MAY 16 2014

TAXPAYER'S COPY

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter Social Security numbers on this form as it may be made public.
Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury

A	For th	e 2013 calen	dar year, or tax year begi	ning	20	013, and endir	na		100000000000000000000000000000000000000	
$\frac{2}{B}$		f applicable:	C	ming	, 20	715, and chan	19	D Employ	ver Identi	fication Number
Ь				MODITADA					2061	
	$\vdash$	dress change	INTERNATIONAL SA 17935 SKY PARK O					E Telepho		
	$\vdash$	me change	IRVINE, CA 92614							
	Init	tial return	INVINE, CA JZ014					949	- /52	-7788
	Ter	rminated								
	Am	nended return						<b>G</b> Gross r		
	App	plication pending	F Name and address of principal	al officer: STEPHAN	IE POLLA	.RO	H(a) Is this	-		H
			SAME AS C ABOVE				H(b) Are all If 'No,'	subordinates attach a list.	included (see inst	1? Yes No
Ī	Tax-e	exempt status	X 501(c)(3) 501(c) (	) ◀ (insert no.)	4947(a)(1	) or 527				
J	Web	site: ► WW	W.ISANCTUARY.ORG				H(c) Group	exemption no	umber -	
K	Form	of organization:	X Corporation Trust	Association Other		L Year of format	tion: 200	7 <b>M</b> s	State of le	egal domicile: CA
Pa	rt I	Summar	V							
	1 1	Briefly descri	be the organization's miss	ion or most significa	nt activities:	TO ADVOC	ATE FO	R EXPL	OITE	D PEOPLE OF
d)			D, TO EDUCATE TH							
ŭ		TO BE IN	STRUMENTAL IN PR	OVIDING SURVI	VORS THE	MEANS TO	D BE RE	INTEG	RATEL	AS VALUED
Ë		MEMBERS	OF A COMMUNITY.							
ove	2 (	Check this bo		n discontinued its or						
G	3 [		ting members of the gove						3	6
SS	4 [		dependent voting member						4	5
ΉË	5		of individuals employed in of volunteers (estimate if						5	11
Activities & Governance	72		ed business revenue from	51.5					7 a	15 0.
٩			business taxable income						7 b	0.
		, tot alli olator	T DUGING TO TO THE OTHER	.,				rior Year		Current Year
	8 (	Contributions	and grants (Part VIII, line	1h)				96,7	164	98,343.
Revenue	1		rice revenue (Part VIII, line					30,1	01.	30,313.
Ver	10	Investment in	come (Part VIII, column (	A), lines 3, 4, and 7d	)			2	277.	115.
Be	11 (	Other revenue	e (Part VIII, column (A), li	nes 5, 6d, 8c, 9c, 10d	c, and 11e)			89,6	70.	210,510.
	12	Total revenue	e - add lines 8 through 11	(must equal Part VI	I, column (A)	), line 12)		186,7		308,968.
	13 (	Grants and si	milar amounts paid (Part	IX, column (A), lines	1-3)					
	14 E	Benefits paid	to or for members (Part I.	X, column (A), line 4	)					
	15	Salaries, othe	er compensation, employe	e benefits (Part IX, c	olumn (A), lir	nes 5-10)		92,1	99.	216,512.
Expenses	16a F	Professional	fundraising fees (Part IX,	column (A), line 11e)						
oen			sing expenses (Part IX, co						EMPLY F	
X			es (Part IX, column (A), li		`	22,764.		74	20	100 740
			es (Fart IX, column (A), in es. Add lines 13-17 (must					74,5		100,743.
			expenses. Subtract line 1					166,7		317,255.
8 8	19 1	Revenue less	expenses. Subtract line i	6 IfOffi lifle 12	······			19,9		-8,287.
ets	20	Total accets (	(Part X, line 16)					g of Curren		End of Year
Ass I Ba	21		s (Part X, line 26)					197,1 26,2		214,298. 11,001.
Net Assets Fund Balanc	20 1									
			fund balances. Subtract l	ne 21 from line 20		·····		170,9	30.	203,297.
	rt II	Signatur								
comp	er penaltie olete. Dec	es of perjury, i de claration of prepa	clare that I have examined this reti rer (other than officer) is based on	all information of which pre	schedules and st parer has any kno	tatements, and to owledge.	the best of my	/ knowledge	and belie	f, it is true, correct, and
			Le A	1711				5/	1	2114
Sig	ın	Signatur	re of officer				Dat	e /		1')
He	re	WENT	DY DAILEY				CO-FC	UNDER		4
			print name and title.				00 10	ОПРЫК		
		Print/Type p	reparer's name	Preparer's signature		Date		Check	if F	PTIN
Pai	hi	GORDON	P HOFFMAN CPA					self-employe	J	200161674
	parei			ILSON & BEESO	N, INC.					
Us	e Only	y Firm's addre			ITE 325			Firm's FIN	95-	3654092
				91203				Phone no.	(818	
May	the IR	RS discuss thi	is return with the preparer		instructions)				(010	X Yes   No
			eduction Act Notice, see t				A0113I 11/0			Form <b>990</b> (2013)

Check   Schedule O. Contains a response or note to any line in this Part III.		NTERNATIONAL SANC				39-2061146	Page 2
The Interference of the organization's mission:   TO AUNCOCATE FOR EXPLOITED PEOPLE OF THE WORLD, TO EDUCATE THE PUBLIC ABOUT HUMAN TRAFFICKING AND ITS PREVENTION, AND TO BE INSTRUMENTAL IN PROVIDING SURVIVORS THE MEANS TO BE REINTEGRATED AS VALUED MEMBERS OF A COMMUNITY.		•	•				
TO ADVOCATE FOR EXPLOITED PEOPLE OF THE WORLD, TO EDUCATE THE PUBLIC ABOUT HUMAN TRAFFICKING AND TIS PREVENTION, AND TO BE INSTRIMENTAL IN PROVIDING SURVIVORS THE MEANS TO BE REINTEGRATED AS VALUED MEMBERS OF A COMMUNITY.  2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 90 or 990-EZ?.  3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? No if Yes, 'decire the tense thenges on Schedule O.  4 Describe the organization cease conducting, or make significant changes in how it conducts, any program services, as measured by expenses. Section 80 (city) and 50 (city) capitations and section 4947(city) inusts are required to propriat memory of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.  4a (Code: ) (Expenses \$ 210,369, including grants of \$ ) (Revenue \$ THE ORGANIZATION 1) ATTENDED AND SERVED AS ADVISORS FOR A CONGRESSIONAL COMMITTEE ON HUMAN TRAFFICKING; 2) SERVED RESCUED WOMEN FROM CAMBODIA, MEXICO AND THE U.S.; 3) PROVIDED SUPPORT, SELF-SUPFICIENCY TRAINING, CARRER COUNSELING AND PREVENTIVE INITIATIVES FOR MANY WOMEN AND THEIR FAMILIES; AND 4) INCREASED AWARENESS THROUGH COMMUNITY EVENTS AND AN ONLINE VIDEO.  4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )			onse or note to any	line in this Part III.			
Form 990 or 990-E27.	TO ADVOCAT	E FOR EXPLOITED F	ION, AND TO	BE INSTRUMENT	AL IN PROVIDING		
3 Did the organization cases conducting, or make significant changes in how it conducts, any program services?	Form 990 or 990	)-EZ?				Yes	X No
Section 501(6)(3) and 501(6)(4) organizations and section 4947(e)(1) inside 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 \$ 210, 369, including grants of \$ ) (Revenue \$ THE ORGANIZATION 1) ATTENDED AND SERVED AS ADVISORS FOR A CONGRESSIONAL COMMITTEE ON HUMAN TRAFFICKING; 2) SERVED RESCUED WOMEN FROM CAMBODIA, MEXICO AND THE U.S.; 3) PROVIDED SUPPORT, SELF-SUPFICIENCY TRAINING, CAREER COUNSELING AND PREVENTIVE INITIATIVES FOR MANY WOMEN AND THEIR FAMILIES; AND 4) INCREASED AWARENESS THROUGH COMMUNITY EVENTS AND AN ONLINE VIDEO.  4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$	3 Did the organiza	tion cease conducting, or n	nake significant cha	nges in how it condu	cts, any program servic	es? Yes	X No
THE ORGANIZATION 1) ATTENDED AND SERVED AS ADVISORS FOR A CONGRESSIONAL COMMITTEE ON HUMAN TRAFFICKING; 2) SERVED RESCUED WOMEN FROM CAMBODIA, MEXICO AND THE U.S.;  3) PROVIDED SUPPORT, SELF-SUFFICIENCY TRAINING, CAREER COUNSELING AND PREVENTIVE INTITATIVES FOR MANY WOMEN AND THEIR FAMILIES; AND 4) INCREASED AWARENESS THROUGH COMMUNITY EVENTS AND AN ONLINE VIDEO.  4b (Code:) (Expenses \$	Section 501(c)(3)	and 501(c)(4) organizations	and section 4947(a)(`	<ol> <li>trusts are required to</li> </ol>	argest program services o report the amount of gra	s, as measured by ants and allocations	expenses. to
4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)  4d Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$)	THE ORGANI HUMAN TRAF 3) PROVIDE INITIATIVE	ZATION 1) ATTENDE FICKING; 2) SERVE D SUPPORT, SELF-S S FOR MANY WOMEN	D AND SERVED D RESCUED WO UFFICIENCY T AND THEIR FA	AS ADVISORS MEN FROM CAME RAINING, CARE	FOR A CONGRESSI ODIA, MEXICO AN ER COUNSELING A	ONAL COMMIT ND THE U.S.; AND PREVENTI	 VE
4d Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )	4 b (Code:	) (Expenses \$	includi	ng grants of \$	) (Reve	enue \$	
(Expenses \$ including grants of \$ ) (Revenue \$ )	4 c (Code:	) (Expenses \$	includi	ng grants of \$	) (Reve	enue \$	
(Expenses \$ including grants of \$ ) (Revenue \$ )							
(Expenses \$ including grants of \$ ) (Revenue \$ )							
				\$	) (Revenue \$		)

Form 990 (2013) INTERNATIONAL SANCTUARY

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A.	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I.	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		Х
5		5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.	8		Х
9	for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV.	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If 'Yes,' complete Schedule D, Part V</i>	10		X
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, IX, or $X$ as applicable.			
	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a	Х	
	<b>b</b> Did the organization report an amount for investments — other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If 'Yes,' complete Schedule D, Part VII</i>	11 b		Х
	c Did the organization report an amount for investments — program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII.	11 c		Х
	d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX.	11 d		Х
	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e	Х	
	f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f		Х
12	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII.	12a		X
	<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12 b		Х
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV.	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions).	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II.	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.	19		Х
20	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20		Х
	<b>b</b> If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		

Form 990 (2013) INTERNATIONAL SANCTUARY

Part IV Checklist of Required Schedules (continued)

I u	CITY Officerist of required selledules (continued)		Yes	No
			103	140
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organizations or government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III.	22		Х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J.</i>	23		Х
24 8	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,'go to line 25a.	24a		X
ı	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
(	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
(	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I.	25a		Х
ŀ	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II.	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III.	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
t	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		Х
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i>	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II.	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I.	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1.	34		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?  Note. All Form 990 filers are required to complete Schedule O	38	Х	

BAA

Form **990** (2013)

X

14 a

14b

Form 990 (2013)

Form 990 (2013) INTERNATIONAL SANCTUARY 39-2061146 Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V..... No 1 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable..... 3 1 a 0 **b** Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . . . . . . 1 b c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?.... Χ 1 c 2 a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return..... X b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . . . . . 2 b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) X 3 a Did the organization have unrelated business gross income of \$1,000 or more during the year?..... 3 a 3 b **b** If 'Yes' has it filed a Form 990-T for this year? *If 'No' to line 3b, provide an explanation in Schedule 0*..... 4 a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a X financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a **b** If 'Yes,' enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. X 5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? ...... 5a X **b** Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?...... 5 b c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?..... 5 c 6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?..... X 6 a b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were 6 b not tax deductible?..... 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and X services provided to the payor?..... 7 a X **b** If 'Yes,' did the organization notify the donor of the value of the goods or services provided? . . . . . . . 7 b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file X Form 8282? ...... 7с d If 'Yes,' indicate the number of Forms 8282 filed during the year...... 7 d e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?... X 7 e X 7 f f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?..... g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 7 g as required?.... h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a 7 h Form 1098-C? Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? ..... 8 9 Sponsoring organizations maintaining donor advised funds. 9 a **b** Did the organization make a distribution to a donor, donor advisor, or related person?..... 9 b 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12...... 10a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. . . . . 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders..... 11 a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)..... 11 b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?...... 12a b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year...... 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a Note. See the instructions for additional information the organization must report on Schedule O.

**b** Enter the amount of reserves the organization is required to maintain by the states in c Enter the amount of reserves on hand .....

14a Did the organization receive any payments for indoor tanning services during the tax year?.....

39-2061146 Form 990 (2013) INTERNATIONAL SANCTUARY Part VI Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI..... Section A. Governing Body and Management No Yes 1 a Enter the number of voting members of the governing body at the end of the tax year. . . . . 1 a 6 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. **b** Enter the number of voting members included in line 1a, above, who are independent ..... 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? ... SEE SCHEDULE O ... 2 X Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 X 3 of officers, directors or trustees, or key employees to a management company or other person?..... Did the organization make any significant changes to its governing documents X since the prior Form 990 was filed?..... 4 X Did the organization become aware during the year of a significant diversion of the organization's assets?.... 5 X Did the organization have members or stockholders?.... 6 6 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?..... X 7 a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body?..... X 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X a The governing body?..... 8a X **b** Each committee with authority to act on behalf of the governing body?..... 8 b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O...... X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No X 10a Did the organization have local chapters, branches, or affiliates?..... 10a b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?..... 10 b X 11 a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13..... X 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?..... 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in 12c X 13 Did the organization have a written whistleblower policy?..... 13 14 Did the organization have a written document retention and destruction policy?..... X 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official..... X 15 a X **b** Other officers of key employees of the organization..... 15b If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?.... 16a X b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? 16 b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ NONE 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. X Another's website Own website X Upon request Other (explain in Schedule O) 19 Describe in Schedule 0 whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. SEE SCHEDULE O

State the name, physical address, and telephone number of the person who possesses the books and records of the organization:

990 (2013)	INTERNATIONAL SANCTUARY	39-2061146
330 (2013)	INTERNATIONAL SANCTUARI	

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

Check if Schedule O contains a response or note to any line in this Part VII.....

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

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

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

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

				(0	;)					
(A) Name and Title	(B) Average hours per week (list	1		not less i d a d	check perso lirecto	k more to n is bot or/truste		Reportable compensation from	(E)  Reportable compensation from related organizations	<b>(F)</b> Estimated amount of other compensation
	any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	employee Key employee Officer Institutional trustee		Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	from the organization and related organizations
(1) STEPHANIE POLLARO	40									
FOUNDER	0	X		Χ				37,917.	0.	0.
(2) WENDY DAILEY CO-FOUNDER	$-\frac{40}{0}$	Х		Х				37,917.	0.	0.
(3) NORMA POLLARO	5									
TREASURER	0	X		Χ				0.	0.	0.
	$-\frac{2}{0}$	Х						0.	0.	0.
(5) CLAIRE COYNE	1									
DIRECTOR	0	X						0.	0.	0.
_(6) APRIL WALKER DIRECTOR	$-\frac{1}{0}$	Х						0.	0.	0.
(8)										
(9)										
(10)										
(11)										
(12)										
(13)					1					
(14)										

Forn

Page 7

orm <b>990</b> (2013) INTERNATIONAL SANCTUAR	Y		_	_				III'-bt-Com	39-206114	6		ge <b>8</b>
Part VII   Section A. Officers, Directors, T	rustees, I	Key	Em	ipic O		es, a	inc	Highest Con	ipensated Emp	loyees	<b>S</b> (CONTI	nuea)
(A) Name and title	Average hours per	offic	, unle cer ar	Pos heck ss pe	sition more erson directo	than o is both or/truste	an ee)	(D)  Reportable compensation from the organization	(E)  Reportable compensation from related organizations	amo	(F) stimated unt of ot	her
	(list any hours for related organiza - tions below	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	related organizations (W-2/1099-MISC)	org ar	rom the ganization description the ganization and anization	n d
	dotted line)	ee	stee			nsated						
(15)												
16)												
17)												
18)												
19)								h stail				
20)												
21)												
22)												
23)												
24)												
25)												
1 b Sub-total							•	75,834. 0.	0.			0
d Total (add lines 1b and 1c)							-	75,834.	0.			0
2 Total number of individuals (including but not limite from the organization ▶ 0	ed to those I	isted	abov	ve) v	who	receiv	ed	more than \$100,00	0 of reportable com	pensatio	n	
3 Did the organization list any former officer, dire	ector, or tru	stee,	key	em e	ploy	/ee, c	or h	ighest compensa	ted employee	3	Yes	No
on line 1a? <i>If 'Yes,' complete Schedule J for st</i> 4 For any individual listed on line 1a, is the sum the organization and related organizations greaters.										3		X
such individual	rue comper	 satio	on fr	om :	 anv	 unrel	 ate	d organization or	individual			X
for services rendered to the organization? If 'Y Section B. Independent Contractors	es,' comple	te So	chea	lule	J fo	r sucl	h p	erson		. 5		X
1 Complete this table for your five highest compensation from the organization. Report compensation.	ensated indensation for	epen the c	dent alen	cor dar y	ntrad year	tors endin	tha	t received more t with or within the or	nan \$100,000 of ganization's tax yea	r.		
(A) Name and business ac	ldress							Description (	of services	Compe	<b>C)</b> ensatio	'n
2 Total number of independent contractors (including		ited to	o tho	se li	isted	abov	e) v	who received more	than			
\$100,000 of compensation from the organization		TEEAC	11081	11/1	11/13					Form	990 (	(201)

Form 990 (2013) INTERNATIONAL SANCTUARY
Part VIII Statement of Revenue

		Check if Schedule O contains	a respo	nse or note to any				
					<b>(A)</b> Total revenue	<b>(B)</b> Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	Revenue excluded from tax under sections 512-514
S S	1 2	Federated campaigns	1 a					
SAN UNT	ŀ	Membership dues	1 b					
S, G	(	Fundraising events	1 c					
AR Y	(	Related organizations	1 d					
NS, C	•	Government grants (contributions)	1 e					
를 S S	f	All other contributions, gifts, grants, and similar amounts not included above						
SE			1 f	98,343.				
N O	9	Noncash contributions included in lines 1a-						
<u>о</u>	r	Total. Add lines 1a-1f	· · · · · · · ·	Business Code	98,343.			
PROGRAM SERVICE REVENUE CONTRIBUTIONS, GIFTS, GRANTS PROGRAM SERVICE REVENUE AND OTHER SIMILAR AMOUNTS	2 2			busiless code		1000 as a 1870 help (1000)		
Æ	Ŀ							
<u>S</u>								
ER								
S	6	,						
GRA	f	All other program service revenu	e					
8	و	Total. Add lines 2a-2f						
	3	Investment income (including div	vidends,	interest and				
		other similar amounts)		ALM DE NOTE OF ACT OF THE PROPERTY OF ACT OF	115.			115.
	4	Income from investment of tax-ex						
	5	Royalties		(ii) Personal		a Brooklas Arm Something MV receive		
	6-	Gross rents	eai	(II) Fersonal				
		Less: rental expenses						
		Rental income or (loss)						
		Net rental income or (loss)		<b>•</b>			7-2-40 S. And 7-20 No. 20 P. 20 C.	
		Gross amount from sales of (i) Secu		(ii) Other				Self San Self-Sta
	/ a	assets other than inventory						
	L	Less: cost or other basis						
	L	and sales expenses						
	c	: Gain or (loss)			ALC: NO STATE OF STAT			
	d	Net gain or (loss)						N. 14. 2. 12. 12. 12. No. 2. 12. 2 doi:10. 114. 14.
NE	8 a	Gross income from fundraising even (not including \$	vents					
E		of contributions reported on line	1c).					
OTHER REVE		See Part IV, line 18	а	4,311.				
E		Less: direct expenses		2,150.				
٥	С	Net income or (loss) from fundrai	ising eve	ents	2,161.	<b>对于"是是是有关的</b> "。		2,161.
	9 a	Gross income from gaming activities See Part IV, line 19	ties.					
	b	Less: direct expenses	b					it sometime
	С	Net income or (loss) from gaming	g activiti	es▶				
	10 a	Gross sales of inventory, less retrand allowances	urns a	264,763.				and the second s
		Less: cost of goods sold		56,679.				
	С	Net income or (loss) from sales of	of invent	ory▶	208,084.	and the second s	Contraction Contraction Fund State	208,084.
		Miscellaneous Revenue		Business Code			The second secon	
		OTHER			265.			265.
	b							
	C	All other reverse						
		All other revenue		<b>&gt;</b>				
		Total. Add lines 11a-11d			265.			
	14	Total revenue. See instructions			308,968.	0.	0.	210,625.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX... (D) (A) Total expenses (B) Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. Fundraising Program service Management and general expenses expenses expenses Grants and other assistance to governments and organizations in the United States. See Part IV, line 21..... Grants and other assistance to individuals in the United States. See Part IV, line 22..... Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16. Compensation of current officers, directors, trustees, and key employees ..... 75,834 38,325 29,249 8,260. Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)..... 0 0 0 Other salaries and wages ..... 122,061 22,293 7 90,747 9,021 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)..... 18,617 10,426 6,144 2,047. 11 Fees for services (non-employees): c Accounting..... 2,496 2,496 **d** Lobbying..... e Professional fundraising services. See Part IV, line 17... f Investment management fees ...... g Other. (If line 11g amt exceeds 10% of line 25, column 2,262 2,262 (A) amount, list line 11g expenses on Schedule 0) . . . . . Advertising and promotion..... 7,101 7,101 12 13 Office expenses ..... 4,304 2,400 1,438 466. Information technology..... 15 Royalties.... 16 Occupancy..... 17,321 9,842 6,068. 1,411. 17 8,652 8,652 Payments of travel or entertainment expenses for any federal, state, or local public officials..... Conferences, conventions, and meetings.... 19 20 Interest ..... Payments to affiliates..... 22 Depreciation, depletion, and amortization.... 4,861 4,861 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 24 a INDIA PROGRAM EXPENSES 9,270 9,270 b MERCHANT FEES\_ 8,403 8,403 c POSTAGE AND SHIPPING 7,048 7,048 d POST PROGRAM EXPENSES 5,312 5,312 e All other expenses..... 9,311 1,559. 23,713. 12,843. 25 Total functional expenses. Add lines 1 through 24e. . . . 317,255 210,369. 84,122 22,764. Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► if following SOP 98-2 (ASC 958-720).....

**Balance Sheet** Part X (B) (A) Beginning of year End of year 96,948. 1 65,293 Cash — non-interest-bearing. 2 50,023. 123,971 Savings and temporary cash investments..... 3 Pledges and grants receivable, net. 3 13,997. Accounts receivable, net ..... 4 2.986 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L.... 5 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L..... 6 7 Notes and loans receivable, net..... ASSETS 8 47,720. Inventories for sale or use..... 1,161. 9 1,423 Prepaid expenses and deferred charges..... 4,449. 10a 10 c 4,449. b Less: accumulated depreciation. 10b 3,477 11 Investments — publicly traded securities..... 12 12 Investments – other securities. See Part IV, line 11..... Investments - program-related. See Part IV, line 11..... 13 13 14 Intangible assets..... 15 Other assets. See Part IV, line 11..... 15 16 214,298. Total assets. Add lines 1 through 15 (must equal line 34)..... 197,150 16 Accounts payable and accrued expenses.... 17 4,427. 22,056. 17 Grants payable ..... 18 18 Deferred revenue ..... 19 19 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D. . . . . . . . . Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Unsecured notes and loans payable to unrelated third parties..... 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D. 25 6,574. 4,164 11,001. 26 26,220 Total liabilities. Add lines 17 through 25..... Organizations that follow SFAS 117 (ASC 958), check here ▶ X and complete NET lines 27 through 29, and lines 33 and 34. 203,297. 170,930 27 Unrestricted net assets..... 28 Temporarily restricted net assets. 29 Permanently restricted net assets..... Q R Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds..... Paid-in or capital surplus, or land, building, or equipment fund..... 31 Retained earnings, endowment, accumulated income, or other funds..... 32 203,297 33 170,930 Total net assets or fund balances..... 33 214,298.

BAA

34

34

197,150.

Total liabilities and net assets/fund balances.....

orn	990 (2013) INTERNATIONAL SANCTUARY 39-	2061146	5	Pag	ge <b>1</b> :		
Pai	t XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI						
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3	08,9	68.		
2	Total expenses (must equal Part IX, column (A), line 25)	2	3	17,2	55.		
3	Revenue less expenses. Subtract line 2 from line 1	3		-8,2	87.		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		70,9			
5	Net unrealized gains (losses) on investments	5					
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	8		40,6	54.		
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.		
10							
Pai	t XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII				. [		
				Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.						
28	Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a		X		
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviews separate basis, consolidated basis, or both:	ed on a					
	Separate basis Consolidated basis Both consolidated and separate basis		EQUARACI NALIAMO.	MCGBHCHICITHUS WI	MINICOCARDONS.		
ŀ	Were the organization's financial statements audited by an independent accountant?		2 b		X		
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separabasis, consolidated basis, or both:  Separate basis  Consolidated basis  Both consolidated and separate basis	ate					
C	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit review, or compilation of its financial statements and selection of an independent accountant?		2 c	MCANDE SARI TRANSPERIO	over a present della		
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.						

**b** If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.....

BAA

3 a

3 b

X