

# Return of Organization Exempt From Income Tax

**2013**

**Open to Public Inspection**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

**A** For the 2013 calendar year, or tax year beginning 07/01, 2013, and ending 06/30, 20 14

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Terminated  
 Amended return  
 Application pending

**C** Name of organization INTERNATIONAL AID INC  
 Doing Business As \_\_\_\_\_  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
17011 Hickory St  
 City or town, state or province, country, and ZIP or foreign postal code  
Spring Lake, MI 49456

**D** Employer identification number  
38-2323550

**E** Telephone number  
616-846-7490

**F** Name and address of principal officer: Brian Anderson  
17011 Hickory, Spring Lake, MI 49456

**G** Gross receipts \$ 79,926,307

**H(a)** Is this a group return for subordinates?  Yes  No  
**H(b)** Are all subordinates included?  Yes  No  
 If "No," attach a list. (see instructions)

**H(c)** Group exemption number ▶ \_\_\_\_\_

**I** Tax-exempt status:  501(c)(3)  501(c) ( ) ◀ (insert no.)  4947(a)(1) or  527

**J** Website: ▶ www.internationalaid.org

**K** Form of organization:  Corporation  Trust  Association  Other ▶

**L** Year of formation: 1980 **M** State of legal domicile: MI

**Part I Summary**

Activities & Governance	<b>1</b>	Briefly describe the organization's mission or most significant activities: <u>International Aid was organized to respond to Biblical mandates to provide relief to the world's poor, sick, and suffering by providing food, medicine, and other assistance, both in the United States of America and in other countries throughout the world, in the name of Jesus Christ.</u>		
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>6</b>
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>5</b>
	<b>5</b>	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	<b>5</b>	<b>28</b>
	<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	<b>15</b>
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0</b>
<b>b</b>	Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>0</b>	
Revenue	<b>8</b>	Contributions and grants (Part VIII, line 1h)	Prior Year <u>86,741,145</u>	Current Year <u>78,250,540</u>
	<b>9</b>	Program service revenue (Part VIII, line 2g)	<u>1,480,281</u>	<u>1,560,708</u>
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u>2,550</u>	<u>6,811</u>
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u>85,559</u>	<u>108,248</u>
	<b>12</b>	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>88,309,535</u>	<u>79,926,307</u>
Expenses	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	<u>85,205,199</u>	<u>76,993,429</u>
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	<u>0</u>	<u>0</u>
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	<u>1,462,639</u>	<u>1,475,090</u>
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	<u>17,640</u>	<u>37,570</u>
	<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>388,738</u>		
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	<u>1,013,406</u>	<u>1,279,108</u>
<b>18</b>	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	<u>87,698,884</u>	<u>79,785,197</u>	
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	<u>610,651</u>	<u>141,110</u>	
Net Assets or Fund Balances	<b>20</b>	Total assets (Part X, line 16)	Beginning of Current Year <u>2,862,156</u>	End of Year <u>3,175,492</u>
	<b>21</b>	Total liabilities (Part X, line 26)	<u>554,226</u>	<u>726,452</u>
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	<u>2,307,930</u>	<u>2,449,040</u>

**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 \_\_\_\_\_  
Brian Anderson, President/CEO  
 Type or print name and title

**Paid Preparer Use Only**

Print/Type preparer's name \_\_\_\_\_ Preparer's signature \_\_\_\_\_ Date \_\_\_\_\_ Check  if self-employed PTIN \_\_\_\_\_  
 Firm's name ▶ \_\_\_\_\_ Firm's EIN ▶ \_\_\_\_\_  
 Firm's address ▶ \_\_\_\_\_ Phone no. \_\_\_\_\_

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 or note to any line in this Part III

**1** Briefly describe the organization's mission:  
International Aid glorifies Christ by providing medical and health resources to global partners serving people in need.

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

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

**4** Describe the 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 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 \$ 77,074,850 including grants of \$ 76,464,739 ) (Revenue \$ 827,958 )  
HEALTH PRODUCTS AND DISASTER RELIEF: Access to non-equipment products such as over-the-counter and prescription medicines, nutritional supplements and personal care items play a key role in health care systems. International Aid's goal is to excel in directing health products from socially responsible corporations to humanitarian organizations with great ministry opportunity. International Aid responds to disasters around the world. With the help of our local partners and donors, we are able to support the rebuilding efforts for people in greatest need. International Aid's emergency response goals are to support other in first response, to replenish medical equipment and supplies, to focus on rebuilding efforts to restore the area, and finally to prevent disease with portable medical labs and hygiene kits. In FY14 we received donated health products valued at approximately \$76M from 63 different donors and shipped to approximately 44 different humanitarian organizations working in 26 different countries.

**4b** (Code: ) (Expenses \$ 1,674,864 including grants of \$ 528,690 ) (Revenue \$ 939,859 )  
MEDICAL EQUIPMENT: International Aid serves as a critical link between equipment donor and recipients to guarantee equipment donations are ready to use. The organization is one of the largest refurbishers of medical equipment in the non-profit world, providing anything from anesthesia machines to x-ray equipment. The organization helps hospitals in developing nations attain self-sufficiency in equipment operations by supplying them with new and refurbished medical equipment, operations manuals and technical field support. Additionally, International Aid offers assessments for hospitals and medical centers preparing to expand or enhance current operations. Onsite evaluations, recommendations for next steps and a list of needed resources are provided. Lastly, medical professionals in remote areas lack access to proper equipment and accurate diagnosis is nearly impossible. IA's solution is a portable lab capable (Lab-in-a-Suitcase) capable of being powered by solar energy and able to provide accurate and immediate results. The lab is perfect for short term medical missions teams, rural clinics and hospitals, community health surveys, and government ministry of health. In FY14 we received donated medical equipment and supplies valued at approx. \$529K from 19 donors and shipped to approximately 124 humanitarian organizations working in 61 different countries.

**4c** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**4d** Other program services (Describe in Schedule O.)  
(Expenses \$ 0 including grants of \$ 0 ) (Revenue \$ 0 )

**4e** Total program service expenses **78,749,714**

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> 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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>3</b> 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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>4</b> <b>Section 501(c)(3) organizations.</b> 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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>5</b> 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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>6</b> 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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>7</b> 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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>9</b> Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; 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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>10</b> 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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>11</b> 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.		
<b>a</b> 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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>b</b> Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>c</b> 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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>d</b> 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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X . . . . .</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>f</b> 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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII . . . . .</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>b</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 and XII is optional . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV . . . . .</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV. . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>17</b> 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 (see instructions) . . . . .</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>18</b> 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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>19</b> 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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Part IV Checklist of Required Schedules** *(continued)*

	Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .	✓	
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .	✓	
<b>23</b> 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> . . . . .		✓
<b>24a</b> 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 25a</i> . . . . .		✓
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .		
<b>25a</b> <b>Section 501(c)(3) and 501(c)(4) organizations.</b> 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> . . . . .		✓
<b>b</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> . . . . .		✓
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II . . . . .		✓
<b>27</b> 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> . . . . .		✓
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .		✓
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .		✓
<b>c</b> 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> . . . . .		✓
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	✓	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .		✓
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .		✓
<b>32</b> 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> . . . . .		✓
<b>33</b> 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> . . . . .		✓
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> . . . . .		✓
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .		✓
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .		
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .		✓
<b>37</b> 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> . . . . .		✓
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> 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 or note to any line in this Part V

		Yes	No		
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . . . . .	<b>1a</b>	6		
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .	<b>1b</b>	0		
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	<b>1c</b>	✓		
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	<b>2a</b>	28		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . . . . . <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) . . . . .	<b>2b</b>	✓		
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .	<b>3a</b>		✓	
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O . . . . .	<b>3b</b>			
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .	<b>4a</b>		✓	
<b>b</b>	If "Yes," enter the name of the foreign country: ▶ _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.				
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .	<b>5a</b>		✓	
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . .	<b>5b</b>		✓	
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? . . . . .	<b>5c</b>			
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . . .	<b>6a</b>		✓	
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .	<b>6b</b>			
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>				
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .	<b>7a</b>		✓	
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .	<b>7b</b>			
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .	<b>7c</b>		✓	
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year . . . . .	<b>7d</b>			
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .	<b>7e</b>		✓	
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .	<b>7f</b>		✓	
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .	<b>7g</b>			
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .	<b>7h</b>			
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? . . . . .	<b>8</b>			
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>				
<b>a</b>	Did the organization make any taxable distributions under section 4966? . . . . .	<b>9a</b>			
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person? . . . . .	<b>9b</b>			
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:				
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12 . . . . .	<b>10a</b>			
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . .	<b>10b</b>			
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:				
<b>a</b>	Gross income from members or shareholders . . . . .	<b>11a</b>			
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . .	<b>11b</b>			
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? . . . . .	<b>12a</b>			
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . .	<b>12b</b>			
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>				
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? . . . . . <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>			
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . .	<b>13b</b>			
<b>c</b>	Enter the amount of reserves on hand . . . . .	<b>13c</b>			
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year? . . . . .	<b>14a</b>		✓	
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .	<b>14b</b>			

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	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.		
<b>1b</b>	Enter the number of voting members included in line 1a, above, who are independent . . . . .		
<b>2</b>	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? . . . . .		<input checked="" type="checkbox"/>
<b>3</b>	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? . . . . .		<input checked="" type="checkbox"/>
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<input checked="" type="checkbox"/>
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .		<input checked="" type="checkbox"/>
<b>6</b>	Did the organization have members or stockholders? . . . . .		<input checked="" type="checkbox"/>
<b>7a</b>	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? . . . . .		<input checked="" type="checkbox"/>
<b>7b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .		<input checked="" type="checkbox"/>
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>8a</b>	The governing body? . . . . .	<input checked="" type="checkbox"/>	
<b>8b</b>	Each committee with authority to act on behalf of the governing body? . . . . .	<input checked="" type="checkbox"/>	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . .		<input checked="" type="checkbox"/>

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

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates? . . . . .		<input checked="" type="checkbox"/>
<b>10b</b>	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<input checked="" type="checkbox"/>	
<b>11b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	<input checked="" type="checkbox"/>	
<b>12b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<input checked="" type="checkbox"/>	
<b>12c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done . . . . .	<input checked="" type="checkbox"/>	
<b>13</b>	Did the organization have a written whistleblower policy? . . . . .	<input checked="" type="checkbox"/>	
<b>14</b>	Did the organization have a written document retention and destruction policy?	<input checked="" type="checkbox"/>	
<b>15</b>	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?		
<b>15a</b>	The organization's CEO, Executive Director, or top management official . . . . .	<input checked="" type="checkbox"/>	
<b>15b</b>	Other officers or key employees of the organization . . . . . If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	<input checked="" type="checkbox"/>	
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .		<input checked="" type="checkbox"/>
<b>16b</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and 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 ► [See Schedule O, Statement 1](#)
- 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     Other (explain in Schedule O)
- 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: ► **Kirk Cutler, (616)846-7490**

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

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

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

**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 (list any hours for related organizations below dotted line)	(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			
Luke Nieuwenhuis Board Chairman	0.50 0	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				0	0	0
Roger Spoelman Board Vice Chair	0.30 0	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				0	0	0
James Batten Treasurer	0.50 0	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				0	0	0
Michael Houskamp Secretary	0.50 0	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				0	0	0
Dr Thomas Carter Director	0.30 0	<input checked="" type="checkbox"/>						0	0	0
Brian Anderson President & CEO	40 0	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				110,876	0	14,098
Kirk Cutler Controller	40 0			<input checked="" type="checkbox"/>				74,846	0	15,925

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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			
<b>1b Sub-total</b>							<b>185,722</b>	<b>0</b>	<b>30,023</b>	
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>							<b>185,722</b>	<b>0</b>	<b>30,023</b>	

**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 **▶ 1**

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

**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.

(A) Name and business address	(B) Description of services	(C) Compensation

**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**

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . . <b>1a</b>	1,032				
	<b>b</b> Membership dues . . . . . <b>1b</b>					
	<b>c</b> Fundraising events . . . . . <b>1c</b>					
	<b>d</b> Related organizations . . . . . <b>1d</b>					
	<b>e</b> Government grants (contributions) . . . . . <b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above <b>1f</b>	78,249,508				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$	76,971,229				
	<b>h Total.</b> Add lines 1a-1f . . . . . ▶	78,250,540				
<b>Program Service Revenue</b>	<b>Business Code</b>					
	<b>2a</b> Health Product Service Revenue	900099	562,504	562,504	0	
	<b>b</b> Medical Equipment Service Revenue	900099	882,525	882,525	0	
	<b>c</b> Shipping Service Revenue	900099	115,679	115,679	0	
	<b>d</b> _____					
	<b>e</b> _____					
	<b>f</b> All other program service revenue . . . . .		0	0	0	
<b>g Total.</b> Add lines 2a-2f . . . . . ▶		1,560,708				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		6,811	0	0	6,811
	<b>4</b> Income from investment of tax-exempt bond proceeds ▶		0	0	0	0
	<b>5</b> Royalties . . . . . ▶		34,335	0	0	34,335
	<b>6a</b> Gross rents . . . . .	(i) Real	69,152	0		
		(ii) Personal	0	0		
		<b>b</b> Less: rental expenses . . . . .	0	0		
		<b>c</b> Rental income or (loss) . . . . .	69,152	0		
	<b>d</b> Net rental income or (loss) . . . . . ▶		69,152	0	0	69,152
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		<b>b</b> Less: cost or other basis and sales expenses . . . . .				
		<b>c</b> Gain or (loss) . . . . .	0	0		
	<b>d</b> Net gain or (loss) . . . . . ▶					
	<b>8a</b> Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 . . . . . <b>a</b>					
		<b>b</b> Less: direct expenses . . . . . <b>b</b>				
		<b>c</b> Net income or (loss) from fundraising events . . . . . ▶				
	<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . . <b>a</b>					
		<b>b</b> Less: direct expenses . . . . . <b>b</b>				
		<b>c</b> Net income or (loss) from gaming activities . . . . . ▶				
	<b>10a</b> Gross sales of inventory, less returns and allowances . . . . . <b>a</b>					
<b>b</b> Less: cost of goods sold . . . . . <b>b</b>						
<b>c</b> Net income or (loss) from sales of inventory . . . . . ▶						
<b>Miscellaneous Revenue</b>		<b>Business Code</b>				
<b>11a</b> _____						
<b>b</b> _____						
<b>c</b> _____						
<b>d</b> All other revenue . . . . .		4,761	0	0	4,761	
<b>e Total.</b> Add lines 11a-11d . . . . . ▶		4,761				
<b>12 Total revenue.</b> See instructions. . . . . ▶		79,926,307	1,560,708	0	115,059	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

**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
<b>1</b> Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	76,762,731	76,762,731		
<b>2</b> Grants and other assistance to individuals in the United States. See Part IV, line 22	49,318	49,318		
<b>3</b> Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	181,380	181,380		
<b>4</b> Benefits paid to or for members	0	0		
<b>5</b> Compensation of current officers, directors, trustees, and key employees	228,351	0	228,351	0
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0	0	0
<b>7</b> Other salaries and wages	943,019	617,921	156,942	168,156
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	20,014	14,375	2,727	2,912
<b>9</b> Other employee benefits	178,642	125,443	28,905	24,294
<b>10</b> Payroll taxes	105,064	45,275	47,156	12,633
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management	0	0	0	0
<b>b</b> Legal	13,949	0	13,949	0
<b>c</b> Accounting	25,151	0	25,151	0
<b>d</b> Lobbying	0	0	0	0
<b>e</b> Professional fundraising services. See Part IV, line 17	37,570			37,570
<b>f</b> Investment management fees	80	0	80	0
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	44,595	23,122	5,246	16,227
<b>12</b> Advertising and promotion	59,565	1,447	662	57,456
<b>13</b> Office expenses	64,169	6,657	31,094	26,418
<b>14</b> Information technology	41,284	5,228	18,986	17,070
<b>15</b> Royalties	0	0	0	0
<b>16</b> Occupancy	137,951	70	137,881	0
<b>17</b> Travel	62,338	37,941	14,245	10,152
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
<b>19</b> Conferences, conventions, and meetings	10,800	3,112	5,445	2,243
<b>20</b> Interest	393	0	393	0
<b>21</b> Payments to affiliates	0	0	0	0
<b>22</b> Depreciation, depletion, and amortization	100,726	38,559	58,755	3,412
<b>23</b> Insurance	10,573	0	10,573	0
<b>24</b> 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.)				
<b>a</b> Purchased medical equip & repair parts	493,397	493,256	141	0
<b>b</b> Freight inbound & outbound	204,662	204,634	28	0
<b>c</b> Allocation of G&A exp (mainly occupancy)	0	139,024	-140,460	1,436
<b>d</b> Miscellaneous Expense	9,475	221	495	8,759
<b>e</b> All other expenses				
<b>25</b> Total functional expenses. Add lines 1 through 24e	79,785,197	78,749,714	646,745	388,738
<b>26</b> 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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	135,421	<b>1</b>	114,260
	<b>2</b> Savings and temporary cash investments . . . . .	1,605,532	<b>2</b>	1,842,324
	<b>3</b> Pledges and grants receivable, net . . . . .	0	<b>3</b>	0
	<b>4</b> Accounts receivable, net . . . . .	68,165	<b>4</b>	167,883
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .	0	<b>5</b>	0
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L . . . . .	0	<b>6</b>	0
	<b>7</b> Notes and loans receivable, net . . . . .	0	<b>7</b>	462
	<b>8</b> Inventories for sale or use . . . . .	62,691	<b>8</b>	115,924
	<b>9</b> Prepaid expenses and deferred charges . . . . .	39,898	<b>9</b>	47,832
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	2,853,476		
	<b>b</b> Less: accumulated depreciation . . . . .	1,979,008	<b>10c</b>	874,468
	<b>11</b> Investments—publicly traded securities . . . . .	0	<b>11</b>	
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .	0	<b>12</b>	
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .	0	<b>13</b>	
	<b>14</b> Intangible assets . . . . .	15,498	<b>14</b>	12,339
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	0	<b>15</b>	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	2,862,156	<b>16</b>	3,175,492	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	112,486	<b>17</b>	184,546
	<b>18</b> Grants payable . . . . .	0	<b>18</b>	0
	<b>19</b> Deferred revenue . . . . .	352,722	<b>19</b>	283,570
	<b>20</b> Tax-exempt bond liabilities . . . . .	0	<b>20</b>	0
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .	0	<b>21</b>	0
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .	0	<b>22</b>	0
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	0	<b>23</b>	0
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	0	<b>24</b>	0
	<b>25</b> 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 . . . . .	89,018	<b>25</b>	258,336
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	554,226	<b>26</b>	726,452
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .	2,286,264	<b>27</b>	2,369,556
	<b>28</b> Temporarily restricted net assets . . . . .	21,666	<b>28</b>	79,484
	<b>29</b> Permanently restricted net assets . . . . .	0	<b>29</b>	0
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>	
	<b>33</b> Total net assets or fund balances . . . . .	2,307,930	<b>33</b>	2,449,040
<b>34</b> Total liabilities and net assets/fund balances . . . . .	2,862,156	<b>34</b>	3,175,492	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	79,926,307
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	79,785,197
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	141,110
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	2,307,930
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	0
<b>6</b>	Donated services and use of facilities	<b>6</b>	0
<b>7</b>	Investment expenses	<b>7</b>	0
<b>8</b>	Prior period adjustments	<b>8</b>	0
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	0
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	2,449,040

**Part XII Financial Statements and Reporting**

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

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed 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		✓
<b>b</b> Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	✓	
<b>c</b> 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.	✓	
<b>3a</b> 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?		✓
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2013**

Department of the Treasury  
Internal Revenue Service

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.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**Open to Public Inspection**

<b>Name of the organization</b> INTERNATIONAL AID INC	<b>Employer identification number</b> 38-2323550
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**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—Non-functionally integrated
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? . . . . .
- (ii) A family member of a person described in (i) above? . . . . .
- (iii) A 35% controlled entity of a person described in (i) or (ii) above? . . . . .

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(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 monetary support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
<b>Total</b>									

**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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	72,522,612	131,687,237	160,718,684	88,232,073	78,250,540	531,411,146
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>4 Total.</b> Add lines 1 through 3 . . . . .	72,522,612	131,687,237	160,718,684	88,232,073	78,250,540	531,411,146
<b>5</b> 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) . . . . .						400,217,554
<b>6 Public support.</b> Subtract line 5 from line 4.						131,193,592

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>7</b> Amounts from line 4 . . . . .	72,522,612	131,687,237	160,718,684	88,232,073	78,250,540	531,411,146
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	24,855	42,663	86,068	89,581	110,297	353,464
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .						
<b>11 Total support.</b> Add lines 7 through 10						531,764,610
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .				12		1,560,707
<b>13 First five years.</b> 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 <b>stop here</b> . . . . .						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	24.67 %
<b>15</b> Public support percentage from 2012 Schedule A, Part II, line 14 . . . . .	<b>15</b>	21.58 %
<b>16a 33 1/3% support test—2013.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>b 33 1/3% support test—2012.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>17a 10%-facts-and-circumstances test—2013.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .		<input checked="" type="checkbox"/>
<b>b 10%-facts-and-circumstances test—2012.</b> 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 <b>stop here.</b> 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>18 Private foundation.</b> 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> 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 . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . .						
<b>6 Total.</b> Add lines 1 through 5 . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . .						
<b>b</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 . . . .						
<b>c</b> Add lines 7a and 7b . . . .						
<b>8 Public support</b> (Subtract line 7c from line 6.) . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>9</b> Amounts from line 6 . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . .						
<b>c</b> Add lines 10a and 10b . . . .						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . .						
<b>14 First five years.</b> 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 <b>stop here</b> . . . . <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f)) . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2012 Schedule A, Part III, line 15 . . . .	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2013</b> (line 10c, column (f) divided by line 13, column (f)) . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2012</b> Schedule A, Part III, line 17 . . . .	<b>18</b>	%

- 19a 33 1/3% support tests—2013.** 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—2012.** 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 . . . .





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**Facts And Circumstances Test Explanations**

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**Facts And Circumstances Test**

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International Aid receives both cash and noncash contributions from a broad range of donors including individuals, churches, foundations, companies, and estates. Over our 30+ years of existence we have accumulated a database of over 50,000 donors who have contributed at least once to the organization. We regularly solicit via direct mail, email, phone, and direct contact from 10,000 to 15,000 different donors each month. In fiscal year 2014, we received 455 noncash contributions from 88 different donors totaling approximately \$77 million. In FY14 we shipped this donated product and equipment to 157 different partner organizations working in 67 different countries. During our fiscal years 2009 to 2012 one donor gave approx. \$200M of noncash contributions, out of an approx. \$500M total noncash contributions. This donor donated pharmaceutical medications which often have an extremely high fair market value (the value which is used to record the donation). This fact has caused our percentage of public support to decline for each year they began donating to us beginning in 2009. They did not contribute monetarily, they don't have any representation on our board of directors and we don't engage in any business relationship with them. In July 2013 we received notification that they would no longer be able to donate to us and therefore would expect our public support percentage to increase in the coming years, and in fact did in 2014. In fiscal year 2014, we received 4,625 cash contributions from 2,118 different donors totaling approximately \$1.3 million. We did not have any donor give more than 6% of the total monetary contributions received. Of the 4,625 donations made in FY14, 4,320 were made by 1,969 different families or individuals (both 93% of total). We received 113 donations by 57 different churches, 105 donations by 42 different companies, and 64 donations by 27 different foundations. International Aid's board of directors represents a good cross section of individuals none of which have any conflicts of interest that would dissuade them from being impartial representatives for the organization. Here is a brief listing of the board members and their respective occupations in the community. Board Chair Luke Niewenhuis is Vice President of Global Strategic Planning for Amway. Board Vice-Chair Roger Spoelman is CEO of Mercy Health Partners (Trinity Health). Board Treasurer Jim Batten is Executive Vice President of another not for profit, Convoy of Hope. Board Secretary Mike Houskamp is a small business owner and, presently, he is an associate broker with Coldwell Banker Woodland Schmidt in Residential and Commercial Real Estate. Board director Dr. Tom Carter practices cardiothoracic surgery. Lastly, board director and President/CEO of International Aid is Brian Anderson.

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**SCHEDULE D  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**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.

▶ Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013**

**Open to Public Inspection**

Employer identification number

38-2323550

INTERNATIONAL AID INC

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

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

**Part II Conservation Easements.**

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

1 Purpose(s) of conservation easements held by the organization (check all that apply). <input type="checkbox"/> Preservation of land for public use (e.g., recreation or education) <input type="checkbox"/> Preservation of an historically important land area <input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure <input type="checkbox"/> Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.	<b>Held at the End of the Tax Year</b>
a Total number of conservation easements . . . . .	<b>2a</b>
b Total acreage restricted by conservation easements . . . . .	<b>2b</b>
c Number of conservation easements on a certified historic structure included in (a) . . . . .	<b>2c</b>
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register . . . . .	<b>2d</b>
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? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> 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)? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No
9 In Part XIII, 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 XIII, 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 XIII.

**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 XIII and complete the following table:

	Amount
<b>1c</b> Beginning balance	
<b>1d</b> Additions during the year	
<b>1e</b> Distributions during the year	
<b>1f</b> Ending balance	

**2a** Did the organization include an amount on Form 990, Part X, line 21?  **Yes**  **No**

**b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

**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
<b>1a</b> Beginning of year balance					
<b>b</b> Contributions					
<b>c</b> Net investment earnings, gains, and losses					
<b>d</b> Grants or scholarships					
<b>e</b> Other expenditures for facilities and programs					
<b>f</b> Administrative expenses					
<b>g</b> 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
<b>(i)</b> unrelated organizations	<b>3a(i)</b>	
<b>(ii)</b> related organizations	<b>3a(ii)</b>	
<b>b</b> If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	<b>3b</b>	

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

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. 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
<b>1a</b> Land	0	66,000		66,000
<b>b</b> Buildings	0	2,222,853	1,478,655	744,198
<b>c</b> Leasehold improvements	0	268,539	236,110	32,429
<b>d</b> Equipment	0	296,084	264,243	31,841
<b>e</b> Other	0	0	0	0
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				874,468

**Part VII Investments—Other Securities.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. 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) _____		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) ►		

**Part VIII Investments—Program Related.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

**Part IX Other Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

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

**Part X Other Liabilities.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes	0	
(2) <b>Partner Deposits</b>	255,287	
(3) <b>Charitable Gift Annuities</b>	3,049	
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►	258,336	

2. Liability for uncertain tax positions. In Part XIII, 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). Check here if the text of the footnote has been provided in Part XIII

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .		<b>1</b>	79,926,307
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains on investments . . . . .	<b>2a</b>	0	
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	0	
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>	0	
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>	0	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	0
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	79,926,307
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	0	
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>	0	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	0
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) . . . . .		<b>5</b>	79,926,307

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements . . . . .		<b>1</b>	79,785,197
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>	0	
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>	0	
<b>c</b>	Other losses . . . . .	<b>2c</b>	0	
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>	0	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	0
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	79,785,197
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	0	
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>	0	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	0
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) . . . . .		<b>5</b>	79,785,197

**Part XIII Supplemental Information.**

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

Schedule D, Part X, Line 2 - International Aid is exempt from federal income taxes under Section 501(c)(3) of the Internal Revenue Code and has been designated as a "publicly supported" organization. The Organization has implemented the accounting guidance established in FASB ASC 740-10 associated with accounting for uncertainty in income taxes and does not believe it has any uncertain tax positions that are material to the financial statements. The organization files its IRS Form 990 in the U.S. federal jurisdiction and is generally no longer subject to examination by the Internal Revenue Service for years ending prior to June 30, 2011.

**SCHEDULE F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No. 1545-0047

**2013**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.
- ▶ Attach to Form 990. ▶ See separate instructions.
- ▶ Information about Schedule F (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

Employer identification number

**INTERNATIONAL AID INC**

**38-2323550**

**Part I** **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on 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
(1) <i>Sch F, Stmt 1</i>					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
<b>3a</b> Sub-total . . . . .					
<b>b</b> Total from continuation sheets to Part I . . . . .					
<b>c Totals</b> (add lines 3a and 3b)	0	0			181,380

**Part II** **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

<b>1</b>	<b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
(1)			Sch F, Stmt 2						
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

**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 . . . . . **2**

**3** Enter total number of other organizations or entities . . . . . **0**

**Part III** **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on 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)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							



**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

**Part V** Supplemental Information

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 (see instructions).

Schedule F, Part I, Line 2 - A committee, comprised of the President/CEO, controller, director of strategic partnerships, & three representatives of the partner fulfillment department, review and approve recipients who wish to receive grants of gift in kind. Potential recipients must submit an application providing information such as the organizations mission statement, field address where gift in kind will be used, references, a copy of IRS tax exempt status, and the applicant must certify that all gifts in kind received will be used for charitable purposes. Additionally, the partner must agree to provide feedback information which should include number of people served, photos, and a report of those served. Occasionally, IA staff will conduct on-site visits to recipients helping ensure the appropriate use of gift in kind received.

Area with horizontal dashed lines for supplemental information.

**Accounts and Activities Outside the United States**

		Offices	Employees	Total
<b>Region</b>	South America	0	0	163,753
<b>Activities</b>	Grantmaking			
<b>Services</b>	Provide gift in kind to assist organizations which provide relief to the world's poor, sick, and suffering by providing food, medicine, and other assistance.			
<b>Region</b>	Sub-Saharan Africa	0	0	4,328
<b>Activities</b>	Grantmaking			
<b>Services</b>	Provide gift in kind to assist organizations which provide relief to the world's poor, sick, and suffering by providing food, medicine, and other assistance.			
<b>Region</b>	North America (including Canada and Mexico, but not the United States)	0	0	6,956
<b>Activities</b>	Grantmaking			
<b>Services</b>	Provide gift in kind to assist organizations which provide relief to the world's poor, sick, and suffering by providing food, medicine, and other assistance.			
<b>Region</b>	Central America and the Caribbean	0	0	6,343
<b>Activities</b>	Grantmaking			
<b>Services</b>	Provide gift in kind to assist organizations which provide relief to the world's poor, sick, and suffering by providing food, medicine, and other assistance.			
	<b>Total:</b>	<b>0</b>	<b>0</b>	<b>181,380</b>

**Grants To Organization Outside US**

		<b>Cash Grant</b>	<b>Non-Cash Assistance</b>
<b>Region</b>	Central America and the Caribbean	0	169,661
<b>Grant</b>	Provide gift in kind to assist organizations which provide relief to the world's poor, sick, and suffering by providing food, medicine, and other assistance.		
<b>Cash Disbursement</b>			
<b>Desc. of Non-Cash Asst.</b>	Medical equipment, medical supplies, or health products		
<b>Valuation</b>	Fair Market Value		

**SCHEDULE G  
(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013**

**Open to Public Inspection**

Name of the organization

INTERNATIONAL AID INC

Employer identification number

38-2323550

**Part I**

**Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17.  
Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a**  Mail solicitations
  - b**  Internet and email solicitations
  - c**  Phone solicitations
  - d**  In-person solicitations
  - e**  Solicitation of non-government grants
  - f**  Solicitation of government grants
  - g**  Special fundraising events
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  **Yes**  **No**
- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
<b>1</b> See Schedule G, Part IV, Statement 1						
<b>2</b>						
<b>3</b>						
<b>4</b>						
<b>5</b>						
<b>6</b>						
<b>7</b>						
<b>8</b>						
<b>9</b>						
<b>10</b>						
<b>Total</b>				1,279,311	37,570	1,241,741

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

AK, AR, CA, CO, CT, FL, HI, IL, KY, LA, MD, ME, MI, MN, MS, NC, ND, NH, NJ, NM, NV, NY, OH, OR, PA, RI, SC, TN, UT, VA, WA, WI, WV

**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
Revenue	<b>1</b> Gross receipts . . . . .				
	<b>2</b> Less: Contributions . . . . .				
	<b>3</b> Gross income (line 1 minus line 2) . . . . .				
Direct Expenses	<b>4</b> Cash prizes . . . . .				
	<b>5</b> Noncash prizes . . . . .				
	<b>6</b> Rent/facility costs . . . . .				
	<b>7</b> Food and beverages . . . . .				
	<b>8</b> Entertainment . . . . .				
	<b>9</b> Other direct expenses . . . . .				
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶				
<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) . . . . . ▶					

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		Revenue	<b>1</b> Gross revenue . . . . .		
Direct Expenses	<b>2</b> Cash prizes . . . . .				
	<b>3</b> Noncash prizes . . . . .				
	<b>4</b> Rent/facility costs . . . . .				
	<b>5</b> Other direct expenses . . . . .				
	<b>6</b> Volunteer labor . . . . .	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) . . . . . ▶				
	<b>8</b> Net gaming income summary. Subtract line 7 from line 1, column (d) . . . . . ▶				

**9** Enter the state(s) in which the organization operates gaming activities: \_\_\_\_\_

**a** Is the organization licensed to operate gaming activities in each of these states? . . . . .  Yes  No

**b** If "No," explain: \_\_\_\_\_

\_\_\_\_\_

**10a** Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? . . . . .  Yes  No

**b** If "Yes," explain: \_\_\_\_\_

\_\_\_\_\_

- 11** Does the organization operate gaming activities with nonmembers?  Yes  No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No

**13** Indicate the percentage of gaming activity operated in:

<b>a</b> The organization's facility	<b>13a</b>	%
<b>b</b> An outside facility	<b>13b</b>	%

**14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_
- c** If "Yes," enter name and address of the third party:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

**16** Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

Director/officer       Employee       Independent contractor

- 17** Mandatory distributions:
- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Fundraiser Activity Information**

Name and Address	Activity	C1	Gross Receipts	C2	C3
BBS & Associates 130 Springside Drive Suite 200 Akron, OH 44333	BBS & Associates provided counsel and advice regarding fundraising and ministry development. They provide specifications and copywriting for appeal letters and emails, in-house training, and phone consultation.	No	1,273,366	31,625	1,241,741
Donor Care Center Inc 480 West Tuscarawas Ave 3rd Floor Barberton, OH 44203	DCCI provided tele-fundraising services including, but may not be limited to planning, preparing, managing, and conducting outbound tele-fundraising programs to active, lapsed and/or prospective donors.	No	5,945	5,945	0
<b>Total:</b>			<b>1,279,311</b>	<b>37,570</b>	<b>1,241,741</b>

C1 = Fundraiser control of funds?

C2 = Amount paid to (or retained by) fundraiser

C3 = Amount paid to (or retained by) organization



**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

OMB No. 1545-0047

**2013**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

Employer identification number

**INTERNATIONAL AID INC**

**38-2323550**

**Part I General Information on Grants and Assistance**

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

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
(1) <u>Sch I, Stmt 1</u>							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 50
- 3** Enter total number of other organizations listed in the line 1 table ▶ 0

**Part III Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 See Schedule I, Part IV, Statement 2					
2					
3					
4					
5					
6					
7					

**Part IV Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Schedule I, Part I, Line 2 - A committee, comprised of the President/CEO, controller, director of strategic partnerships, & three representatives of the partner fulfillment department, review and approve recipients who wish to receive grants of gift in kind. Potential recipients must submit an application providing information such as the organizations mission statement, field address where gift in kind will be used, references, a copy of IRS tax exempt status, and the applicant must certify that all gifts in kind received will be used for charitable purposes. Additionally, the partner must agree to provide feedback information which should include number of people served, photos, and a report of those served. Occasionally, IA staff will conduct on-site visits to recipients helping ensure the appropriate use of gift in kind received.

## Description of Grants and Other Assistance to Governments and Organizations in the United States

		Recipient EIN	Amt. of cash grant	Amt. of non- cash asst.
<b>Name and address</b>	ACARE Human Services Inc 21 Manchester Rd SW Grand Rapids, MI 49548	20-1649101	0	144,743
<b>IRC code section</b>	501c(3)			
<b>Method of valuation</b>	Fair Market Value			
<b>Desc. of Non-Cash Asst.</b>	Medical equipment, med supplies or health products			
<b>Purpose of grant</b>	Provide relief and assistance for ill, needy, and infants			
<b>Name and address</b>	ADRA International 12501 Old Columbia Pike Silver Spring, MD 20904	52-1314847	0	37,349
<b>IRC code section</b>	501c(3)			
<b>Method of valuation</b>	Fair Market Value			
<b>Desc. of Non-Cash Asst.</b>	Medical equipment, med supplies or health products			
<b>Purpose of grant</b>	Provide relief and assistance for ill, needy, and infants			
<b>Name and address</b>	Advancing Native Missions PO Box 5303 Charlottesville, VA 22905	75-2402759	2,200	3,284,717
<b>IRC code section</b>	501c(3)			
<b>Method of valuation</b>	Fair Market Value			
<b>Desc. of Non-Cash Asst.</b>	Medical equipment, med supplies or health products			
<b>Purpose of grant</b>	Provide relief and assistance for ill, needy, and infants			
<b>Name and address</b>	Assist International 800 S Stockton Ave Ripon, CA 95366	77-0243475	0	30,737
<b>IRC code section</b>	501c(3)			
<b>Method of valuation</b>	Fair Market Value			
<b>Desc. of Non-Cash Asst.</b>	Medical equipment, med supplies or health products			
<b>Purpose of grant</b>	Provide relief and assistance for ill, needy, and infants			
<b>Name and address</b>	Bethel Foundation 13003 N WEstern Ave Oklahoma City, OK 73114	86-1095024	0	26,596
<b>IRC code section</b>	501c(3)			
<b>Method of valuation</b>	Fair Market Value			
<b>Desc. of Non-Cash Asst.</b>	Medical equipment, med supplies or health products			
<b>Purpose of grant</b>	Provide relief and assistance for ill, needy, and infants			
<b>Name and address</b>	C & M Alliance PO Box 35000 Colorado Springs, CO 80935	13-1623940	0	17,723
<b>IRC code section</b>	501c(3)			
<b>Method of valuation</b>	Fair Market Value			
<b>Desc. of Non-Cash Asst.</b>	Medical equipment, med supplies or health products			
<b>Purpose of grant</b>	Provide relief and assistance for ill, needy, and infants			
<b>Name and address</b>	Cancer Fund of America 2901 Breezewood Knoxville, TN 37921	58-1766061	0	293,926
<b>IRC code section</b>	501c(3)			
<b>Method of valuation</b>	Fair Market Value			
<b>Desc. of Non-Cash Asst.</b>	Medical equipment, med supplies or health products			
<b>Purpose of grant</b>	Provide relief and assistance for ill, needy, and infants			
<b>Name and address</b>	Caring Partners International	37-1028228	0	72,179

	601 Shotwell Dr Franklin, OH 45005			
<b>IRC code section</b>	501c(3)			
<b>Method of valuation</b>	Fair Market Value			
<b>Desc. of Non-Cash Asst.</b>	Medical equipment, med supplies or health products			
<b>Purpose of grant</b>	Provide relief and assistance for ill, needy, and infants			
<b>Name and address</b>	Christian Aid Ministries PO Box 360 4464 SR 39E Berlin, OH 44610	34-1344364	0	16,368,301
<b>IRC code section</b>	501c(3)			
<b>Method of valuation</b>	Fair Market Value			
<b>Desc. of Non-Cash Asst.</b>	Medical equipment, med supplies or health products			
<b>Purpose of grant</b>	Provide relief and assistance for ill, needy, and infants			
<b>Name and address</b>	Christian Friends of Korea PO Box 936 Black Mountain, NC 28711	56-1923972	0	561,814
<b>IRC code section</b>	501c(3)			
<b>Method of valuation</b>	Fair Market Value			
<b>Desc. of Non-Cash Asst.</b>	Medical equipment, med supplies or health products			
<b>Purpose of grant</b>	Provide relief and assistance for ill, needy, and infants			
<b>Name and address</b>	Church of Bible Understanding 1300 South 58th St Philadelphia, PA 19143	23-7184229	0	6,909
<b>IRC code section</b>	501c(3)			
<b>Method of valuation</b>	Fair Market Value			
<b>Desc. of Non-Cash Asst.</b>	Medical equipment, med supplies or health products			
<b>Purpose of grant</b>	Provide relief and assistance for ill, needy, and infants			
<b>Name and address</b>	CIS Dev Foundation Inc 77 Milltown Road Suite 8c East Brunswick, NJ 08816	22-3304404	0	898,577
<b>IRC code section</b>	501c(3)			
<b>Method of valuation</b>	Fair Market Value			
<b>Desc. of Non-Cash Asst.</b>	Medical equipment, med supplies or health products			
<b>Purpose of grant</b>	Provide relief and assistance for ill, needy, and infants			
<b>Name and address</b>	City Rescue Mission Inc 800 West California Ave Oklahoma City, OK 73106	73-0713883	0	68,703
<b>IRC code section</b>	501c(3)			
<b>Method of valuation</b>	Fair Market Value			
<b>Desc. of Non-Cash Asst.</b>	Medical equipment, med supplies or health products			
<b>Purpose of grant</b>	Provide relief and assistance for ill, needy, and infants			
<b>Name and address</b>	Compassion Evangelical Hospital PO Box 870 Southfield, MI 48037	14-1917687	0	5,618
<b>IRC code section</b>	501c(3)			
<b>Method of valuation</b>	Fair Market Value			
<b>Desc. of Non-Cash Asst.</b>	Medical equipment, med supplies or health products			
<b>Purpose of grant</b>	Provide relief and assistance for ill, needy, and infants			
<b>Name and address</b>	Convoy of Hope 330 S Patterson Ave Springfield, MO 65802	68-0051386	20,000	13,191,177
<b>IRC code section</b>	501c(3)			
<b>Method of valuation</b>	Fair Market Value			
<b>Desc. of Non-Cash Asst.</b>	Medical equipment, med supplies or health products			
<b>Purpose of grant</b>	Provide relief and assistance for ill, needy, and infants			

## Schedule I, Part IV, Statement 1

## INTERNATIONAL AID INC

<b>Name and address</b>	Covenant Community Care 559 West Grand Blvd Detroit, MI 48216	38-3533998	0	7,066
<b>IRC code section</b>	501c(3)			
<b>Method of valuation</b>	Fair Market Value			
<b>Desc. of Non-Cash Asst.</b>	Medical equipment, med supplies or health products			
<b>Purpose of grant</b>	Provide relief and assistance for ill, needy, and infants			
<b>Name and address</b>	Cross International 600 SW Third St Suite 2201 Pompano Beach, FL 33060	65-1086387	0	630,193
<b>IRC code section</b>	501c(3)			
<b>Method of valuation</b>	Fair Market Value			
<b>Desc. of Non-Cash Asst.</b>	Medical equipment, med supplies or health products			
<b>Purpose of grant</b>	Provide relief and assistance for ill, needy, and infants			
<b>Name and address</b>	CURE International 701 Bosler Avenue Lemoyne, PA 17043	58-2248383	0	23,902
<b>IRC code section</b>	501c(3)			
<b>Method of valuation</b>	Fair Market Value			
<b>Desc. of Non-Cash Asst.</b>	Medical equipment, med supplies or health products			
<b>Purpose of grant</b>	Provide relief and assistance for ill, needy, and infants			
<b>Name and address</b>	Earthwide Surgical Foundation 1933 Eastwood Dr Henderson, TX 75652	29-1354185	0	6,540
<b>IRC code section</b>	501c(3)			
<b>Method of valuation</b>	Fair Market Value			
<b>Desc. of Non-Cash Asst.</b>	Medical equipment, med supplies or health products			
<b>Purpose of grant</b>	Provide relief and assistance for ill, needy, and infants			
<b>Name and address</b>	Friends of Hope Africa University 6715 Oak Lake Drive Indianapolis, IN 46214	32-0148937	0	6,033
<b>IRC code section</b>	501c(3)			
<b>Method of valuation</b>	Fair Market Value			
<b>Desc. of Non-Cash Asst.</b>	Medical equipment, med supplies or health products			
<b>Purpose of grant</b>	Provide relief and assistance for ill, needy, and infants			
<b>Name and address</b>	Friends of Hope International Inc 15912 West Wind Circle Sunrise, FL 33326	27-2059981	0	437,289
<b>IRC code section</b>	501c(3)			
<b>Method of valuation</b>	Fair Market Value			
<b>Desc. of Non-Cash Asst.</b>	Medical equipment, med supplies or health products			
<b>Purpose of grant</b>	Provide relief and assistance for ill, needy, and infants			
<b>Name and address</b>	Global Health Ministries 7831 Hickory Street NE Minneapolis, MN 55432	36-3532234	0	47,427
<b>IRC code section</b>	501c(3)			
<b>Method of valuation</b>	Fair Market Value			
<b>Desc. of Non-Cash Asst.</b>	Medical equipment, med supplies or health products			
<b>Purpose of grant</b>	Provide relief and assistance for ill, needy, and infants			
<b>Name and address</b>	Hope Lighthouse MRC 2731 Peck St Muskegon, MI 49444	38-3287704	0	33,921
<b>IRC code section</b>	501c(3)			
<b>Method of valuation</b>	Fair Market Value			
<b>Desc. of Non-Cash Asst.</b>	Medical equipment, med supplies or health products			
<b>Purpose of grant</b>	Provide relief and assistance for ill, needy, and infants			

Schedule I, Part IV, Statement 1

INTERNATIONAL AID INC

<b>Name and address</b>	International Medical Corps 12400 Wilshire Blvd Suite 1500 Los Angeles, CA 90025	95-3949646	0	15,997
<b>IRC code section</b>	501c(3)			
<b>Method of valuation</b>	Fair Market Value			
<b>Desc. of Non-Cash Asst.</b>	Medical equipment, med supplies or health products			
<b>Purpose of grant</b>	Provide relief and assistance for ill, needy, and infants			
<b>Name and address</b>	Intl Medical Equipment Collaborative 1600 Osgood Street North Andover, MA 01845	02-0489746	0	6,254
<b>IRC code section</b>	501c(3)			
<b>Method of valuation</b>	Fair Market Value			
<b>Desc. of Non-Cash Asst.</b>	Medical equipment, med supplies or health products			
<b>Purpose of grant</b>	Provide relief and assistance for ill, needy, and infants			
<b>Name and address</b>	Jezreel International 10 Interstate Ave Albany, NY 12205-5311	14-1790920	0	3,047,214
<b>IRC code section</b>	501c(3)			
<b>Method of valuation</b>	Fair Market Value			
<b>Desc. of Non-Cash Asst.</b>	Medical equipment, med supplies or health products			
<b>Purpose of grant</b>	Provide relief and assistance for ill, needy, and infants			
<b>Name and address</b>	Kingsway Charities Inc 1119 Commonwealth Ave Bristol, VA 24201	54-1668650	0	14,283,752
<b>IRC code section</b>	501c(3)			
<b>Method of valuation</b>	Fair Market Value			
<b>Desc. of Non-Cash Asst.</b>	Medical equipment, med supplies or health products			
<b>Purpose of grant</b>	Provide relief and assistance for ill, needy, and infants			
<b>Name and address</b>	Life of Hope Ministries PO Box 223 Joplin, MO 64802	41-1956543	0	10,611
<b>IRC code section</b>	501c(3)			
<b>Method of valuation</b>	Fair Market Value			
<b>Desc. of Non-Cash Asst.</b>	Medical equipment, med supplies or health products			
<b>Purpose of grant</b>	Provide relief and assistance for ill, needy, and infants			
<b>Name and address</b>	Love A Child Inc 12411 Commerce Lakes Drive Fort Myers, FL 33913	59-2672303	0	276,326
<b>IRC code section</b>	501c(3)			
<b>Method of valuation</b>	Fair Market Value			
<b>Desc. of Non-Cash Asst.</b>	Medical equipment, med supplies or health products			
<b>Purpose of grant</b>	Provide relief and assistance for ill, needy, and infants			
<b>Name and address</b>	Medical Ministry International PO Box 1339 Allen, TX 75013	75-2601647	0	16,869
<b>IRC code section</b>	501c(3)			
<b>Method of valuation</b>	Fair Market Value			
<b>Desc. of Non-Cash Asst.</b>	Medical equipment, med supplies or health products			
<b>Purpose of grant</b>	Provide relief and assistance for ill, needy, and infants			
<b>Name and address</b>	National Relief Charities 500 E Payton St Sherman, TX 75090	58-1888256	0	6,497,545
<b>IRC code section</b>	501c(3)			
<b>Method of valuation</b>	Fair Market Value			
<b>Desc. of Non-Cash Asst.</b>	Medical equipment, med supplies or health products			
<b>Purpose of grant</b>	Provide relief and assistance for ill, needy, and infants			

## Schedule I, Part IV, Statement 1

## INTERNATIONAL AID INC

<b>Name and address</b>	North Star Foundation PO 36 North Attleboro, MA 02761	04-3414626	0	1,268,957
<b>IRC code section</b>	501c(3)			
<b>Method of valuation</b>	Fair Market Value			
<b>Desc. of Non-Cash Asst.</b>	Medical equipment, med supplies or health products			
<b>Purpose of grant</b>	Provide relief and assistance for ill, needy, and infants			
<b>Name and address</b>	OM Ships International 781 St Andrews Road Florence, SC 29501	03-0577695	0	18,613
<b>IRC code section</b>	501c(3)			
<b>Method of valuation</b>	Fair Market Value			
<b>Desc. of Non-Cash Asst.</b>	Medical equipment, med supplies or health products			
<b>Purpose of grant</b>	Provide relief and assistance for ill, needy, and infants			
<b>Name and address</b>	Outreach Nation 9155 Archibald Ave Suite 104 Rancho Cucamonga, CA 91730	45-2973881	0	1,884,624
<b>IRC code section</b>	501c(3)			
<b>Method of valuation</b>	Fair Market Value			
<b>Desc. of Non-Cash Asst.</b>	Medical equipment, med supplies or health products			
<b>Purpose of grant</b>	Provide relief and assistance for ill, needy, and infants			
<b>Name and address</b>	Paradise Bound Ministries PO Box 156 Hamilton, MI 49419	38-3369941	0	77,858
<b>IRC code section</b>	501c(3)			
<b>Method of valuation</b>	Fair Market Value			
<b>Desc. of Non-Cash Asst.</b>	Medical equipment, med supplies or health products			
<b>Purpose of grant</b>	Provide relief and assistance for ill, needy, and infants			
<b>Name and address</b>	Partners In Development 55 Market St Suite 201 Ipswich, MA 01938	22-2536583	0	78,381
<b>IRC code section</b>	501c(3)			
<b>Method of valuation</b>	Fair Market Value			
<b>Desc. of Non-Cash Asst.</b>	Medical equipment, med supplies or health products			
<b>Purpose of grant</b>	Provide relief and assistance for ill, needy, and infants			
<b>Name and address</b>	Partners In Health 888 Commonwealth Ave 3rd Floor Boston, MA 02115	04-3567502	0	28,566
<b>IRC code section</b>	501c(3)			
<b>Method of valuation</b>	Fair Market Value			
<b>Desc. of Non-Cash Asst.</b>	Medical equipment, med supplies or health products			
<b>Purpose of grant</b>	Provide relief and assistance for ill, needy, and infants			
<b>Name and address</b>	Real Hope for Haiti PO Box 23 Elwood, IN 46036	20-5603302	0	377,071
<b>IRC code section</b>	501c(3)			
<b>Method of valuation</b>	Fair Market Value			
<b>Desc. of Non-Cash Asst.</b>	Medical equipment, med supplies or health products			
<b>Purpose of grant</b>	Provide relief and assistance for ill, needy, and infants			
<b>Name and address</b>	Resurrection Life Church 5100 Ivanrest Ave SW Grandville, MI 49418	23-7025391	0	60,636
<b>IRC code section</b>	501c(3)			
<b>Method of valuation</b>	Fair Market Value			

Schedule I, Part IV, Statement 1

INTERNATIONAL AID INC

<b>Desc. of Non-Cash Asst.</b>	Medical equipment, med supplies or health products			
<b>Purpose of grant</b>	Provide relief and assistance for ill, needy, and infants			
<b>Name and address</b>	Rotary Club Montague-Whitehall PO Box 102 Whitehall, MI 49461	38-6094512	0	206,484
<b>IRC code section</b>	501c(3)			
<b>Method of valuation</b>	Fair Market Value			
<b>Desc. of Non-Cash Asst.</b>	Medical equipment, med supplies or health products			
<b>Purpose of grant</b>	Provide relief and assistance for ill, needy, and infants			
<b>Name and address</b>	Salvadoran Amer Humanitarian 2050 Coral Way Suite 600 Miami, FL 33145	59-2339140	0	98,988
<b>IRC code section</b>	501c(3)			
<b>Method of valuation</b>	Fair Market Value			
<b>Desc. of Non-Cash Asst.</b>	Medical equipment, med supplies or health products			
<b>Purpose of grant</b>	Provide relief and assistance for ill, needy, and infants			
<b>Name and address</b>	Serve the People 1206 E 17th Street Suite 101 Santa Ana, CA 92701	27-0421556	0	119,427
<b>IRC code section</b>	501c(3)			
<b>Method of valuation</b>	Fair Market Value			
<b>Desc. of Non-Cash Asst.</b>	Medical equipment, med supplies or health products			
<b>Purpose of grant</b>	Provide relief and assistance for ill, needy, and infants			
<b>Name and address</b>	Shiloh Tabernacle Food Pantry 460 E Tyler Rd Muskegon, MI 49445	38-2700420	0	8,085
<b>IRC code section</b>	501c(3)			
<b>Method of valuation</b>	Fair Market Value			
<b>Desc. of Non-Cash Asst.</b>	Medical equipment, med supplies or health products			
<b>Purpose of grant</b>	Provide relief and assistance for ill, needy, and infants			
<b>Name and address</b>	Southern Baptist Convention 3806 Monument Ave Box 6767 Richmond, VA 23230	54-0213930	0	5,396
<b>IRC code section</b>	501c(3)			
<b>Method of valuation</b>	Fair Market Value			
<b>Desc. of Non-Cash Asst.</b>	Medical equipment, med supplies or health products			
<b>Purpose of grant</b>	Provide relief and assistance for ill, needy, and infants			
<b>Name and address</b>	Southwestern Medical Clinic Foundation 6416 Deans Hill Road Berrien Center, MI 49102	38-3332816	0	10,519
<b>IRC code section</b>	501c(3)			
<b>Method of valuation</b>	Fair Market Value			
<b>Desc. of Non-Cash Asst.</b>	Medical equipment, med supplies or health products			
<b>Purpose of grant</b>	Provide relief and assistance for ill, needy, and infants			
<b>Name and address</b>	The Get Up Project - Hope Medical Clinic 3556 Ashmere Loop Round Rock, TX 78681	45-4931906	0	9,888
<b>IRC code section</b>	501c(3)			
<b>Method of valuation</b>	Fair Market Value			
<b>Desc. of Non-Cash Asst.</b>	Medical equipment, med supplies or health products			
<b>Purpose of grant</b>	Provide relief and assistance for ill, needy, and infants			
<b>Name and address</b>	United Mission of Goodwill Inc 40 Grizzly Lane Fortson, GA 31808	46-0279299	0	7,601
<b>IRC code section</b>	501c(3)			
<b>Method of valuation</b>	Fair Market Value			



Schedule I, Part IV, Statement 1

INTERNATIONAL AID INC

<b>Desc. of Non-Cash Asst.</b>	Medical equipment, med supplies or health products			
<b>Purpose of grant</b>	Provide relief and assistance for ill, needy, and infants			
<b>Name and address</b>	Victory Life Church 20511 County Rd 12 South Foley, AL 36535	63-1120985	0	9,365
<b>IRC code section</b>	501c(3)			
<b>Method of valuation</b>	Fair Market Value			
<b>Desc. of Non-Cash Asst.</b>	Medical equipment, med supplies or health products			
<b>Purpose of grant</b>	Provide relief and assistance for ill, needy, and infants			
<b>Name and address</b>	West Michigan Teen Challenge 440 Pontaluna Rd Muskegon, MI 49441	38-1963049	0	24,796
<b>IRC code section</b>	501c(3)			
<b>Method of valuation</b>	Fair Market Value			
<b>Desc. of Non-Cash Asst.</b>	Medical equipment, med supplies or health products			
<b>Purpose of grant</b>	Provide relief and assistance for ill, needy, and infants			
<b>Name and address</b>	World Assist 7695 Concerto Lane San Diego, CA 92127	26-1434692	0	10,919,221
<b>IRC code section</b>	501c(3)			
<b>Method of valuation</b>	Fair Market Value			
<b>Desc. of Non-Cash Asst.</b>	Medical equipment, med supplies or health products			
<b>Purpose of grant</b>	Provide relief and assistance for ill, needy, and infants			

**Description of Grants and Other Assistance to Individuals in the United States**

		<b>Number of recipients</b>	<b>Amt. of cash grant</b>	<b>Amt. of non-cash asst.</b>
<b>Type of grant</b>	Provide relief and assistance for ill, needy and infants	5	0	49,318
<b>Method of valuation</b>	Fair Market Value			
<b>Desc. of Non-Cash Asst.</b>	Medical equipment, medical supplies, or health products			

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2013**

**Open To Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

Employer identification number

**INTERNATIONAL AID INC**

**38-2323550**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19	✓	39	7,732,544	Fair Value
20	✓	114	62,100,813	Fair Value
21				
22				
23				
24				
25	✓	195	709,969	Fair Value
26	✓	110	4,221,936	Fair Value
27				
28				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . . . **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 - 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? . . . . .		✓
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? . . . . .		✓
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .		✓
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		



**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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013**

**Open to Public  
Inspection**

Name of the organization

INTERNATIONAL AID INC

Employer identification number

38-2323550

Form 990, Part VI, Section B, Line 11b - Form 990 is prepared by the organization's controller and reviewed with the President/CEO. The return is then reviewed and approved by the board audit committee before it is signed and filed with the IRS.

Form 990, Part VI, Section B, Line 12c - Annually board directors, officers, and key employees are asked to sign a conflict of interest statement. Any conflicts noted are brought to the board audit committee for review.

Form 990, Part VI, Section B, Line 15 - In June 2014, the board of directors approved compensation for the President/CEO, after having reviewed compensation paid by similarly situated organizations and by paying for two independent compensations surveys. This review was documented and will be maintained in the employee's file as well as corporate records. The President/CEO after reviewing independent compensation surveys approved the compensation for the organizations top financial official (controller). This review was documented and will be maintained in the employee's file.

Form 990, Part VI, Section C, Line 19 - International Aid makes its governing documents, conflicts of interest policy, and financial statements available to the public upon request. The organization may be contacted via mail at 17011 Hickory Spring Lake, MI 49456, via email at [ia@internationalaid.org](mailto:ia@internationalaid.org) or by phone at 1-800-968-7490.

States Where Copy Of Return Is Filed

States

AK

CA

CO

FL

HI

IL

KY

LA

MD

ME

MN

MS

NC

ND

NH

NM

NV

OR

PA

RI

SC

TN

VA

WA

WI

WV