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CLIENT'S COPY

April 26, 2012

In His Steps International, Inc.
PO Box 60146
Colorado Springs, CO 80960-0146

Dear Eric & Ginny:

Enclosed is the organization's 2011 Exempt Organization return.

FORM 990 RETURN:

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-EO to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS. Return Form 8879-EO to us by May 15, 2012.

REPORT OF FOREIGN BANK AND FINANCIAL ACCOUNTS:

Separately mail your Report of Foreign Bank and Financial Accounts which must be received by the Department of the Treasury by June 30, 2012.

Mail to: Department of the Treasury
P.O. Box 32621
Detroit, MI 48232-0621

This form should be signed and dated by the appropriate corporate officer.

We have enclosed mailing envelopes for your convenience in filing the return.

Please review the return for completeness and accuracy.

We sincerely appreciate the opportunity to serve you. Please contact us if you have any questions concerning the tax return.

We have prepared the return from information you furnished us without verification. Upon examination of the return by tax authorities, requests may be made for underlying data. We therefore recommend that you preserve all records which you may be called upon to produce in connection with such possible examinations.

Legislation requires that In His Steps International, Inc. provide copies of the Form 990 and 1023 upon request. You will have 30 days to comply with telephone and mailed in requests.

You must respond immediately if someone comes to the office with their request. The regulations allow a reasonable fee to be charged for copies, as long as it is no more than the current IRS rate for copies (currently \$1.00 for the first page, and \$0.20 for all other pages) plus actual postage.

Included with this return is Schedule B, Schedule Of Contributors. This is not required to be made public. Therefore, remove it from the public disclosure copy of the tax return that you create.

Charitable organizations may choose from one of two electronic options in submitting their annual registration to Colorado.

Option 1. Colorado Charitable Solicitation Online Registration is offered through the Licensing Division of the Secretary of State's office. The system is designed to guide you step-by-step through the process of registering and filing; however, for your convenience, you will also find printable instructions (below) that you can review beforehand. For more information on Charitable Solicitation Online Registration, go to www.sos.state.co/pubs/bingo-raffles/main1.htm.

Option 2. Colorado is participating in an electronic filing project with 12 other states. You can download a free tax software application to prepare the state registration forms for Colorado and e-file them with the Colorado Secretary of State's Licensing Division. For more information on this option, go to www.form990.org.

Beginning August 1, 2009, all charitable organizations must renew their registration to solicit contributions in Colorado with the Secretary of State on or before the due date of filing their federal Form 990. Charitable organizations failing to renew its registration to solicit contributions will be subject to fines of up to \$100. To renew your organization's registration visit the Charities and Fundraisers Registration home page at www.sos.state.co.us/pubs/charities/charitable.htm.

Complete the online renewal form by following all instructions. Sign the form, pay the filing fee online via credit card or prepaid account, print the receipt for payment from the web site, and await approval of the e-filed document. Should you have any questions regarding registration to solicit contributions, contact the Charities Program staff at charitable@sos.state.co.us or our office during regular business hours.

Very truly yours,

Marc A. Boyce, CPA
Partner

TD F 90-22.1

(Rev. January 2012)
 Department of the Treasury
 Do not use previous editions of
 this form

**REPORT OF FOREIGN BANK
AND FINANCIAL ACCOUNTS****Do NOT file with your Federal Tax Return**

OMB No. 1545-2038

1 This Report is for Calendar
Year Ended 12/31**2011**Amended **Part I Filer Information****2** Type of Filer

a Individual **b** Partnership **c** Corporation **d** Consolidated **e** Fiduciary or Other - Enter type _____

3 U.S. Taxpayer Identification Number
201911331If filer has no U.S. Identification
Number complete Item 4.**4** Foreign identification (Complete only if item 3 is not applicable.)**a** Type: Passport Other _____**b** Number _____ **c** Country of Issue _____**5** Individual's Date of Birth
MM/DD/YYYY**6** Last Name or Organization Name**IN HIS STEPS INTERNATIONAL, INC.****7** First Name**8** Middle Initial**9** Address (Number, Street, and Apt. or Suite No.)**PO BOX 60146****10** City**COLORADO SPRINGS****11** State**CO****12** ZIP/Postal Code**80960-0146****13** Country**USA****14** Does the filer have a financial interest in 25 or more financial accounts? Yes If "Yes" enter total number of accounts _____

(If "Yes" is checked, do not complete Part II or Part III, but retain records of this information)

 No**Part II Information on Financial Account(s) Owned Separately****15** Maximum value of account during calendar year reported**52,033.****16** Type of account **a** Bank **b** Securities **c** Other - Enter type below**17** Name of Financial Institution in which account is held**SBC BANK****18** Account number or other designation**12-2021-500030-9****19** Mailing Address (Number, Street, Suite Number) of financial institution in which account is held**NO 168GE0 NEHRU BLVD ST 215****20** City**TOUL KORK****21** State, if known**22** ZIP/Postal Code, if known**23** Country**CAMBODIA****Signature****44** Filer Signature**45** Filer Title, if not reporting a personal account**46** Date (MM/DD/YYYY)**File this form with: U.S. Department of the Treasury, P.O. Box 32621, Detroit, MI 48232-0621**

This form should be used to report a financial interest in, signature authority, or other authority over one or more financial accounts in foreign countries, as required by the Department of the Treasury Regulations 31 CFR 1010.350 (formerly 31 CFR 103.24). No report is required if the aggregate value of the accounts did not exceed \$10,000. See Instructions For Definitions.

PRIVACY ACT AND PAPERWORK REDUCTION ACT NOTICE

Pursuant to the requirements of Public Law 93-579 (Privacy Act of 1974), notice is hereby given that the authority to collect information on TD F 90-22.1 in accordance with 5 USC 552a (e) is Public Law 91-508; 31 USC 5314; 5 USC 301; 31 CFR 1010.350 (formerly 31 CFR 103.24).

The principal purpose for collecting the information is to assure maintenance of reports where such reports or records have a high degree of usefulness in criminal, tax, or regulatory investigations or proceedings. The information collected may be provided to those officers and employees of any constituent unit of the Department of the Treasury who have a need for the records in the performance of their duties. The records may be referred to any other department or agency of the United States upon the request of the head of such department or agency for use in a criminal, tax, or regulatory investigation or proceeding. The information collected may also be provided to appropriate state, local, and foreign law enforcement and regulatory personnel in the performance of their official duties. Disclosure of this information is mandatory. Civil and criminal penalties, including in certain circumstances a fine of not more than \$500,000 and imprisonment of not more than five years, are provided for failure to file a report, supply information, and for filing a false or fraudulent report. Disclosure of the Social Security number is mandatory. The authority to collect is 31 CFR 1010.350 (formerly 31 CFR 103.24). The Social Security number will be used as a means to identify the individual who files the report.

The estimated average burden associated with this collection of information is 75 minutes per respondent or record keeper, depending on individual circumstances. Comments regarding the accuracy of this burden estimate, and suggestions for reducing the burden should be directed to the Internal Revenue Service, Bank Secrecy Act Policy, 5000 Ellin Road C-3-242, Lanham MD 20706.

Part II Continued - Information on Financial Account(s) Owned Separately

Form TD F 90-22.1

Complete a Separate Block for Each Account Owned Separately

Page Number

This side can be copied as many times as necessary in order to provide information on all accounts.

2 of 2

1 Filing for calendar year <u>2011</u>	3-4 Check appropriate Identification Number <input checked="" type="checkbox"/> Taxpayer Identification Number <input type="checkbox"/> Foreign Identification Number Enter identification number here: <u>201911331</u>	6 Last Name or Organization Name <u>IN HIS STEPS INTERNATIONAL, INC.</u>
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15 Maximum value of account during calendar year reported <u>27,341.</u>	16 Type of account a <input type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input checked="" type="checkbox"/> Other - Enter type below
--	--

17 Name of Financial Institution in which account is held <u>SBC BANK</u>

18 Account number or other designation <u>12-2011-500091-9</u>	19 Mailing Address (Number, Street, Suite Number) of financial institution in which account is held <u>NO 168GE0 NEHRU BLVD ST 215</u>
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20 City <u>TOUL KORK</u>	21 State, if known	22 ZIP/Postal Code, if known	23 Country <u>CAMBODIA</u>
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15 Maximum value of account during calendar year reported	16 Type of account a <input type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other - Enter type below
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17 Name of Financial Institution in which account is held
--

18 Account number or other designation	19 Mailing Address (Number, Street, Suite Number) of financial institution in which account is held
---	--

20 City	21 State, if known	22 ZIP/Postal Code, if known	23 Country
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15 Maximum value of account during calendar year reported	16 Type of account a <input type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other - Enter type below
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17 Name of Financial Institution in which account is held
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18 Account number or other designation	19 Mailing Address (Number, Street, Suite Number) of financial institution in which account is held
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20 City	21 State, if known	22 ZIP/Postal Code, if known	23 Country
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15 Maximum value of account during calendar year reported	16 Type of account a <input type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other - Enter type below
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17 Name of Financial Institution in which account is held
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20 City	21 State, if known	22 ZIP/Postal Code, if known	23 Country
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--	---

17 Name of Financial Institution in which account is held
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18 Account number or other designation	19 Mailing Address (Number, Street, Suite Number) of financial institution in which account is held
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20 City	21 State, if known	22 ZIP/Postal Code, if known	23 Country
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Return of Organization Exempt From Income Tax

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

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

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization IN HIS STEPS INTERNATIONAL, INC.		D Employer identification number 20-1911331
	Doing Business As		E Telephone number 719-650-3082
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 555,084.
	PO BOX 60146		
City or town, state or country, and ZIP + 4 COLORADO SPRINGS, CO 80960-0146		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
F Name and address of principal officer: VIRGINIA HANSON 5405 ALMONT AVE, COLORADO SPRINGS, CO 80911		H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number ▶	
J Website: ▶ WWW.IN-HIS-STEPS.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 2006 M State of legal domicile: CO	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO PROVIDE RELIEF AND ASSISTANCE TO THE POOR OF THE NATIONS OF THE WORLD, CURRENTLY IN CAMBODIA AND		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	8
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	8
	5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	1
	6 Total number of volunteers (estimate if necessary)	6	0
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0.
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 285,927.	Current Year 259,336.
	9 Program service revenue (Part VIII, line 2g)	0.	295,748.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	-1,016.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	285,927.	554,068.
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	75,027.
14 Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		60,475.	63,710.
16a Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 28,187.			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		60,849.	127,036.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	196,351.	415,216.	
19 Revenue less expenses. Subtract line 18 from line 12	89,576.	138,852.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 199,574.	End of Year 338,426.
	21 Total liabilities (Part X, line 26)	0.	0.
	22 Net assets or fund balances. Subtract line 21 from line 20	199,574.	338,426.

Part II Signature Block

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

Sign Here	▶ Signature of officer		Date		
	▶ VIRGINIA HANSON, VICE PRESIDENT				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	MARC A. BOYCE, CPA				P00595598
	Firm's name ▶ WIECHMANN, BOYCE & ASSOCIATES, LLP	Firm's EIN ▶ 05-0523988			
Firm's address ▶ 5390 N. ACADEMY BLVD., STE 300		Phone no. 719-596-6110		COLORADO SPRINGS, CO 80918	

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: IN HIS STEPS INTERNATIONAL (IHSI) IS AN INTERNATIONAL CHRISTIAN ORGANIZATION WHICH TRAINS, EQUIPS, ENCOURAGES, AND EMPOWERS THE SAINTS FOR WORKS OF SERVICE, WITH THE PURPOSE OF BUILDING UP OF THE BODY OF CHRIST. IHSI WAS FOUNDED TO TEACH AND MOBILIZE THE BODY OF CHRIST

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

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

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

4a (Code:) (Expenses \$ 24,216. including grants of \$) (Revenue \$ 36,413.) FATHER'S HOUSE - SEVERAL OF THE OLDER CHILDREN IN FATHER'S HOUSE HAVE SHOWN ENOUGH PROGRESS IN THEIR STUDIES TO SKIP A GRADE, PLACING THEM CLOSER TO THE GRADE LEVEL OF THEIR PEERS AND BUILDING THEIR CONFIDENCE CONSIDERABLY.

FATHER'S HOUSE CHILDREN HAVE HAD MANY EXTRACURRICULAR EDUCATIONAL OPPORTUNITIES THIS YEAR, OFTEN IN CONJUNCTION WITH CHILDREN IN OUR LOAVES AND FISH PROGRAM. THESE OPPORTUNITIES INCLUDED: WOODCARVING LESSONS, GUITAR LESSONS, ENGLISH CLASSES, BIBLE STUDY, CULTURAL ARTS TRAINING, ETC.

THIS PAST APRIL, WE WERE ABLE TO GAIN CUSTODY OF THE LAST OF A GROUP OF

4b (Code:) (Expenses \$ 321,757. including grants of \$) (Revenue \$ 483,821.) SAK SAUM FOR FREEDOM PROJECT AND MICRO ENTERPRISE - SAK SAUM STARTED CONSTRUCTION ON A VOCATIONAL TRAINING CENTER IN THE SAANG DISTRICT. FIVE WOMEN MOVED OUT TO LIVE IN SAANG AND WORK AT THE VTC. THE CENTER IS EQUIPED WITH 12 SEWING STATIONS.

FOUR WOMEN HAVE COME TO SAK SAUM AS A RESULT OF VISITS MADE BY THE EMPLOYEES AND DIRECTORS OF IN HIS STEPS. ADDITIONAL WOMEN HAVE SPENT TIME IN THE MINISTRY OVER THE COURSE OF THE YEAR.

SAK SAUM WAS INVITED BY THE LOCAL GOVERNMENT TO PRESENT SEMINARS EDUCATING VILLAGE MEMBERS ON THE DANGERS OF HUMAN TRAFFICING. SAK SAUM HAS PRESENTED FOUR SEMINARS IN DIFFERENT VILLAGES AND HAS RECEIVED A

4c (Code:) (Expenses \$ 11,249. including grants of \$) (Revenue \$ 16,915.) LOAVES AND FISH - WE CONTINUE TO PROVIDE MONTHLY SUPPLIES, RICE, HYGIENE SUPPLIES, MEDICAL CARE, SCHOOL UNIFORMS, AND TUTORING TO ORPHANS, ABANDONED CHILDREN AND WIDOWS.

WE COMPLETED OUR ONE YEAR COMMITMENT TO HELP SUPPORT AN IMPOVERISHED FAMILY, PROVIDING ASSISTANCE WITH FOOD, HEALTH ISSUES, HOUSE RECONSTRUCTION, AND SETTING UP A MICRO-ENTERPRISE FOR THEM TO LEARN HOW TO BE SELF-SUSTAINABLE. THE FAMILY MADE SIGNIFICANT PROGRESS, IS ABLE TO GENERATE INCOME TO PROVIDE FOR THEMSELVES, AND NOW ATTENDS CHURCH SERVICES AND WORKS WITH SMALL SAK SAUM PROJECTS OCCASIONALLY.

AFTER DEVASTATING REGIONAL FLOODS IN OCTOBER, WE WERE ABLE TO DONATE

4d Other program services (Describe in Schedule O.) (Expenses \$ 11,927. including grants of \$) (Revenue \$ 17,935.)

4e Total program service expenses 369,149.

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i>		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	X	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>	X	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules (continued)

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

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Input box for Schedule O response

Main table with columns for question ID, description, and Yes/No responses. Includes rows 1a-1c, 2a-2b, 3a-3b, 4a-4a, 5a-5c, 6a-6b, 7, 7a-7h, 8, 9, 9a-9b, 10, 10a-10b, 11, 11a-11b, 12a, 12b, 13, 13a-13c, 14a, 14b.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **CO**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request
- 19** Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **THE CORPORATION - 719-650-3082**
5405 ALMONT AVE, COLORADO SPRINGS, CO 80911

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ERIC HANSON PRESIDENT	45.00	X		X	X	X		40,000.	0.	0.
(2) RYAN GIBBS ASSISTANT TREASURER	5.00	X		X				0.	0.	0.
(3) VIRGINIA HANSON VICE PRESIDENT	45.00	X		X				0.	0.	0.
(4) JOCELYN HENEGHAN DIRECTOR	5.00	X						0.	0.	0.
(5) JC WILLIAMS DIRECTOR	5.00	X						0.	0.	0.
(6) JOSEPH WINGER DIRECTOR	5.00	X						0.	0.	0.
(7) ERIKA HANSON WEAVER TREASURER	5.00	X		X				0.	0.	0.
(8) EMILY SOK DIRECTOR/SECRETARY	5.00	X		X				0.	0.	0.

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

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position (Individual trustee or director, Institutional trustee, Officer, Key employee, Highest compensated employee, Former), (D) Reportable compensation from the organization (W-2/1099-MISC), (E) Reportable compensation from related organizations (W-2/1099-MISC), (F) Estimated amount of other compensation from the organization and related organizations. Includes sub-totals for 1b, 1c, and 1d.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 0

Questions 3, 4, and 5 regarding compensation reporting with Yes/No columns. Question 3: Did the organization list any former officer...? Question 4: For any individual listed on line 1a, is the sum of reportable compensation...? Question 5: Did any person listed on line 1a receive or accrue compensation from any unrelated organization...?

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

Table for independent contractors with columns: (A) Name and business address, (B) Description of services, (C) Compensation. Row 1 contains 'NONE' in column A.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 259,336.				
	g Noncash contributions included in lines 1a-1f: \$					
	h Total. Add lines 1a-1f		259,336.			
	Program Service Revenue	2 a <u>SAK SAUM PROJECT</u>	Business Code 448000	295,748.	295,748.	
b						
c						
d						
e						
f All other program service revenue						
g Total. Add lines 2a-2f			295,748.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)					
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents	(i) Real				
		(ii) Personal				
		b Less: rental expenses				
		c Rental income or (loss)				
	d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		b Less: cost or other basis and sales expenses		1,016.		
		c Gain or (loss)		-1,016.		
	d Net gain or (loss)		-1,016.	-1,016.		
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a				
		b Less: direct expenses	b			
c Net income or (loss) from fundraising events						
9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities					
10 a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold	b				
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code				
11 a						
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d					
12 Total revenue. See instructions.			554,068.	294,732.	0.	0.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	224,470.	224,470.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	40,000.	32,000.	4,000.	4,000.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	23,710.	23,710.		
8 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	1,509.	503.	503.	503.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	12,440.	12,440.		
12 Advertising and promotion				
13 Office expenses	19,571.	15,445.	2,063.	2,063.
14 Information technology				
15 Royalties				
16 Occupancy	3,210.	1,070.	1,070.	1,070.
17 Travel	23,524.	18,819.		4,705.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	17,865.	15,185.	893.	1,787.
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a POSTAGE	22,455.	7,485.	7,485.	7,485.
b AUTO COSTS	10,418.	8,334.		2,084.
c BENEVOLENCY/GIFTS	7,822.	7,822.		
d BANK CHARGES	4,437.	1,479.	1,479.	1,479.
e All other expenses	3,785.	387.	387.	3,011.
25 Total functional expenses. Add lines 1 through 24e	415,216.	369,149.	17,880.	28,187.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

Part X Balance Sheet

		(A) Beginning of year		(B) End of year		
Assets	1 Cash - non-interest-bearing	118,345.	1	249,246.		
	2 Savings and temporary cash investments		2			
	3 Pledges and grants receivable, net		3			
	4 Accounts receivable, net		4			
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5			
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), 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)		6			
	7 Notes and loans receivable, net		7			
	8 Inventories for sale or use		8			
	9 Prepaid expenses and deferred charges		9			
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 143,453.				
	b Less: accumulated depreciation	10b 54,273.	81,229.	10c	89,180.	
	11 Investments - publicly traded securities		11			
	12 Investments - other securities. See Part IV, line 11		12			
	13 Investments - program-related. See Part IV, line 11		13			
	14 Intangible assets		14			
	15 Other assets. See Part IV, line 11		15			
16 Total assets. Add lines 1 through 15 (must equal line 34)		199,574.	16	338,426.		
Liabilities	17 Accounts payable and accrued expenses		17			
	18 Grants payable		18			
	19 Deferred revenue		19			
	20 Tax-exempt bond liabilities		20			
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21			
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22			
	23 Secured mortgages and notes payable to unrelated third parties		23			
	24 Unsecured notes and loans payable to unrelated third parties		24			
25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25				
26 Total liabilities. Add lines 17 through 25		0.	26	0.		
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27 Unrestricted net assets		27			
	28 Temporarily restricted net assets		28			
	29 Permanently restricted net assets		29			
	Organizations that do not follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 30 through 34.					
	30 Capital stock or trust principal, or current funds	0.	30		0.	
	31 Paid-in or capital surplus, or land, building, or equipment fund	0.	31		0.	
	32 Retained earnings, endowment, accumulated income, or other funds	199,574.	32		338,426.	
33 Total net assets or fund balances	199,574.	33		338,426.		
34 Total liabilities and net assets/fund balances	199,574.	34		338,426.		

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	554,068.
2	Total expenses (must equal Part IX, column (A), line 25)	2	415,216.
3	Revenue less expenses. Subtract line 2 from line 1	3	138,852.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	199,574.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	0.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	338,426.

Part XII Financial Statements and Reporting

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

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

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

2011

Open to Public Inspection

Name of the organization **IN HIS STEPS INTERNATIONAL, INC.** Employer identification number **20-1911331**

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

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

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

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

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

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	156,056.	304,828.	195,544.	285,927.	249,282.	1,191,637.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	156,056.	304,828.	195,544.	285,927.	249,282.	1,191,637.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						153,314.
6 Public support. Subtract line 5 from line 4.						1,038,323.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	156,056.	304,828.	195,544.	285,927.	249,282.	1,191,637.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						1,191,637.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))	14	87.13	%
15 Public support percentage from 2010 Schedule A, Part II, line 14	15	84.30	%
16a 33 1/3% support test - 2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input checked="" type="checkbox"/>
b 33 1/3% support test - 2010. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions			<input type="checkbox"/>

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2011

Name of the organization

Employer identification number

IN HIS STEPS INTERNATIONAL, INC.

20-1911331

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

Name of organization IN HIS STEPS INTERNATIONAL, INC.	Employer identification number 20-1911331
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	CHILDRENS HOPE CHEST COLORADO SPRINGS COLORADO SPRINGS, CO 80962	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	GEORGE & LAURA HINDE NEW BABOLOYN NEW BABOLOYN, NY 11704	\$ 10,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	MESSENGER INTERNATIONAL PALMER LAKE PALMER LAKE, CO 80133	\$ 37,820.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	VIRGINIA HANSON COLORADO SPRINGS COLORADO SPRINGS, CO 80911	\$ 10,054.	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.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization IN HIS STEPS INTERNATIONAL, INC.	Employer identification number 20-1911331
---	---

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

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

Name of organization IN HIS STEPS INTERNATIONAL, INC.	Employer identification number 20-1911331
---	---

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

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

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2011

Open to Public Inspection

Name of the organization

IN HIS STEPS INTERNATIONAL, INC.

Employer identification number

20-1911331

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

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

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

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

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

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

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

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

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

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

Yes No

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

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

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

Yes No

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

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

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

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

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

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

▶ \$ _____

(ii) Assets included in Form 990, Part X

▶ \$ _____

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

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

▶ \$ _____

b Assets included in Form 990, Part X

▶ \$ _____

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIV and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21? Yes No
- b If "Yes," explain the arrangement in Part XIV.

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

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

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____ %
 - b Permanent endowment _____ %
 - c Temporarily restricted endowment _____ %
- The percentages in lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|--------|----|
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		55,325.	1,419.	53,906.
c Leasehold improvements				
d Equipment		88,128.	52,854.	35,274.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				89,180.

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

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

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

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶		

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

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

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

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
(11)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶		

FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	554,068.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	415,216.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	138,852.
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	138,852.

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

1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	

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

1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

OMB No. 1545-0047

2011

Open to Public
Inspection

Name of the organization: **IN HIS STEPS INTERNATIONAL, INC.**
Employer identification number: **20-1911331**

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
CAMBODIA	1	12	PROGRAM SERVICES	FAMILY ASSISTANCE AND PERSONAL DEVELOPEMENT, COMMUNITY CENTER, ENGLISH CLASSES,	224,470.
3 a Sub-total	1	12			224,470.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	1	12			224,470.

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

3 Enter total number of other organizations or entities

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

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
COMMUNITY ASSISTANCE	CAMBODIA	120	0.	PROGRAM SERVICES	224470.	COMMUNITY ASSISTANCE	FMV

Part IV Foreign Forms

- 1** Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No
- 2** Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)* Yes No
- 3** Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471)* Yes No
- 4** Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* Yes No
- 5** Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865)* Yes No
- 6** Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713)* Yes No

Schedule F (Form 990) 2011

Part V Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information.

PART I, LINE 3, COLUMN (E):

REGION: CAMBODIA

(E) SPECIFIC TYPES OF SERVICES IN REGION: FAMILY ASSISTANCE AND PERSONAL DEVELOPEMENT, COMMUNITY CENTER, ENGLISH CLASSES, SAFE-HOUSE FOR WOMEN AND CHILDREN AND SPIRITUAL GUIDANCE.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2011

Open to Public
Inspection

Name of the organization

IN HIS STEPS INTERNATIONAL, INC.

Employer identification number

20-1911331

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

TO PRESENT TO THEM THE MESSAGE OF JESUS CHRIST FOR HEALING AND FREEDOM,
FOR ALL PEOPLE OF ALL WALKS OF LIFE, IN KEEPING WITH THE HOLY
SCRIPTURES AND JESUS' MISSION STATEMENT ON HEALING.

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

WORLDWIDE, ENHANCING SPIRITUAL GROWTH, PROMOTING WORLDWIDE EVANGELISM,
AND STRENGTHENING CHRISTIAN LEADERS. THE MINISTRY DEALS WITH MATTERS
OF DISCIPLESHIP, RELATIONSHIP, AND THE HEARTS OF THE PEOPLE GOD HAS
CALLED US TO WORK WITH. ULTIMATELY WHETHER DEALING WITH ORPHANS,
WIDOWS, YOUTH, THE POOR, THE ELDERLY, OR GOVERNMENT LEADERS, OUR GOAL
IS TO WALK IN LOVE. OUR MINISTRY PROGRAMS INVOLVE LEADERSHIP TRAINING,
SHORT-TERM TEAMS, PASTORAL CARE, MICRO-ENTERPRISE OPPORTUNITIES FOR THE
IMPOVERISHED, RURAL RELIEF AND DEVELOPMENT, AND CARING FOR ORPHANS AND
WIDOWS.

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

HIGHLY AT-RISK SIBLINGS WHO WE HAD BEEN WORKING WITH OVER A PERIOD OF
TIME. OUR STAFF WAS ABLE TO QUICKLY FILE FOR CUSTODY FOR THE YOUNGEST
DAUGHTER. SHE IS CURRENTLY RECEIVING DAILY TUTORING AND HAS MADE HUGE
PROGRESS IN HER ABILITY TO INTERACT WITH OTHERS IN A POSTITIVE FAMILY
ENVIRONMENT.

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

GRANT TO FUND TWELVE MORE OF THESE SEMINARS IN THE UPCOMING YEAR.

Name of the organization IN HIS STEPS INTERNATIONAL, INC.	Employer identification number 20-1911331
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SAK SAUM CONTINUES TO GROW AND SELL THEIR PURSES THROUGH PARTNERSHIPS WITH DESIGNERS. THE SAK SAUM FREEDOM FACILITY OPENED TO MEET THE INCREASING DEMAND FOR PRODUCT. THE FACILITY EMPLOYS TWELVE SEWERS WHO RECEIVE FAIR TRADE SALARIES.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:
EMERGENCY AID TO 54 NEEDY FAMILIES IN SAANG DISTRICT.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
FOUNDATION CENTER - THE FOUNDATION CENTER WORKS TO EDUCATE PEOPLE IN THE SAANG AREA ON HEATH AND HYGIENE TOPICS, PROVIDE CHILDREN'S PROGRAMS WITH INCREASING ATTENDANCE, AND PROVIDE MANY OTHER SEMINARS AND CLASSES FOR YOUTH AND ADULTS.

GOSPEL COMMUNITY CHURCH SAANG - WEEKLY CHURCH SERVICES HELD IN OUR FOUNDATION CENTER PROPERTY.

EXPENSES \$ 11,927. INCLUDING GRANTS OF \$ 0. REVENUE \$ 17,935.

FORM 990, PART VI, SECTION A, LINE 2: ERIC HANSON, PRESIDENT, AND VIRGINIA HANSON, VICE PRESIDENT ARE MARRIED. THEIR DAUGHTER, ERIKA HANSON WEAVER IS THE TREASURER.

FORM 990, PART VI, SECTION B, LINE 11: THE FORM 990 IS REVIEWED BY ERIC AND VIRGINIA HANSON AND PROVIDED ELECTRONICALLY TO THE BOARD. AFTER THE MEMBERS OF THE BOARD HAVE REVIEWED FORM 990, IT IS FILED WITH THE INTERNAL REVENUE SERVICE.

FORM 990, PART VI, SECTION B, LINE 15A: THE COMPENSATION PAID TO THE

Name of the organization

IN HIS STEPS INTERNATIONAL, INC.

Employer identification number

20-1911331

PRESIDENT HAS NOT CHANGED FOR SEVERAL YEARS. THE BOARD CONSIDERS THE PRESIDENT'S COMPENSATION TO BE SUBSTANTIALLY LESS IN COMPARISON TO A POSITION WITH SIMILAR DUTIES WITHIN ANOTHER ORGANIZATION.

FORM 990, PART VI, SECTION C, LINE 19: INFORMATION IS PROVIDED TO THE PUBLIC ON A BY REQUEST BASIS.

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Asset No.	Description	Date Acquired	Method	Life	Conv Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	BUILDINGS													
122	FATHER HOUSE BUILDING	07/01/10	SL	39.00	MM17	50,000.				50,000.	588.		1,282.	1,870.
123	FATHER HOUSE WATER & ELECTRICAL LINES	07/01/10	SL	39.00	MM17	5,325.				5,325.	63.		137.	200.
	* 990 PAGE 10 TOTAL BUILDINGS					55,325.				55,325.	651.		1,419.	2,070.
	FURNITURE & FIXTURES													
18	2 DRAWER FILE CABINET	01/01/07	200DB	7.00	HY17	90.				90.	62.		8.	70.
19	4 WOODEN OFFICE DESKS	01/01/07	200DB	7.00	HY17	540.				540.	371.		48.	419.
20	4 OFFICE CHAIRS	01/01/07	200DB	7.00	HY17	300.				300.	206.		27.	233.
21	2 OFFICE DESKS	01/01/07	200DB	7.00	HY17	400.				400.	275.		36.	311.
22	1 OFFICE SOFT BROWN CHAIR	01/01/07	200DB	7.00	HY17	75.				75.	51.		7.	58.
23	2 OFFICE EX-LARGE CHAIRS	01/01/07	200DB	7.00	HY17	270.				270.	186.		24.	210.
24	OFFICE SAFE HANMI HS-49E	01/01/07	200DB	7.00	HY17	200.				200.	138.		18.	156.
25	1.5 METER WHITE BOARDS	01/01/07	200DB	7.00	HY17	24.				24.	16.		2.	18.
26	2 BOOK SHELVES	01/01/07	200DB	7.00	HY17	130.				130.	90.		11.	101.
27	COMPUTER SPEAKER SET MICROLAB	01/01/07	200DB	7.00	HY17	100.				100.	69.		9.	78.
29	SMALL PRINTER STAND	01/01/07	200DB	7.00	HY17	15.				15.	11.		1.	12.
30	SMALL PRINTER CABINET	01/01/07	200DB	7.00	HY17	60.				60.	41.		5.	46.
57	OFFICE FURNITURE	06/30/08	200DB	5.00	HY17	553.				553.	394.		64.	458.

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
61	6 PLAYGROUND EQUIPMENT	06/30/08	200DB	7.00		HY17	1,630.				1,630.	917.		204.	1,121.
62	PADLOCKS	06/30/08	200DB	5.00		HY17	200.				200.	142.		23.	165.
64	BENCHES W/ TABLE	06/30/08	200DB	7.00		HY17	180.				180.	101.		23.	124.
78	SOFA/CHAIR	06/30/08	200DB	7.00		HY17	310.				310.	174.		39.	213.
79	CABINETS	06/30/08	200DB	7.00		HY17	260.				260.	146.		33.	179.
80	BOOKSHELVES	06/30/08	200DB	7.00		HY17	110.				110.	62.		14.	76.
84	RATON WHITE COUCH	06/30/08	200DB	7.00		HY17	689.				689.	388.		86.	474.
85	OFFICE DESK	06/30/08	200DB	7.00		HY17	120.				120.	67.		15.	82.
87	40 PLASTIC CHAIRS	06/30/08	200DB	7.00		HY17	150.				150.	84.		19.	103.
88	FURNITURE SET	06/30/08	200DB	7.00		HY17	300.				300.	169.		37.	206.
99	BED/MATTRESS SETS	07/01/10	200DB	7.00		HY17	705.				705.	101.		173.	274.
101	BUNKBEDS	07/01/10	200DB	7.00		HY17	560.				560.	80.		137.	217.
103	ASSORTED POTS/PANS/DISHES/CURTAINS	07/01/10	200DB	7.00		HY17	448.				448.	64.		110.	174.
104	CANE/WOOD CLOTHES DRESSERS	07/01/10	200DB	7.00		HY17	287.				287.	41.		70.	111.
107	DINING TABLE/CHAIRS SET	07/01/10	200DB	5.00		HY17	420.				420.	84.		134.	218.
108	KING-SIZED BED AND MATTRESS	07/01/10	200DB	7.00		HY17	235.				235.	34.		57.	91.
112	RATTAN COUCH/SIDE TABLE SET	07/01/10	200DB	5.00		HY17	160.				160.	32.		51.	83.
114	STORAGE CABINETS AND BOXES	07/01/10	200DB	5.00		HY17	990.				990.	198.		317.	515.

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
116	14 TWIN MATTRESSES	07/01/10	200DB	5.00		HY17	168.				168.	34.		54.	88.
117	WALL ART/FRAMES	07/01/10	200DB	5.00		HY17	120.				120.	24.		38.	62.
	* 990 PAGE 10 TOTAL FURNITURE & FIXTURES						10,799.				10,799.	4,852.		1,894.	6,746.
	MACHINERY & EQUIPMENT														
9	2 DELL 1520 LAPTOP COMPUTERS	01/01/07	200DB	5.00		HY17	2,800.				2,800.	2,316.		323.	2,639.
10	GANARIC DESKTOP COMPUTER W/ MONITOR	01/01/07	200DB	5.00		HY17	680.				680.	562.		79.	641.
11	GANARIC DESKTOP COMPUTER W/ MONITOR	01/01/07	200DB	5.00		HY17	550.				550.	455.		63.	518.
12	1020 LASERJET PRINTER	01/01/07	200DB	5.00		HY17	180.				180.	149.		21.	170.
13	OFFICE JET PRO K550 PRINTER	01/01/07	200DB	5.00		HY17	230.				230.	190.		27.	217.
14	SCAN JET 4850 SCANNER	01/01/07	200DB	5.00		HY17	145.				145.	120.		17.	137.
37	YAMMAHA GUITARS ACOUSTIC	01/01/07	200DB	5.00		HY17	300.				300.	248.		35.	283.
38	NYLON STRING GUITARS	01/01/07	200DB	5.00		HY17	300.				300.	248.		35.	283.
40	4 MICROPHONE STANDS	01/01/07	200DB	5.00		HY17	100.				100.	83.		11.	94.
41	6 MUSIC STANDS	01/01/07	200DB	5.00		HY17	150.				150.	124.		17.	141.
42	2 SPEAKER STANDS	01/01/07	200DB	5.00		HY17	70.				70.	58.		8.	66.
43	BMB SPEAKERS	01/01/07	200DB	5.00		HY17	250.				250.	207.		29.	236.
44	ROBE 8 CHANNEL MIXER BOARD	01/01/07	200DB	5.00		HY17	190.				190.	157.		22.	179.
46	2 SPEAKER CABLES	01/01/07	200DB	5.00		HY17	35.				35.	29.		6.	33.

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
48	2 INSTRUMENT CABLES	01/01/07	200DB	5.00		HY17	30.				30.	25.		5.	28.
49	BASS GUITAR ELECTRIC EXTREME	01/01/07	200DB	5.00		HY17	175.				175.	145.		20.	165.
50	BASS AMP MODEL SL20B	01/01/07	200DB	5.00		HY17	100.				100.	83.		11.	94.
51	REMO 18" HAND DRUM DEMJBE	01/01/07	200DB	5.00		HY17	380.				380.	315.		43.	358.
52	(D)2 MACBOOK PRO	06/30/08	200DB	5.00		HY17	3,470.				3,470.	2,470.		200.	
53	(D)COMPUTER SOFTWARE	06/30/08	200DB	5.00		HY17	572.				572.	407.		33.	
54	(D)2 COMPUTER CARRY BAGS	06/30/08	200DB	5.00		HY17	200.				200.	142.		12.	
55	(D)2 SOFT COMPUTER SLEEVES	06/30/08	200DB	5.00		HY17	54.				54.	38.		3.	
56	(D)2 MAC BLUETOOTH MICE	06/30/08	200DB	5.00		HY17	106.				106.	75.		6.	
58	SIDE GRINDER WITH PAD	06/30/08	200DB	5.00		HY17	100.				100.	71.		12.	83.
71	HELMET BELL	06/30/08	200DB	5.00		HY17	45.				45.	32.		5.	37.
72	TAYLOR ACOUSTIC GUITAR	06/30/08	200DB	5.00		HY17	800.				800.	570.		92.	662.
73	REMO DEMJBE HAND DRUM	06/30/08	200DB	5.00		HY17	180.				180.	128.		21.	149.
81	TRAINING BOOKS/CDS	06/30/08	200DB	5.00		HY17	250.				250.	178.		29.	207.
82	PC DELL, MONITOR, SAMSUNG TOWER	06/30/08	200DB	5.00		HY17	470.				470.	334.		54.	388.
83	3 WIRELESS ADAPTER LINSKEY	06/30/08	200DB	5.00		HY17	150.				150.	107.		17.	124.
89	HP F380 PRINTER/SCANNER/COPIER	07/01/09	200DB	5.00		HY17	230.				230.	120.		44.	164.
90	DELL LAPTOP INSPIRON	07/01/09	200DB	5.00		HY17	641.				641.	333.		123.	456.

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
92	CELL PHONES	07/01/09	200DB	5.00		HY17	1,020.				1,020.	530.		196.	726.
94	CAMCORDER	07/01/09	200DB	5.00		HY17	1,078.				1,078.	561.		207.	768.
95	BOOKS & CDS	07/01/09	200DB	5.00		HY17	944.				944.	491.		181.	672.
96	2 DELL MONITORS	07/01/10	200DB	5.00		HY17	510.				510.	102.		163.	265.
97	MAC BOOK & 2 HARD DRIVES	07/01/10	200DB	5.00		HY17	424.				424.	85.		136.	221.
98	APPLE ACCESSORIES	07/01/10	200DB	5.00		HY17	1,049.				1,049.	210.		336.	546.
100	BLACKBERRY 9560 W/ CASE	07/01/10	200DB	5.00		HY17	456.				456.	91.		146.	237.
102	9 SEWING MACHINES & ACCESSORIES	07/01/10	200DB	5.00		HY17	1,311.				1,311.	262.		420.	682.
105	CANON S90 CAMERA W/ EXTRA BATTERY	07/01/10	200DB	5.00		HY17	366.				366.	73.		117.	190.
106	GAS STOVETOP	07/01/10	200DB	5.00		HY17	170.				170.	34.		54.	88.
109	BOOKS & TRAINING MATERIALS	07/01/10	200DB	5.00		HY17	357.				357.	71.		114.	185.
110	NEAT COMPANY & RECEIPT SCANNER	07/01/10	200DB	5.00		HY17	462.				462.	92.		148.	240.
111	NOKIA E72 CELLPHONE	07/01/10	200DB	5.00		HY17	297.				297.	59.		95.	154.
113	SONY CAMERAS, BATTERIES, MEMORY CARDS	07/01/10	200DB	5.00		HY17	410.				410.	82.		131.	213.
115	STOREJET EXTERNAL HD 640 GB	07/01/10	200DB	5.00		HY17	115.				115.	23.		37.	60.
118	NIKON D7000 CAMERA	07/01/10	200DB	5.00		HY17	1,500.				1,500.	300.		480.	780.
119	SIGMA 70MMX200MM	07/01/10	200DB	5.00		HY17	849.				849.	170.		272.	442.
120	NIKON 35MM	07/01/10	200DB	5.00		HY17	190.				190.	38.		61.	99.

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
121	CAMERA ACCESSORIES	07/01/10	200DB	5.00		HY17	247.				247.	49.		79.	128.
124	NIKON D700 PACKAGE	01/06/11	200DB	5.00		HY19B	181.				181.			36.	36.
125	AKIRA TV TH-L32C2S	01/20/11	200DB	5.00		HY19B	410.				410.			82.	82.
126	4 FIRE EXTINGUISHERS	03/11/11	200DB	5.00		HY19B	180.				180.			36.	36.
127	NIKON LENS 50MM	03/14/11	200DB	5.00		HY19B	287.				287.			57.	57.
128	2 MACBOOK PRO	03/18/11	200DB	5.00		HY19B	4,988.				4,988.			998.	998.
129	APPLE SOFTWARE SUITE	03/18/11	200DB	5.00		HY19B	698.				698.			140.	140.
130	DIGIPRO F AMBI/FLASH METER	03/28/11	200DB	5.00		HY19B	257.				257.			51.	51.
131	SVM STEREO CONDENSER MICROPHONE	04/15/11	200DB	5.00		HY19B	249.				249.			50.	50.
132	2 IPAD 3G & ACCESSORIES	04/21/11	200DB	5.00		HY19B	1,598.				1,598.			320.	320.
133	NIKON SB900	05/10/11	200DB	5.00		HY19B	445.				445.			89.	89.
134	4 DELL INSPIRION COMPUTER PACKAGE	06/02/11	200DB	5.00		HY19B	3,424.				3,424.			685.	685.
135	DELL LASER NETWORK PRINTER	06/06/11	200DB	5.00		HY19B	320.				320.			64.	64.
136	MAC MINI W/ 4GB MEMORY UPGRADE	07/18/11	200DB	5.00		HY19B	800.				800.			160.	160.
137	ASSORTED COMPUTER SOFTWARE	07/19/11	200DB	3.00		HY19A	698.				698.			233.	233.
138	IPHONE 4 W/ CASE	08/15/11	200DB	5.00		HY19B	2,400.				2,400.			480.	480.
139	NIKON 17-35	08/18/11	200DB	5.00		HY19B	1,843.				1,843.			369.	369.
140	2 15 MACBOOK PRO	07/19/11	200DB	5.00		HY19B	2,544.				2,544.			509.	509.

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
141	2 APPLE CARE	07/19/11	200DB	3.00		HY19A	698.				698.			233.	233.
142	ASSORTED CAMERA ACCESSORIES	06/30/11	200DB	5.00		HY19B	971.				971.			194.	194.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT						48,679.				48,679.	13,842.		9,582.	20,034.
	TRANSPORTATION EQUIPMENT														
1	2006 HONDA DREAM 125CC	01/01/07	200DB	5.00		HY17	1,250.				1,250.	1,034.		144.	1,178.
2	2006 HONDA DREAM 125CC	01/01/07	200DB	5.00		HY17	1,250.				1,250.	1,034.		144.	1,178.
3	1996 HONDA BAJA 250CC	01/01/07	200DB	5.00		HY17	2,200.				2,200.	1,820.		253.	2,073.
4	HONDA CITI 100CC	01/01/07	200DB	5.00		HY17	550.				550.	455.		63.	518.
5	HONDA CITI 100CC	01/01/07	200DB	5.00		HY17	580.				580.	480.		67.	547.
6	HONDA CITI 100CC	01/01/07	200DB	5.00		HY17	575.				575.	475.		67.	542.
7	1995 MITSUBISHI MONTERO TRUCK	01/01/07	200DB	5.00		HY17	7,000.				7,000.	5,790.		807.	6,597.
8	TUC TUC TRAILER	01/01/07	200DB	5.00		HY17	850.				850.	703.		98.	801.
65	09 HONDA WAVE 100	06/30/08	200DB	5.00		HY17	970.				970.	690.		112.	802.
66	09 HONDA WAVE	06/30/08	200DB	5.00		HY17	980.				980.	698.		113.	811.
67	09 HONDA WAVE	06/30/08	200DB	5.00		HY17	990.				990.	705.		114.	819.
68	06 HONDA WAVE	06/30/08	200DB	5.00		HY17	1,200.				1,200.	854.		138.	992.
69	2 HELMETS	06/30/08	200DB	5.00		HY17	60.				60.	43.		7.	50.
70	1 HELMET	06/30/08	200DB	5.00		HY17	120.				120.	85.		14.	99.

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
91	1997 TOYOTA 4RUNNER	07/01/09	200DB	5.00		HY17	9,700.				9,700.	5,044.		1,862.	6,906.
93	TUKTUK MOTORCYCLE	07/01/09	200DB	5.00		HY17	1,036.				1,036.	539.		199.	738.
	* 990 PAGE 10 TOTAL TRANSPORTATION EQUIPMENT						29,311.				29,311.	20,449.		4,202.	24,651.
	SAK SAUM FIXED ASSETS														
	OTHER														
143	11 SEWING MACHINES W/ STANDS	06/30/11	200DB	5.00		HY19B	1,760.				1,760.			352.	352.
144	OVERLAP MACHINES	06/30/11	200DB	5.00		HY19B	250.				250.			50.	50.
145	IRONS & IRONING BOARDS	06/30/11	200DB	5.00		HY19B	180.				180.			36.	36.
146	PLASTIC SHELVING	06/30/11	200DB	5.00		HY19B	350.				350.			70.	70.
147	SILK LOOM	06/30/11	200DB	5.00		HY19B	340.				340.			68.	68.
148	WALL CABINETS	06/30/11	200DB	5.00		HY19B	960.				960.			192.	192.
	* 990 PAGE 10 TOTAL OTHER						3,840.				3,840.	0.		768.	768.
	* 990 PAGE 10 TOTAL - SAK SAUM FIXED ASSETS						3,840.				3,840.	0.		768.	768.
	* GRAND TOTAL 990 PAGE 10 DEPR						147,954.				147,954.	39,794.		17,865.	54,269.

Depreciation and Amortization 990
 (Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

Name(s) shown on return: **IN HIS STEPS INTERNATIONAL, INC.**
 Business or activity to which this form relates: **FORM 990 PAGE 10**
 Identifying number: **20-1911331**

Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	500,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	2,000,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2010 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2012. Add lines 9 and 10, less line 12	▶ 13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2011	17	12,311.
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here	▶ <input type="checkbox"/>	

Section B - Assets Placed in Service During 2011 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property		1,396.	3 YRS.	HY	200DB	466.
b 5-year property		25,435.	5 YRS.	HY	200DB	5,088.
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	/		39 yrs.	MM	S/L	
	/			MM	S/L	

Section C - Assets Placed in Service During 2011 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year	/		40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	17,865.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No

Table with 9 columns: (a) Type of property, (b) Date placed in service, (c) Business/investment use percentage, (d) Cost or other basis, (e) Basis for depreciation, (f) Recovery period, (g) Method/Convention, (h) Depreciation deduction, (i) Elected section 179 cost

25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use 25

26 Property used more than 50% in a qualified business use: Table with 9 columns for percentage and cost basis.

27 Property used 50% or less in a qualified business use: Table with 9 columns for percentage and S/L.

28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28

29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 29

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

Table for Section B with 6 main columns: (a) Vehicle, (b) Vehicle, (c) Vehicle, (d) Vehicle, (e) Vehicle, (f) Vehicle. Includes rows 30-36 for mileage and personal use.

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons.

Table for Section C with 2 columns: Yes, No. Includes rows 37-41 for policy statements and requirements.

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

Part VI Amortization

Table for Part VI with 6 columns: (a) Description of costs, (b) Date amortization begins, (c) Amortizable amount, (d) Code section, (e) Amortization period or percentage, (f) Amortization for this year

42 Amortization of costs that begins during your 2011 tax year: Table with 6 columns.

43 Amortization of costs that began before your 2011 tax year 43

44 Total. Add amounts in column (f). See the instructions for where to report 44

**IRS e-file Signature Authorization
for an Exempt Organization**

For calendar year 2011, or fiscal year beginning _____, 2011, and ending _____, 20____

2011

Department of the Treasury
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**
▶ **See instructions.**

Name of exempt organization

Employer identification number

IN HIS STEPS INTERNATIONAL, INC.

20-1911331

Name and title of officer

**VIRGINIA HANSON
VICE PRESIDENT**

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

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a, or 5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, or 5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b <u>554068</u>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b _____

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2011 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize **WIECHMANN, BOYCE & ASSOCIATES, LLP** to enter my PIN **12345**
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2011 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2011 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ _____ Date ▶ _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

84505823988
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2011 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ _____ Date ▶ _____

**ERO Must Retain This Form - See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So**