-EQUITY AND DEBT SECURITIES OF MICROFINANCE INSTITUTIONS; AND (B) FORMULATING INVESTMENT AND OTHER POLICIES FOR SUCH INVESTMENT VEHICLES.

EXPENSES \$ 2045897. INCLUDING GRANTS OF \$ 0. REVENUE \$ 1060292.

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

Schedule O (Form 990) 2008

832211
12-18-08

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

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2008

Open to Public Inspection

Name of the organization

ACCION INTERNATIONAL

Employer identification number

13-2535763

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

CHINA, GHANA, INDIA, BELGIUM,

PANAMA, MEXICO

FORM 990, PART VI, SECTION A, LINE 2: BRIAN CLANCY AND SUSAN CLANCY HAVE

A FAMILY RELATIONSHIP. IN 2008 THEIR TIME AT ACCION INTERNATIONAL WAS NOT

COTERMINOUS.

MICHAEL CHU, RUSS FAUCETT, AND GUSTAVO HERRERO ENGAGED IN A BUSINESS

RELATIONSHIP.

ALVARO RODRIGUEZ AND MICHAEL CHU ENGAGED IN A BUSINESS RELATIONSHIP.

FORM 990, PART VI, SECTION A, LINE 10: 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) 2008

832211
12-18-08

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

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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 2008 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.

IN 2009 ACCION INTERNATIONAL DEVELOPED A COMPENSATION POLICY AND PROCEDURE

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

AND KEY EMPLOYEES MUST BE 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 SITUATED ORGANIZATIONS. THE COMPENSATION & ORGANIZATIONAL

STRUCTURE COMMITTEE WILL MAINTAIN CONTEMPORANEOUS DOCUMENTATION AND

RECORDKEEPING WITH RESPECT TO THE DELIBERATIONS AND DECISIONS REGARDING THE

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

Schedule O (Form 990) 2008

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12-18-08

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

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2008

Open to Public Inspection

Name of the organization

ACCION INTERNATIONAL

Employer identification number

13-2535763

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 VII CONTACT ADDRESSES FOR OFFICERS, DIRECTORS, ETC:

LAUREN BURNHILL - 733 15TH ST. NW, STE. 700

WASHINGTON, DC 20005

CHANTAL AGARWAL - 733 15TH ST. NW, STE. 700

WASHINGTON, DC 20005

MARIA OTERO - 733 15TH ST. NW, STE. 700

WASHINGTON, DC 20005

ELIZABETH RHYNE - 733 15TH ST. NW, STE. 700

WASHINGTON, DC 02129

FORM 990, PART XI, LINE 2B

FINANCIAL STATEMENTS

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

Schedule O (Form 990) 2008

832211
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**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization

ACCION INTERNATIONAL

Employer identification number

13-2535763

ACCION INTERNATIONAL'S FINANCIAL STATEMENTS ARE AUDITED AND PRESENTED

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

AND BELGIUM. 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.

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

(A) NAME OF PERSON: MARIA OTERO

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

BUSINESS RELATIONSHIP

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

INVESTMENTS IN MICROFINANCE, SPC.

FORM 990, PART X, LINE 13

INVESTMENTS - PROGRAM RELATED

IN 2008, ACCION HELD 9% OF THE SHARES OUTSTANDING IN BANCO COMPARTAMOS,

A MICROFINANCE INSTITUTION IN MEXICO WHICH SERVES OVER 1 MILLION POOR

INDIVIDUALS. 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 2008 DECLINE IN PROGRAM-RELATED

INVESTMENT VALUE WAS DUE TO A FALL IN COMPARTAMOS SHARE PRICE AND TO

CURRENCY VOLATILITY.

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

Schedule O (Form 990) 2008

832211
12-18-08

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization

ACCION INTERNATIONAL

Employer identification number

13-2535763

Multiple horizontal lines for supplemental information.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ **Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37.**
▶ **See separate instructions.**

OMB No. 1545-0047

2008
Open to Public Inspection

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

Part I Identification of Disregarded Entities

(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	2,785,953.	83,050,323.	ACCION INTERNATIONAL
ACCION INVESTMENT MANAGEMENT CO., LLC - 04-3322187, 56 ROLAND ST. STE. 300, BOSTON, MA 02129	INVESTMENT MANAGEMENT	MASSACHUSETTS	1,060,292.	0.	ACCION INTERNATIONAL

Part II Identification of Related Tax-Exempt Organizations

(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			N/A
FUNDACION CENTRO ACCION MICROEMPRESARIAL CARRERA 45 # 128 B ' 41CENTRO COMERCIAL ROSE BOGOTA, COLOMBIA	TECHNICAL ASSISTANCE AND EDUCATION RELATED TO MICROFINANCE	COLOMBIA			N/A
ACCION EUROPE AVENUE LOUISE 331-333 BRUSSELS, BELGIUM 1050	CHARITABLE SOLICITATION	BELGIUM			N/A

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

Schedule R (Form 990) 2008

Part V Transactions With Related Organizations

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

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

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

(A) Name of other organization(s)	(B) Transaction type (a-r)	(C) Amount involved
(1) ACCION TECHNICAL ADVISORS INDIA	B	1,000,000.
(2) FUNDACION CENTRO ACCION MICROEMPRESARIAL	B	3,304,200.
(3)		
(4)		
(5)		
(6)		

