

TAX RETURN FILING INSTRUCTIONS

** FORM 990 PUBLIC DISCLOSURE COPY **

FOR THE YEAR ENDING
DECEMBER 31, 2005

Prepared for	ACTIONAID INTERNATIONAL U.S.A. 1112 16TH STREET, N.W. NO. 540 WASHINGTON, DC 20036
Prepared by	GELMAN, ROSENBERG & FREEDMAN 4550 MONTGOMERY AVE., SUITE 650 NORTH BETHESDA, MARYLAND 20814-2930
Amount due or refund	NOT APPLICABLE
Make check payable to	NOT APPLICABLE
Mail tax return and check (if applicable) to	NOT APPLICABLE
Return must be mailed on or before	NOT APPLICABLE
Special Instructions	THIS COPY OF THE RETURN IS PROVIDED ONLY FOR PUBLIC DISCLOSURE PURPOSES. ANY CONFIDENTIAL INFORMATION REGARDING LARGE DONORS HAS BEEN REMOVED.

Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2005

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

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

A For the 2005 calendar year, or tax year beginning and ending

B Check if applicable: C Name of organization: ACTIONAID INTERNATIONAL U.S.A. D Employer identification number: 52-2277575 E Telephone number: (202) 835-1240

H and I are not applicable to section 527 organizations. H(a) Is this a group return for affiliates? H(b) If "Yes," enter number of affiliates N/A H(c) Are all affiliates included? N/A H(d) Is this a separate return filed by an organization covered by a group ruling?

G Website: WWW.ACTIONAID.ORG

J Organization type (check only one) [X] 501(c) (3) (insert no.) [] 4947(a)(1) or [] 527

K Check here [] if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization chooses to file a return, be sure to file a complete return. Some states require a complete return.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 1,395,047.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Table with columns for Revenue, Expenses, and Net Assets. Rows include: 1 Contributions, gifts, grants, and similar amounts received; 2 Program service revenue; 3 Membership dues; 4 Interest on savings; 5 Dividends; 6 Gross rents; 7 Other investment income; 8 Gross amount from sales of assets; 9 Special events; 10 Gross sales of inventory; 11 Other revenue; 12 Total revenue; 13 Program services; 14 Management and general; 15 Fundraising; 16 Payments to affiliates; 17 Total expenses; 18 Excess or (deficit); 19 Net assets at beginning; 20 Other changes; 21 Net assets at end.

Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule) (cash \$ 246,813. noncash \$ 0.) If this amount includes foreign grants, check here <input type="checkbox"/>	22	246,813.	246,813.	STATEMENT 3	
23 Specific assistance to individuals (attach schedule)	23				
24 Benefits paid to or for members (attach schedule)	24				
25 Compensation of officers directors etc **	25	100,524.	91,477.	7,037.	2,010.
26 Other salaries and wages	26	267,924.	118,770.	94,387.	54,767.
27 Pension plan contributions	27				
28 Other employee benefits	28	36,385.	16,723.	12,459.	7,203.
29 Payroll taxes	29	28,363.	15,902.	7,978.	4,483.
30 Professional fundraising fees	30				
31 Accounting fees	31	6,395.	3,733.	1,489.	1,173.
32 Legal fees	32	5,032.	2,938.	1,171.	923.
33 Supplies	33	3,276.	105.	3,171.	
34 Telephone	34	19,491.	13,750.	3,096.	2,645.
35 Postage and shipping	35	10,268.	7,825.	1,855.	588.
36 Occupancy	36	60,113.		60,113.	
37 Equipment rental and maintenance	37	723.		723.	
38 Printing and publications	38	29,273.	28,031.	1,095.	147.
39 Travel	39	83,679.	67,887.	5,907.	9,885.
40 Conferences, conventions and meetings	40	27,425.	24,762.	1,557.	1,106.
41 Interest	41				
42 Depreciation depletion etc (attach schedule)	42				
43 Other expenses not covered above (itemize):					
a _____	43a				
b _____	43b				
c _____	43c				
d _____	43d				
e _____	43e				
f _____	43f				
g SEE STATEMENT 1	43g	177,576.	109,132.	43,269.	25,175.
44 Total functional expenses. Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	1,103,260.	747,848.	245,307.	110,105.

Joint Costs. Check if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No

If Yes, enter (i) the aggregate amount of these joint costs \$ N/A; (ii) the amount allocated to Program services \$ N/A; (iii) the amount allocated to Management and general \$ N/A; and (iv) the amount allocated to Fundraising \$ N/A

** SEE STATEMENT 2

Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes in Part III the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ► <u>SEE STATEMENT 4</u>	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	
a <u>POLICY AND RESEARCH: NETWORKING WITH OTHER ORGANIZATIONS, PRODUCING RESEARCH PAPERS AND STUDIES, AND INTERACTING WITH ORGANIZATION-WIDE STAFF TO ADDRESS ISSUES INCLUDING FOOD, RIGHTS, GOVERNANCE, EMERGENCIES, GENDER AND EDUCATION.</u>	
(Grants and allocations \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/>	117,220.
b <u>MEDIA: PUBLICATION THAT INFORMS THE PUBLIC, GOVERNMENT INSTITUTIONS AND OTHER NON-PROFIT ORGANIZATIONS ON POLICY ISSUES RELATED TO ACTION AID'S WORK ON INTERNATIONAL DEVELOPMENT.</u>	
(Grants and allocations \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/>	80,802.
c <u>IFI AND GLOBAL GOVERNANCE: ACTIONAID INT'L USA WORKS TO LEVEL THE PLAYING FIELD, MAKING PUBLIC THE IMBALANCES THAT CREATE BURDENS ON THE POOR WHILE ENRICHING THE POWERFUL, AND STRIVING TOWARDS CHANGE THROUGH GLOBAL ADVOCACY.</u>	
(Grants and allocations \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/>	144,980.
d <u>GRANTS: WINNING AND AWARDING GRANTS TO ACTION AID ORGS. ACTIVITIES INCLUDE PROPOSAL AND REPORT WRITING, WORKING WITH INTERNAL OFFICES TO DEVELOP PROGRAMS FOR GRANTS, AND WORKING AND GRANT RECIPIENTS TO PROVIDE TECHNICAL ASSISTANCE.</u>	
(Grants and allocations \$ 230,205.) If this amount includes foreign grants, check here ► <input type="checkbox"/>	230,205.
e Other program services (attach schedule) <u>SEE STATEMENT 5</u>	
(Grants and allocations \$ 16,609.) If this amount includes foreign grants, check here ► <input type="checkbox"/>	174,641.
f <u>Total of Program Service Expenses</u> (should equal line 44, column (B), Program services) ►	747,848.

Form 990 (2005)

Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year	(B) End of year
Assets	45 Cash - non-interest-bearing	200.	200.
	46 Savings and temporary cash investments	60,792.	330,318.
	47 a Accounts receivable	21,063.	
	b Less: allowance for doubtful accounts	3,930.	21,063.
	48 a Pledges receivable		
	b Less: allowance for doubtful accounts		
	49 Grants receivable		
	50 Receivables from officers, directors, trustees and key employees		
	51 a Other notes and loans receivable		
	b Less: allowance for doubtful accounts		
	52 Inventories for sale or use		
	53 Prepaid expenses and deferred charges	6,802.	4,135.
	54 Investments - securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		
	55 a Investments - land, buildings and equipment: basis		
b Less: accumulated depreciation			
56 Investments - other			
57 a Land, buildings and equipment: basis	10,092.		
b Less: accumulated depreciation, STMT 6	10,092.		
58 Other assets (describe SECURITY DEPOSIT)	6,048.	6,048.	
59 Total assets (must equal line 74). Add lines 45 through 58	77,772.	361,764.	
Liabilities	60 Accounts payable and accrued expenses	24,623.	16,828.
	61 Grants payable		
	62 Deferred revenue		
	63 Loans from officers, directors, trustees, and key employees		
	64 a Tax-exempt bond liabilities		
	b Mortgages and other notes payable		
	65 Other liabilities (describe DEPOSITS HELD IN ESCROW)	2,651.	2,651.
66 Total liabilities . Add lines 60 through 65	27,274.	19,479.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.		
	67 Unrestricted	7,336.	305,473.
	68 Temporarily restricted	43,162.	36,812.
	69 Permanently restricted		
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74		
	70 Capital stock, trust principal or current funds		
	71 Paid-in or capital surplus or land, building, and equipment fund		
	72 Retained earnings, endowment, accumulated income, or other funds		
73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)	50,498.	342,285.	
74 Total liabilities and net assets/fund balances . Add lines 66 and 73	77,772.	361,764.	

Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions)

a	Total revenue, gains, and other support per audited financial statements		a	1,395,047.
b	Amounts included on line a but not on Part I, line 12:			
1	Net unrealized gains on investments	b1		
2	Donated services and use of facilities	b2		
3	Recoveries of prior year grants	b3		
4	Other (specify):	b4		
	Add lines b1 through b4		b	0.
c	Subtract line b from line a		c	1,395,047.
d	Amounts included on Part I, line 12, but not on line a:			
1	Investment expenses not included on Part I line 6b	d1		
2	Other (specify):	d2		
	Add lines d1 and d2		d	0.
e	Total revenue (Part I, line 12). Add lines c and d		e	1,395,047.

Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

a	Total expenses and losses per audited financial statements		a	1,103,260.
b	Amounts included on line a but not on Part I line 17:			
1	Donated services and use of facilities	b1		
2	Prior year adjustments reported on Part I line 20	b2		
3	Losses reported on Part I line 20	b3		
4	Other (specify):	b4		
	Add lines b1 through b4		b	0.
c	Subtract line b from line a		c	1,103,260.
d	Amounts included on Part I, line 17, but not on line a:			
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify):	d2		
	Add lines d1 and d2		d	0.
e	Total expenses (Part I, line 17). Add lines c and d		e	1,103,260.

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer director trustee or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
ATILA P. ROQUE ALL MAY BE REACHED C/O THE ORGANIZATION.	EXECUTIVE DIRECTOR 40.00	90,000.	10,524.	0.
ANDREW MOTT	PRESIDENT 5.00	0.	0.	0.
SHILPUN PATEL	TREASURER 5.00	0.	0.	0.
JENNIE THOMPSON	SECRETARY 5.00	0.	0.	0.
JANE COVEY	BOARD MEMBER 5.00	0.	0.	0.
JOHN ZARAFONETIS	BOARD MEMBER 5.00	0.	0.	0.
RAMESH SINGH	BOARD MEMBER 5.00	0.	0.	0.
CRISTINIA LOPEZ	BOARD MEMBER 5.00	0.	0.	0.

Part VI Other Information (continued)

82 a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?
82a Yes No X
b If "Yes" you may indicate the value of these items here Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III) 82b N/A
83 a Did the organization comply with the public inspection requirements for returns and exemption applications? 83a X
b Did the organization comply with the disclosure requirements relating to quid pro quo contributions? 83b X
84 a Did the organization solicit any contributions or gifts that were not tax deductible? N/A 84a
b If "Yes" did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? N/A 84b
85 501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members? N/A 85a
b Did the organization make only in-house lobbying expenditures of \$2,000 or less? N/A 85b
If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.
c Dues assessments, and similar amounts from members 85c N/A
d Section 162(e) lobbying and political expenditures 85d N/A
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e N/A
f Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f N/A
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? N/A 85g
h If section 6033(e)(1)(A) dues notices were sent does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? N/A 85h
86 501(c)(7) organizations Enter: a Initiation fees and capital contributions included on line 12 86a N/A
b Gross receipts included on line 12, for public use of club facilities 86b N/A
87 501(c)(12) organizations Enter: a Gross income from members or shareholders 87a N/A
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 87b N/A
88 At any time during the year did the organization own a 50% or greater interest in a taxable corporation or partnership or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX 88 X
89 a 501(c)(3) organizations Enter: Amount of tax imposed on the organization during the year under: section 4911 0.; section 4912 0.; section 4955 0.
b 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes" attach a statement explaining each transaction 89b X
c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912 4955 and 4958 0.
d Enter: Amount of tax on line 89c, above, reimbursed by the organization 0.
90 a List the states with which a copy of this return is filed DC
b Number of employees employed in the pay period that includes March 12, 2005 90b 6
91 a The books are in care of THE ORGANIZATION Telephone no. 202-835-1240
Located at 1112 16TH STREET, NW, NO. 540, WASHINGTON, DC ZIP + 4 20036
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? Yes No
If "Yes" enter the name of the foreign country N/A
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts
c At any time during the calendar year, did the organization maintain an office outside of the United States? Yes No
If "Yes" enter the name of the foreign country N/A
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here and enter the amount of tax-exempt interest received or accrued during the tax year 92 N/A

Part VII Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities			14	20.	
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a _____					
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		0.		20.	0.
105 Total (add line 104, columns (B), (D), and (E))					20.

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
▼	

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note: If Yes to (b), file Form 8870 and Form 4720 (see instructions).

Please Sign Here: 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.

Signature of officer: *[Signature]* Date: 8/9/06 Type or print name and title: PETER ORRISCOLI, EXECUTIVE DIRECTOR

Paid Preparer's Use Only: Preparer's signature: *[Signature]* Date: 8/2/06 Check if self-employed: Preparer's SSN or PTIN: _____

Firm's name (or yours if self-employed) address and ZIP + 4: GELMAN, ROSENBERG & FREEDMAN
4550 MONTGOMERY AVE., SUITE 650 NORTH
BETHESDA, MARYLAND 20814-2930

EIN: _____ Phone no.: (301) 951-9090

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

OMB No. 1545-0047

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or 4947(a)(1) Nonexempt Charitable Trust

2005

Department of the Treasury
Internal Revenue Service

Supplementary Information-(See separate instructions.)

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization: **ACTIONAID INTERNATIONAL U.S.A.** Employer identification number: **52-2277575**

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
SANDRA L. KRAWITZ	MEDIA & COMM. MGR 40.00	53,000.	3,756.	0.
BRENNA R. KUPFERMAN	DEPUTY DIR. & PDC 40.00	50,309.	10,524.	0.
RICHARD J. ROWDEN	SR. POLICY ANALYST 40.00	50,322.	3,756.	0.
Total number of other employees paid over \$50,000	0			

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services	0	

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of other contractors receiving over \$50,000 for other services	0	

Part III Statements About Activities (See page 2 of the instructions.)

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.	1	X
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions)		
a Sale, exchange, or leasing of property?	2a	X
b Lending of money or other extension of credit?	2b	X
c Furnishing of goods, services, or facilities?	2c	X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V-A, FORM 990	2d	X
e Transfer of any part of its income or assets?	2e	X
3 a Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.)	3a	X
b Do you have a section 403(b) annuity plan for your employees?	3b	X
c During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?	3c	X
4 a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	4a	X
b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?	4b	X

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)

The organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5 A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ► _____
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 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 charitable, etc., 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). (Also complete the **Support Schedule** in Part IV-A.)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (1) lines 5 through 12 above; or (2) sections 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). Check the box that describes the type of supporting organization: ► Type 1 Type 2 Type 3

Provide the following information about the supported organizations. (See page 6 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14 An organization organized and operated to test for public safety. Section 509(a)(4). (See page 6 of the instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.
 Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	767,872.	589,280.	608,462.	374,936.	2,340,550.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose				375.	375.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	100.	1.		13.	114.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	3,397.	500.	SEE STATEMENT 7		3,897.
23 Total of lines 15 through 22	771,369.	589,781.	608,462.	375,324.	2,344,936.
24 Line 23 minus line 17	771,369.	589,781.	608,462.	374,949.	2,344,561.
25 Enter 1% of line 23	7,714.	5,898.	6,085.	3,753.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 46,891.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2001 through 2004 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b 1,982,288.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 2,344,561.
d Add: Amounts from column (e) for lines: 18 114. 19 _____ 22 3,897. 26b 1,982,288.					26d 1,986,299.
e Public support (line 26c minus line 26d total)					26e 358,262.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 15.2806%
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person. Do not file this list with your return. Enter the sum of such amounts for each year: N/A	(2004)	(2003)	(2002)	(2001)	
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: N/A	(2004)	(2003)	(2002)	(2001)	
c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____					27c N/A
d Add: Line 27a total _____ and line 27b total _____					27d N/A
e Public support (line 27c total minus line 27d total)					27e N/A
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)					27f N/A
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h N/A %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

NONE

Part V Private School Questionnaire (See page 7 of the instructions.)

N/A

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If 'Yes,' please describe; if 'No,' please explain. (If you need more space, attach a separate statement.)		

32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered 'No' to any of the above, please explain. (If you need more space, attach a separate statement.)	32d	

33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges?	33a	
b	Admissions policies?	33b	
c	Employment of faculty or administrative staff?	33c	
d	Scholarships or other financial assistance?	33d	
e	Educational policies?	33e	
f	Use of facilities?	33f	
g	Athletic programs?	33g	
h	Other extracurricular activities? If you answered 'Yes' to any of the above, please explain. (If you need more space, attach a separate statement.)	33h	

34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b	Has the organization's right to such aid ever been revoked or suspended? If you answered 'Yes' to either 34a or b, please explain using an attached statement.	34b	
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If 'No,' attach an explanation	35	

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions.)

N/A

(To be completed **ONLY** by an eligible organization that filed Form 5768)

Check **a** if the organization belongs to an affiliated group. Check **b** if you checked "a" and "limited control" provisions apply.

Limits on Lobbying Expenditures

(The term "expenditures" means amounts paid or incurred.)

	(a) Affiliated group totals	(b) To be completed for ALL electing organizations
	N/A	
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38 Total lobbying expenditures (add lines 36 and 37)	38	
39 Other exempt purpose expenditures	39	
40 Total exempt purpose expenditures (add lines 38 and 39)	40	
41 Lobbying nontaxable amount. Enter the amount from the following table -		
If the amount on line 40 is -		
Not over \$500 000		
Over \$500 000 but not over \$1 000 000		
Over \$1 000 000 but not over \$1 500 000		
Over \$1 500 000 but not over \$17 000 000		
Over \$17 000 000		
The lobbying nontaxable amount is -		
20% of the amount on line 40		
\$100 000 plus 15% of the excess over \$500 000		
\$175 000 plus 10% of the excess over \$1 000 000	41	
\$225 000 plus 5% of the excess over \$1 500 000		
\$1 000 000		
42 Grassroots nontaxable amount (enter 25% of line 41)	42	
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 11 of the instructions.)

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				N/A (e) Total
	(a) 2005	(b) 2004	(c) 2003	(d) 2002	
45 Lobbying nontaxable amount					0.
46 Lobbying ceiling amount (150% of line 45(e))					0.
47 Total lobbying expenditures					0.
48 Grassroots nontaxable amount					0.
49 Grassroots ceiling amount (150% of line 48(e))					0.
50 Grassroots lobbying expenditures					0.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

- a Volunteers
- b Paid staff or management (Include compensation in expenses reported on lines c through h)
- c Media advertisements
- d Mailings to members, legislators, or the public
- e Publications, or published or broadcast statements
- f Grants to other organizations for lobbying purposes
- g Direct contact with legislators, their staffs, government officials, or a legislative body
- h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i Total lobbying expenditures (Add lines c through h.)

Yes	No	Amount
	X	
	X	
	X	
	X	
	X	
	X	
	X	
	X	
		0.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Supplementary Information for
line 1 of Form 990, 990-EZ, and 990-PF (see instructions)

OMB No. 1545-0047

2005

Name of organization

Employer identification number

ACTIONAID INTERNATIONAL U.S.A.

52-2277575

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 under Regulations sections 1.509(a)-3/1.170A-9(e) and received from any one contributor, during the year, a contribution of the greater of \$5 000 or 2% of the amount on line 1 of these forms (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 check the box in the heading of their Form 990 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 Paperwork Reduction Act Notice, see the Instructions for Form 990, Form 990-EZ, and Form 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2005)

Name of organization ACTIONAID INTERNATIONAL U.S.A.	Employer identification number 52-2277575
---	---

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
<u>1</u>		\$ <u>834,715.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>2</u>		\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>3</u>		\$ <u>50,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>4</u>		\$ <u>100,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>5</u>		\$ <u>68,750.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Amount Of Depreciation
1	FURNITURE & EQUIPMENT * TOTAL 990 PAGE 2 DEPR	VARIESSL		5.00	16	10,092.		0.	10,092.	10,092.	0.	0.
						10,092.			10,092.	10,092.	0.	0.

528102 01-06-06 (D) - Asset disposed * ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

FORM 990	OTHER EXPENSES			STATEMENT 1
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
RECRUITMENT EXPENSES	50.	50.		
OFFICE EQUIPMENT	16,538.	3,304.	11,326.	1,908.
SUBSCRIPTIONS & DUES	3,596.	1,727.	120.	1,749.
PUBLICATIONS	3,781.	3,584.	74.	123.
COMPUTER FEES	1,537.		1,537.	
VISA PERMITS	2,912.		2,912.	
CONSULTANCY FEES	114,679.	66,954.	26,692.	21,033.
BANK CHARGES	911.	303.	608.	
ADVERTISING AND PROMOTION	7,687.	7,325.		362.
PER DIEMS OVERSEAS VISITORS	25,885.	25,885.		
TOTAL TO FM 990, LN 43	177,576.	109,132.	43,269.	25,175.

GRANT	ACTIONAID BELGIUM	BELGIUM	AFFILIATED ORGANIZATION	1,000.
GRANT	ACTIONAID AFGHANISTAN	AFGHANISTAN	AFFILIATED ORGANIZATION	110,000.
GRANT	ACTIONAID BURUNDI	BURUNDI	AFFILIATED ORGANIZATION	1,455.
GRANT	TSUNAMI RELIEF		NONE	14,383.
GRANT	ACTIONAID GUATEMALA	GUATEMALA	AFFILIATED ORGANIZATION	30,000.
GRANT	EARTHQUAKE		NONE	2,225.
GRANT	ACTIONAID UK	ENGLAND	AFFILIATED ORGANIZATION	25,750.
TOTAL INCLUDED ON FORM 990, PART II, LINE 22				<u>246,813.</u>

FORM 990	STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE	STATEMENT	4
	PART III		

EXPLANATION

TO BUILD A NONVIOLENT PRINCIPLED SOLIDARITY WITH GOVERNMENTS, MOVEMENTS AND ORGANIZATIONS TO ERADICATE POVERTY THROUGH QUALITY ANALYSIS AND ADVOCACY FROM A PRO-POOR PERSPECTIVE, BUILDING PUBLIC PRESSURE FOR CHANGE AND LINKING U.S. PRIVATE FOUNDATIONS TO PUBLIC ACTIONS OF POOR PEOPLE.

FORM 990	OTHER PROGRAM SERVICES	STATEMENT	5
----------	------------------------	-----------	---

DESCRIPTION	GRANTS AND ALLOCATIONS	EXPENSES
FOOD AND HUNGER		60,528.
GENDER		27,028.
HIV/AIDS		4,130.
EMERGENCY	16,609.	18,861.
EDUCATION		64,094.
TOTAL TO FORM 990, PART III, LINE E	<u>16,609.</u>	<u>174,641.</u>

FORM 990	DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT	STATEMENT	6
DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
FURNITURE & EQUIPMENT	10,092.	10,092.	0.
TOTAL TO FORM 990, PART IV, LN 57	10,092.	10,092.	0.

SCHEDULE A	OTHER INCOME			STATEMENT	7
DESCRIPTION	2004 AMOUNT	2003 AMOUNT	2002 AMOUNT	2001 AMOUNT	
MISCELLANEOUS	3,397.	500.	0.	0.	
TOTAL TO SCHEDULE A, LINE 22	3,397.	500.	0.	0.	

ACTIONAID INTERNATIONAL U.S.A.
EIN: 52-2277575
FORM 990

FOR THE YEAR ENDED, DECEMBER 31, 2005

PART IV, ITEM 77 - CHANGES TO GOVERNING DOCUMENTS

I certify that the attached document represents a complete and accurate copy of the Bylaws of ACTIONAID INTERNATIONAL U.S.A., currently in effect, as amended from time to time.

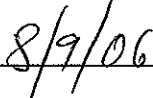
Signed: _____



Title: _____



Date: _____



ARTICLES OF AMENDMENT
 TO
 ARTICLES OF INCORPORATION
 OF
 ACTIONAID U.S.A.

FILE
 FEB 23 2006

Department of Consumer and Regulatory Affairs
 Business and Professional Licensing Administration
 Corporations Division
 941 North Capitol Street, NE
 Washington, D.C. 20002

Pursuant to the provisions of the District of Columbia Nonprofit Corporation Act, the undersigned adopts the following Articles of Amendment to its Articles of Incorporation:

- FIRST: The name of the Corporation is ACTIONAID U.S.A.
- SECOND: The following amendment of the Articles of Incorporation was adopted by the Corporation in the manner prescribed by the District of Columbia Nonprofit Corporation Act:

Article First is hereby amended to read, "The Name of the Corporation is ACTIONAID INTERNATIONAL U.S.A."

- THIRD: The amendment was adopted at a meeting of the Board of Directors held on Feb. 10, 2005, and received the vote of a majority of the Directors in office, there being no members having voting rights in respect thereof.

Date: February 10, 2005

ACTIONAID U.S.A./ACTIONAID INTERNATIONAL U.S.A.

BY: [Signature]
 [President or Vice President]

ATTEST: [Signature]
 [Secretary or Assistant Secretary]

PERM

GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF CONSUMER AND REGULATORY AFFAIRS



CERTIFICATE

THIS IS TO CERTIFY that all applicable provisions of the District of Columbia Nonprofit Corporation Act have been complied with and accordingly, this **CERTIFICATE OF AMENDMENT** is hereby issued to:

ACTIONAID U.S.A.

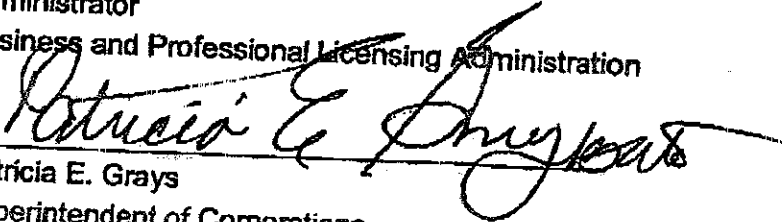
Name Changed To

ACTIONAID INTERNATIONAL U.S.A.

IN WITNESS WHEREOF I have hereunto set my hand and caused the seal of this office to be affixed as of the 23rd day of February, 2005.

Patrick J. Canavan, Psy. D.
Acting Director

John T. Drann
Administrator
Business and Professional Licensing Administration


Patricia E. Grays
Superintendent of Corporations
Corporations Division

Anthony A. Williams
Mayor

SCHEDULE A, PART IV-A – Line 26f: PUBLIC SUPPORT

ActionAid qualifies as a public charity under the “facts and circumstances” test of 1.170A-9(e)(3) of the Treasury Regulations, based upon the following:

1. Its support, as reported for 2005, is 15.28%, thereby meeting the requirement of §1.170A-9(e)(3)(i)
2. It is organized and operated so as to attract new and additional public and governmental funding on a continuous basis, thereby meeting the requirement of §1.170A-9(e)(3)(ii). Examples of recent efforts by the organization include:
 - During 2005, ActionAid expanded the size of its Board in part to increase the reach of the organization, and so broaden its potential sources of support.
 - During 2005, ActionAid remains committed to fundraising with a full-time resource development professional on its staff.
3. ActionAid’s public support, at 15.28%, is well above the 10% minimum required for the “facts and circumstances” test, thereby meeting the requirement of §1.170A-9(e)(3)(ii)
4. In meeting the requirement of §1.170A-9(e)(3)(i), ActionAid has received support from a representative number of persons, rather than receiving all or most of its support from the members of a single family, or from a single donor. In this respect, ActionAid meets the requirement of §1.170A-9(e)(3)(iv)
5. As mentioned above, during 2005 ActionAid expanded its Board from 7 members to 8 members. In addition to increasing the reach of the organization for fundraising purposes, the expansion of the Board was undertaken to increase representation of broader public interests within its governance. In this manner, ActionAid meets the requirement of §1.170A-9(e)(3)(v)
6. ActionAid through its programs, policy and research, media, IFI and global governance makes available its mission to the public. Its programs build a nonviolent principled solidarity with governments, movements and organizations to eradicate poverty through quality analysis and advocacy from a pro-poor perspective, building public pressure for change and linking U.S. private foundations to public actions of poor people. In this manner, ActionAid meets the requirement of §1.170A-9(e)(3)(vi).

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
 - If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**

Part I Automatic 3-Month Extension of Time - Only submit original (no copies needed)

Form 990-T corporations requesting an automatic 6 month extension - check this box and complete Part I only

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs, and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041

Electronic Filing (e-file). Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile.

Type or print	Name of Exempt Organization ACTIONAID USA	Employer identification number 52-2277575
File by the due date for filing your return. See instructions	Number, street, and room or suite no. If a P.O. box, see instructions. 1112 16TH STREET, N.W., NO. 610	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions WASHINGTON, DC 20036	

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

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

- The books are in the care of ▶ **THE ORGANIZATION**
 Telephone No ▶ **SEE PAGE 1** FAX No. ▶ _____
- If the organization does **not** have an office or place of business in the United States, check this box
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the **whole** group, check this box If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3-month (6 months for a **Form 990-T corporation**) extension of time until **AUGUST 15, 2006** to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year **2005** or
 ▶ tax year beginning _____, and ending _____

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

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ _____

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit \$ _____

c **Balance Due.** Subtract line 3b from line 3a. Include your payment with this form or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ **N/A**

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

• If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only Part II and check this box

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

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

Part II Additional (not automatic) 3-Month Extension of Time - Must file Original and One Copy.

Type or print. File by the extended due date for filing the return. See instructions.	Name of Exempt Organization ACTIONAID USA	Employer identification number 52-2277575
	Number, street, and room or suite no. If a P.O. box, see instructions 1112 16TH STREET, N.W., NO. 610	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. WASHINGTON, DC 20036	

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

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

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

• The books are in the care of **THE ORGANIZATION**

Telephone No **202-835-1240** FAX No _____

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the **whole** group, check this box . If it is for **part** of the group, check this box and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until **NOVEMBER 15, 2006**

5 For calendar year **2005**, or other tax year beginning _____ and ending _____

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

7 State in detail why you need the extension
ADDITIONAL TIME IS NEEDED FOR PREPARING A COMPLETE AND ACCURATE RETURN

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069 enter the tentative tax, less any nonrefundable credits. See instructions \$ _____

b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 \$ _____

c **Balance Due.** Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ **N/A**

Signature and Verification

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

Signature  Title **CPA** Date **7/25/06**

Notice to Applicant - To Be Completed by the IRS

- We have approved this application. Please attach this form to the organization's return.
- We have not approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return.
- We have not approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period.
- We cannot consider this application because it was filed after the extended due date of the return for which an extension was requested.
- Other _____

Director _____ By: _____ Date _____

Alternate Mailing Address - Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

Type or print	Name GELMAN, ROSENBERG & FREEDMAN
	Number and street (include suite, room, or apt. no.) or a P.O. box number 4550 MONTGOMERY AVE., SUITE 650 NORTH
	City or town, province or state, and country (including postal or ZIP code) BETHESDA, MARYLAND 20814-2930

523832 05-01-05