

Return of Organization Exempt From Income Tax

2014

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

A For the 2014 calendar year, or tax year beginning <u>07/01</u> , 2014, and ending <u>06/30</u> , 20 <u>15</u>																													
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">C Name of organization <u>INTERNATIONAL AID INC</u></td> <td>D Employer identification number <u>38-2323550</u></td> </tr> <tr> <td colspan="2">Doing business as</td> <td rowspan="2">E Telephone number <u>616-846-7490</u></td> </tr> <tr> <td>Number and street (or P.O. box if mail is not delivered to street address)</td> <td>Room/suite</td> </tr> <tr> <td colspan="2"><u>17011 Hickory St</u></td> <td rowspan="2">G Gross receipts \$ <u>90,075,327</u></td> </tr> <tr> <td colspan="2">City or town, state or province, country, and ZIP or foreign postal code <u>Spring Lake, MI, 49456</u></td> </tr> <tr> <td colspan="2">F Name and address of principal officer: <u>Brian Anderson</u></td> <td>H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</td> </tr> <tr> <td colspan="2"><u>17011 Hickory St, Spring Lake, MI 49456</u></td> <td>H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td colspan="2">I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527</td> <td>If "No," attach a list. (see instructions)</td> </tr> <tr> <td colspan="2">J Website: ▶ <u>www.internationalaid.org</u></td> <td>H(c) Group exemption number ▶</td> </tr> <tr> <td colspan="2">K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶</td> <td>L Year of formation: <u>1980</u> M State of legal domicile: <u>MI</u></td> </tr> </table>	C Name of organization <u>INTERNATIONAL AID INC</u>		D Employer identification number <u>38-2323550</u>	Doing business as		E Telephone number <u>616-846-7490</u>	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	<u>17011 Hickory St</u>		G Gross receipts \$ <u>90,075,327</u>	City or town, state or province, country, and ZIP or foreign postal code <u>Spring Lake, MI, 49456</u>		F Name and address of principal officer: <u>Brian Anderson</u>		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>17011 Hickory St, Spring Lake, MI 49456</u>		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		If "No," attach a list. (see instructions)	J Website: ▶ <u>www.internationalaid.org</u>		H(c) Group exemption number ▶	K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: <u>1980</u> M State of legal domicile: <u>MI</u>
C Name of organization <u>INTERNATIONAL AID INC</u>		D Employer identification number <u>38-2323550</u>																											
Doing business as		E Telephone number <u>616-846-7490</u>																											
Number and street (or P.O. box if mail is not delivered to street address)	Room/suite																												
<u>17011 Hickory St</u>		G Gross receipts \$ <u>90,075,327</u>																											
City or town, state or province, country, and ZIP or foreign postal code <u>Spring Lake, MI, 49456</u>																													
F Name and address of principal officer: <u>Brian Anderson</u>		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																											
<u>17011 Hickory St, Spring Lake, MI 49456</u>		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No																											
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		If "No," attach a list. (see instructions)																											
J Website: ▶ <u>www.internationalaid.org</u>		H(c) Group exemption number ▶																											
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: <u>1980</u> M State of legal domicile: <u>MI</u>																											

Part I Summary

Activities & Governance	1	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>		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	6
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	5
	5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	28
	6	Total number of volunteers (estimate if necessary)	6	224
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 78,250,540	Current Year 87,840,753
	9	Program service revenue (Part VIII, line 2g)	1,560,708	2,114,248
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	6,811	7,172
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	108,248	113,154
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	79,926,307	90,075,327
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	76,993,429	86,461,981
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	1,475,090	1,585,088
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	37,570	23,220
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>458,338</u>		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,279,108	1,526,542
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	79,785,197	89,596,831	
19	Revenue less expenses. Subtract line 18 from line 12	141,110	478,496	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year 3,175,492	End of Year 3,327,385
	21	Total liabilities (Part X, line 26)	726,452	399,849
	22	Net assets or fund balances. Subtract line 21 from line 20	2,449,040	2,927,536

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			
	<u>Brian Anderson, President/CEO</u> Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> 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 \$ 85,058,550 including grants of \$ 84,400,027) (Revenue \$ 1,087,612)
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 FY15 we received donated health products valued at approximately \$85M from 54 different donors and shipped to 43 different humanitarian organizations working in 21 different countries.

4b (Code:) (Expenses \$ 3,466,146 including grants of \$ 2,061,954) (Revenue \$ 1,340,735)
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 FY15 we received donated medical equipment and supplies valued at approx. \$2M from 17 donors and shipped to 118 humanitarian organizations working in 55 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 **▶** 88,524,696

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9 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"/>
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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"/>
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e 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"/>
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12a 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 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"/>
13 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"/>
14a Did the organization maintain an office, employees, or agents outside of the United States?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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"/>
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I (see instructions)</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	✓	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	✓	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		✓
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		✓
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		✓
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>		✓
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		✓
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		✓
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		✓
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		✓
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		✓
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	✓	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		✓
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		✓
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		✓
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		✓
34 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>		✓
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		✓
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>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		✓
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		✓
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	✓	

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

Table with columns for line numbers (1a-14b), descriptions of questions, and Yes/No checkboxes. Includes sub-questions for various IRS forms and organizational requirements.

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
1a	Enter the number of voting members of the governing body at the end of the tax year		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
1b	Enter the number of voting members included in line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		<input checked="" type="checkbox"/>
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		<input checked="" type="checkbox"/>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<input checked="" type="checkbox"/>
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		<input checked="" type="checkbox"/>
6	Did the organization have members or stockholders?		<input checked="" type="checkbox"/>
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		<input checked="" type="checkbox"/>
7b	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"/>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	<input checked="" type="checkbox"/>	
8b	Each committee with authority to act on behalf of the governing body?	<input checked="" type="checkbox"/>	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		<input checked="" type="checkbox"/>

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed ► [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, address, and telephone number of the person who possesses the organization's books and records: ►
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
Matt Stowell 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"/>				114,999	0	15,686
Kirk Cutler Controller	40 0			<input checked="" type="checkbox"/>				76,245	0	18,008

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			
1b Sub-total							191,244	0	33,694	
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							191,244	0	33,694	

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
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		✓
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		✓
5 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
XPO Logistics LLC, 27724 Network Place, Chicago, IL 60673	Freight forwarder	116,379

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 **▶ 1**

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	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a 3,003					
	b Membership dues	1b 0					
	c Fundraising events	1c 0					
	d Related organizations	1d 0					
	e Government grants (contributions)	1e 2,869					
	f All other contributions, gifts, grants, and similar amounts not included above	1f 87,834,881					
	g Noncash contributions included in lines 1a-1f: \$	86,418,597					
	h Total. Add lines 1a-1f	▶	87,840,753				
Program Service Revenue	Business Code						
	2a Health Product Service Revenue	900099	883,252	883,252	0	0	
	b Medical Equipment Service Revenue	900099	1,086,027	1,086,027	0	0	
	c Shipping Service Revenue	900099	144,969	144,969	0	0	
	d -----						
	e -----						
	f All other program service revenue .		0	0	0	0	
g Total. Add lines 2a-2f	▶	2,114,248					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	▶	7,172	0	0	7,172	
	4 Income from investment of tax-exempt bond proceeds ▶		0	0	0	0	
	5 Royalties	▶	23,291	0	0	23,291	
	6a Gross rents	(i) Real	73,448				
		(ii) Personal	0				
		b Less: rental expenses	0				
		c Rental income or (loss)	73,448				
	d Net rental income or (loss)	▶	73,448	0	0	73,448	
	7a Gross amount from sales of assets other than inventory	(i) Securities					
		(ii) Other					
		b Less: cost or other basis and sales expenses					
		c Gain or (loss)	0	0			
	d Net gain or (loss)	▶					
	8a Gross income from fundraising events (not including \$ 0 of contributions reported on line 1c). See Part IV, line 18	a					
		b Less: direct expenses	b				
		c Net income or (loss) from fundraising events . ▶					
	9a Gross income from gaming activities. See Part IV, line 19	a					
b Less: direct expenses		b					
c Net income or (loss) from gaming activities . . ▶							
10a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory . . ▶						
Miscellaneous Revenue		Business Code					
11a -----							
b -----							
c -----							
d All other revenue		16,415	0	0	16,415		
e Total. Add lines 11a-11d	▶	16,415					
12 Total revenue. See instructions.	▶	90,075,327	2,114,248	0	120,326		

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
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	86,334,619	86,334,619		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	44,596	44,596		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	82,766	82,766		
4 Benefits paid to or for members	0	0		
5 Compensation of current officers, directors, trustees, and key employees	235,851	0	235,851	0
6 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
7 Other salaries and wages	1,018,713	643,683	158,810	216,220
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	22,995	16,138	2,499	4,358
9 Other employee benefits	218,674	133,126	45,316	40,232
10 Payroll taxes	88,855	48,199	25,113	15,543
11 Fees for services (non-employees):				
a Management	0	0	0	0
b Legal	14,244	0	14,244	0
c Accounting	13,801	0	13,801	0
d Lobbying	0	0	0	0
e Professional fundraising services. See Part IV, line 17	23,220			23,220
f Investment management fees	148	0	148	0
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	26,598	5,496	5,407	15,695
12 Advertising and promotion	73,886	6,659	608	66,619
13 Office expenses	56,936	7,534	27,970	21,432
14 Information technology	42,844	4,063	19,130	19,651
15 Royalties	0	0	0	0
16 Occupancy	122,831	0	122,391	440
17 Travel	66,462	40,015	9,713	16,734
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
19 Conferences, conventions, and meetings	18,881	5,496	6,475	6,910
20 Interest	393	0	393	0
21 Payments to affiliates	0	0	0	0
22 Depreciation, depletion, and amortization	102,853	43,383	55,448	4,022
23 Insurance	10,149	0	10,149	0
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <u>Purchased inventory & repair parts</u>	743,519	743,519	0	0
b <u>Freight inbound & outbound</u>	224,248	223,490	723	35
c <u>Allocation of G&A exp (mainly occupancy)</u>	0	141,788	-143,322	1,534
d <u>Miscellaneous Expense</u>	8,749	126	2,930	5,693
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	89,596,831	88,524,696	613,797	458,338
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <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
Assets	1 Cash—non-interest-bearing	114,260	1	117,618
	2 Savings and temporary cash investments	1,842,324	2	1,949,351
	3 Pledges and grants receivable, net	0	3	2,175
	4 Accounts receivable, net	167,883	4	99,993
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	0
	6 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	6	0
	7 Notes and loans receivable, net	462	7	17
	8 Inventories for sale or use	115,924	8	71,738
	9 Prepaid expenses and deferred charges	47,832	9	58,279
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	3,064,932		
	b Less: accumulated depreciation	2,045,898	10c	1,019,034
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets	12,339	14	9,180
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	3,175,492	16	3,327,385	
Liabilities	17 Accounts payable and accrued expenses	184,546	17	141,779
	18 Grants payable	0	18	0
	19 Deferred revenue	283,570	19	210,122
	20 Tax-exempt bond liabilities	0	20	0
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
	22 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	22	0
	23 Secured mortgages and notes payable to unrelated third parties	0	23	0
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	258,336	25	47,948
	26 Total liabilities. Add lines 17 through 25	726,452	26	399,849
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	2,369,556	27	2,780,375
	28 Temporarily restricted net assets	79,484	28	147,161
	29 Permanently restricted net assets	0	29	0
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	2,449,040	33	2,927,536
34 Total liabilities and net assets/fund balances	3,175,492	34	3,327,385	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	90,075,327
2	Total expenses (must equal Part IX, column (A), line 25)	2	89,596,831
3	Revenue less expenses. Subtract line 2 from line 1	3	478,496
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,449,040
5	Net unrealized gains (losses) on investments	5	0
6	Donated services and use of facilities	6	0
7	Investment expenses	7	0
8	Prior period adjustments	8	0
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	2,927,536

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <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.		
2a 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 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	✓	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	✓	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		✓
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

2014

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.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization INTERNATIONAL AID INC	Employer identification number 38-2323550
--	---

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)(vii)**. (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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						0

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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	131,687,237	160,718,684	88,232,073	78,250,540	87,840,753	546,729,287
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	131,687,237	160,718,684	88,232,073	78,250,540	87,840,753	546,729,287
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						409,219,891
6 Public support. Subtract line 5 from line 4.						137,509,396

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4	131,687,237	160,718,684	88,232,073	78,250,540	87,840,753	546,729,287
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	42,663	86,068	89,581	110,297	103,911	432,520
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						547,161,807
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	14	25.13 %
15 Public support percentage from 2013 Schedule A, Part II, line 14	15	24.67 %
16a 33 1/3% support test—2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test—2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test—2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 10%-facts-and-circumstances test—2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2013 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18	%
19a 33 1/3% support tests—2014. 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 <input type="checkbox"/>		
b 33 1/3% support tests—2013. 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 <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions <input type="checkbox"/>		

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer (b) below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b	A family member of a person described in (a) above?		
c	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2	Activities Test. Answer (a) and (b) below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3	Parent of Supported Organizations. Answer (a) and (b) below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1** Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).			

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year	
1	Amounts paid to supported organizations to accomplish exempt purposes		
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity		
3	Administrative expenses paid to accomplish exempt purposes of supported organizations		
4	Amounts paid to acquire exempt-use assets		
5	Qualified set-aside amounts (prior IRS approval required)		
6	Other distributions (describe in Part VI). See instructions.		
7	Total annual distributions. Add lines 1 through 6.		
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.		
9	Distributable amount for 2014 from Section C, line 6		
10	Line 8 amount divided by Line 9 amount		

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014 (reasonable cause required—see instructions)			
3	Excess distributions carryover, if any, to 2014:			
a				
b				
c				
d				
e	From 2013			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2014 distributable amount			
i	Carryover from 2009 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2014 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6	Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7	Excess distributions carryover to 2015. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a				
b				
c				
d	Excess from 2013			
e	Excess from 2014			

Facts And Circumstances Test Explanations

Facts And Circumstances Test

International Aid receives both cash and noncash contributions from a broad range of donors including individuals, churches, foundations, companies, and estates. Over our 35 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 directly contact from 10,000 to 15,000 different donors each month. In fiscal year 2015, we received 407 noncash contributions from 81 different donors totaling approximately \$87 million. In FY15 we shipped this donated product and equipment to 151 different partner organizations working in 64 different countries. During our fiscal years 2010 to 2012 one donor TEVA Pharmaceuticals, 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. TEVA has not contributed 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. In fiscal year 2014, we received 4,603 cash contributions from 2,017 different donors totaling approximately \$1.4 million. We did not have any donor give more than 8% of the total monetary contributions received. Of the 4,603 donations made in FY15, 4,231 we made by 1,851 different families or individuals (both 92% of total). We received 142 donations by 64 different churches, 95 donations by 39 different companies, and 79 donations by 28 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 Secretary/Treasurer 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. Board director, Matt Stowell is Director of Development for Cure International. Lastly, board director and President/CEO of International Aid is Brian Anderson.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

Open to Public Inspection

Name of the organization: INTERNATIONAL AID INC; Employer identification number: 38-2323550

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4 for values, 5-6 for Yes/No questions.

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

Questions 1-9 regarding conservation easements, including a table for 'Held at the End of the Tax Year' with rows 2a-2d.

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.

Questions 1a-2 regarding art and historical treasures, including revenue and asset reporting requirements.

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
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? **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
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment ▶%
- b** Permanent endowment ▶%
- c** Temporarily restricted endowment ▶%

The percentages in lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations		
(ii) related organizations		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? **3b**

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
1a Land	0	66,000		66,000
b Buildings	0	2,450,844	1,538,155	912,689
c Leasehold improvements	0	268,539	243,724	24,815
d Equipment	0	279,549	264,019	15,530
e Other	0	0	0	0
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1,019,034

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) _____		
Total. (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) _____		
Total. (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) _____	
Total. (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) Partner Deposits	45,200	
(3) Charitable Gift Annuities	2,748	
(4) _____		
(5) _____		
(6) _____		
(7) _____		
(8) _____		
(9) _____		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►	47,948	

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.

1	Total revenue, gains, and other support per audited financial statements		1	90,075,327
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	0	
b	Donated services and use of facilities	2b	0	
c	Recoveries of prior year grants	2c	0	
d	Other (Describe in Part XIII.)	2d	0	
e	Add lines 2a through 2d	2e		0
3	Subtract line 2e from line 1		3	90,075,327
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	0	
b	Other (Describe in Part XIII.)	4b	0	
c	Add lines 4a and 4b	4c		0
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	90,075,327

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.

1	Total expenses and losses per audited financial statements		1	89,596,831
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	0	
b	Prior year adjustments	2b	0	
c	Other losses	2c	0	
d	Other (Describe in Part XIII.)	2d	0	
e	Add lines 2a through 2d	2e		0
3	Subtract line 2e from line 1		3	89,596,831
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	0	
b	Other (Describe in Part XIII.)	4b	0	
c	Add lines 4a and 4b	4c		0
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	89,596,831

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, 2012.

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2014

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.

▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

INTERNATIONAL AID INC

Employer identification number

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)					
3a Sub-total					
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)	0	0			82,766

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.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			Sub-Saharan Africa	Provide gift in kind an	1,331	Wire	45,093	Medical equipment, med	Fair Market Value
(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 **▶ 4**

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) Sch F, Stmt 2							
(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; do not file with Form 990)* 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; do not file with Form 990)* 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, field addresses 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.

Multiple horizontal dashed lines for supplemental information.

Accounts and Activities Outside the United States

		Offices	Employees	Total
Region	Sub-Saharan Africa	0	0	46,424
Activities	Grantmaking			
Services	Provide gift in kind and cash grant to assist organizations which provide relief to the world's poor, sick and suffering by providing food, medicine, and other assistance.			
Region	South America	0	0	31,385
Activities	Grantmaking			
Services	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.			
Region	East Asia and the Pacific	0	0	4,053
Activities	Grantmaking			
Services	Provide cash grant to provide relief to the world's poor, sick and suffering by providing food, medicine, and other assistance.			
Region	North America (including Canada and Mexico, but not the United States)	0	0	804
Activities	Grantmaking			
Services	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.			
Region	Central America and the Caribbean	0	0	100
Activities	Grantmaking			
Services	Provide cash grant to provide relief to the world's poor, sick and suffering by providing food, medicine, and other assistance.			
Total:		0	0	82,766

Grants To Individuals Located Outside US

		Recipients	Cash Grant	Non-Cash Assistance
Assistance	Provide gift in kind to assist organizations which provide relief to 1 the world's poor, sick and suffering by providing food, medicine, and other assistance.		0	31,385
Region	South America			
Cash Disbursement				
Desc. of Non-Cash Asst.	Medical Equipment, medical supplies, or health products			
Valuation	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.

OMB No. 1545-0047

2014

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			
1 See Schedule G, Part IV, Statement 1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total				1,416,284	23,220	1,393,064

- 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	1 Gross receipts				
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				
11 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	1 Gross revenue		
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 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	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct 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 conduct 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 conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%

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 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 provided specifications and copywriting for appeal letters and emails, in-house training, and phone consultation.	No	1,416,284	23,220	1,393,064
Total:			1,416,284	23,220	1,393,064

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

2014

**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.

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 Domestic Organizations and Domestic Governments. 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.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(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 ▶ 45
- 3** Enter total number of other organizations listed in the line 1 table ▶ 0

Part III Grants and Other Assistance to Domestic Individuals. 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, field addresses 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.
Name and address	ABWE Hospital Accounts PO Box 8585 Harrisburg, PA 17105	22-3176019	0	31,427
IRC code section	501c(3)			
Method of valuation	Fair Market Value			
Desc. of Non-Cash Asst.	Medical equipment, med supplies or health products			
Purpose of grant	Provide relief and assistance for ill, needy, and infants			
Name and address	Advancing Native Missions PO Box 5303 Charlottesville, VA 22905	75-2402759	0	3,479,832
IRC code section	501c(3)			
Method of valuation	Fair Market Value			
Desc. of Non-Cash Asst.	Medical equipment, med supplies or health products			
Purpose of grant	Provide relief and assistance for ill, needy, and infants			
Name and address	Apostolic Christian World Relief 1570 County Road 1300 N ROANOKE, IL 61561	20-3279241	0	23,947
IRC code section	501c(3)			
Method of valuation	Fair Market Value			
Desc. of Non-Cash Asst.	Medical equipment, med supplies or health products			
Purpose of grant	Provide relief and assistance for ill, needy, and infants			
Name and address	Assist International 800 South Stockton Ave Ripon, CA 95366	77-0243475	0	52,668
IRC code section	501c(3)			
Method of valuation	Fair Market Value			
Desc. of Non-Cash Asst.	Medical equipment, med supplies or health products			
Purpose of grant	Provide relief and assistance for ill, needy, and infants			
Name and address	C & M Alliance PO Box 35000 Colorado Springs, CO 80935	13-1623940	0	7,502
IRC code section	501c(3)			
Method of valuation	Fair Market Value			
Desc. of Non-Cash Asst.	Medical equipment, med supplies or health products			
Purpose of grant	Provide relief and assistance for ill, needy, and infants			
Name and address	Cancer Fund of America 2901 Breezewood Knoxville, TN 37921	58-1766061	0	44,627
IRC code section	501c(3)			
Method of valuation	Fair Market Value			
Desc. of Non-Cash Asst.	Medical equipment, med supplies or health products			
Purpose of grant	Provide relief and assistance for ill, needy, and infants			
Name and address	Caring Partners International 601 Shotwell Dr Franklin, OH 45005	37-1028228	0	29,871
IRC code section	501c(3)			

Schedule I, Part IV, Statement 1

INTERNATIONAL AID INC

Method of valuation	Fair Market Value			
Desc. of Non-Cash Asst.	Medical equipment, med supplies or health products			
Purpose of grant	Provide relief and assistance for ill, needy, and infants			
Name and address	Christian Aid Ministries PO Box 360 4464 SR 39E Berlin, OH 44610	34-1344364	0	11,365,901
IRC code section	501c(3)			
Method of valuation	Fair Market Value			
Desc. of Non-Cash Asst.	Medical equipment, med supplies or health products			
Purpose of grant	Provide relief and assistance for ill, needy, and infants			
Name and address	Christian Friends of Korea PO Box 936 Black Mountain, NC 28711	56-1923972	0	126,356
IRC code section	501c(3)			
Method of valuation	Fair Market Value			
Desc. of Non-Cash Asst.	Medical equipment, med supplies or health products			
Purpose of grant	Provide relief and assistance for ill, needy, and infants			
Name and address	CIS Dev Foundation Inc 77 Milltown Road Suite 8C East Brunswick, NJ 08816	22-3304404	0	1,434,232
IRC code section	501c(3)			
Method of valuation	Fair Market Value			
Desc. of Non-Cash Asst.	Medical equipment, med supplies or health products			
Purpose of grant	Provide relief and assistance for ill, needy, and infants			
Name and address	Convoy of Hope 330 S Patterson Ave Springfield, MO 65802	68-0051386	36,500	425,095
IRC code section	501c(3)			
Method of valuation	Fair Market Value			
Desc. of Non-Cash Asst.	Medical equipment, med supplies or health products			
Purpose of grant	Provide relief and assistance for ill, needy, and infants			
Name and address	Crisis Response International 1035 Maxwell Ave Nashville, TN 37206	20-8496320	0	20,663
IRC code section	501c(3)			
Method of valuation	Fair Market Value			
Desc. of Non-Cash Asst.	Medical equipment, med supplies or health products			
Purpose of grant	Provide relief and assistance for ill, needy, and infants			
Name and address	CURE International 701 Bosler Avenue Lemoyne, PA 17043	58-2248383	0	11,646
IRC code section	501c(3)			
Method of valuation	Fair Market Value			
Desc. of Non-Cash Asst.	Medical equipment, med supplies or health products			
Purpose of grant	Provide relief and assistance for ill, needy, and infants			
Name and address	Feed My Lambs Global Ministries Inc 147 Herbert Ave Elmont, NY 11003	30-0037266	0	8,056
IRC code section	501c(3)			
Method of valuation	Fair Market Value			
Desc. of Non-Cash Asst.	Medical equipment, med supplies or health products			

Schedule I, Part IV, Statement 1

INTERNATIONAL AID INC

Purpose of grant	Provide relief and assistance for ill, needy, and infants			
Name and address	GFTW - Gleaning for the World 7539 Stage Rd Concord, VA 24538	54-1930105	0	114,540
IRC code section	501c(3)			
Method of valuation	Fair Market Value			
Desc. of Non-Cash Asst.	Medical equipment, med supplies or health products			
Purpose of grant	Provide relief and assistance for ill, needy, and infants			
Name and address	Global Aid Network 2001 West Plano Pkwy Suite 2200 Plano, TX 75075	95-4578963	0	200,918
IRC code section	501c(3)			
Method of valuation	Fair Market Value			
Desc. of Non-Cash Asst.	Medical equipment, med supplies or health products			
Purpose of grant	Provide relief and assistance for ill, needy, and infants			
Name and address	Global Health Ministries 7831 Hickory Street NE Minneapolis, MN 55432	36-3532234	0	8,412
IRC code section	501c(3)			
Method of valuation	Fair Market Value			
Desc. of Non-Cash Asst.	Medical equipment, med supplies or health products			
Purpose of grant	Provide relief and assistance for ill, needy, and infants			
Name and address	Hackley Community Care Center 2700 Baker St Third Floor Muskegon Heights, MI 49444	38-3014011	0	24,391
IRC code section	501c(3)			
Method of valuation	Fair Market Value			
Desc. of Non-Cash Asst.	Medical equipment, med supplies or health products			
Purpose of grant	Provide relief and assistance for ill, needy, and infants			
Name and address	His Healing Helping Hands 2410 West Memorial Rd Suite C 133 Oklahoma City, OK 73134	73-1556380	0	21,663
IRC code section	501c(3)			
Method of valuation	Fair Market Value			
Desc. of Non-Cash Asst.	Medical equipment, med supplies or health products			
Purpose of grant	Provide relief and assistance for ill, needy, and infants			
Name and address	Hope Lighthouse MRC 2731 Peck St Muskegon, MI 49444	38-3287704	0	62,273
IRC code section	501c(3)			
Method of valuation	Fair Market Value			
Desc. of Non-Cash Asst.	Medical equipment, med supplies or health products			
Purpose of grant	Provide relief and assistance for ill, needy, and infants			
Name and address	Jon Erickson 9001 West 159th St Orland Hills, IL 60477	84-1234511	0	9,261
IRC code section	501c(3)			
Method of valuation	Fair Market Value			
Desc. of Non-Cash Asst.	Medical equipment, med supplies or health products			
Purpose of grant	Provide relief and assistance for ill, needy, and infants			

Schedule I, Part IV, Statement 1

INTERNATIONAL AID INC

Name and address	Just Kids Dental Inc PO Box 146 Two Harbors, MN 55616	27-2311353	0	30,940
IRC code section	501c(3)			
Method of valuation	Fair Market Value			
Desc. of Non-Cash Asst.	Medical equipment, med supplies or health products			
Purpose of grant	Provide relief and assistance for ill, needy, and infants			
Name and address	Kiamba Medical Foundation Inc 52886 Kenilworth Rd South Bend, IN 46637	38-3225516	0	15,829
IRC code section	501c(3)			
Method of valuation	Fair Market Value			
Desc. of Non-Cash Asst.	Medical equipment, med supplies or health products			
Purpose of grant	Provide relief and assistance for ill, needy, and infants			
Name and address	Kingsway Charities Inc 1119 Commonwealth Ave Bristol, VA 24201	54-1668650	0	18,583,133
IRC code section	501c(3)			
Method of valuation	Fair Market Value			
Desc. of Non-Cash Asst.	Medical equipment, med supplies or health products			
Purpose of grant	Provide relief and assistance for ill, needy, and infants			
Name and address	Living Grace Family Church 8012 West Waters Ave Tampa, FL 33615	71-0963284	0	10,611
IRC code section	501c(3)			
Method of valuation	Fair Market Value			
Desc. of Non-Cash Asst.	Medical equipment, med supplies or health products			
Purpose of grant	Provide relief and assistance for ill, needy, and infants			
Name and address	Love A Child Inc 12411 Commerce Lakes Drive Fort Myers, FL 33913	59-2672303	0	339,961
IRC code section	501c(3)			
Method of valuation	Fair Market Value			
Desc. of Non-Cash Asst.	Medical equipment, med supplies or health products			
Purpose of grant	Provide relief and assistance for ill, needy, and infants			
Name and address	Love INC 2735 E Apple Ave Suite A Muskegon, MI 49442	38-2450507	0	10,671
IRC code section	501c(3)			
Method of valuation	Fair Market Value			
Desc. of Non-Cash Asst.	Medical equipment, med supplies or health products			
Purpose of grant	Provide relief and assistance for ill, needy, and infants			
Name and address	North Kent Community Services 10075 Northland Dr Rockford, MI 49431	38-2066893	0	39,579
IRC code section	501c(3)			
Method of valuation	Fair Market Value			
Desc. of Non-Cash Asst.	Medical equipment, med supplies or health products			
Purpose of grant	Provide relief and assistance for ill, needy, and infants			
Name and address	North Star Foundation PO Box 36 North Attleboro, MA 02761	04-3414626	0	1,327,997
IRC code section	501c(3)			

Schedule I, Part IV, Statement 1

INTERNATIONAL AID INC

Method of valuation	Fair Market Value			
Desc. of Non-Cash Asst.	Medical equipment, med supplies or health products			
Purpose of grant	Provide relief and assistance for ill, needy, and infants			
Name and address	OM Ships International 781 St Andrews Road Florence, SC 29501	03-0577695	0	5,748
IRC code section	501c(3)			
Method of valuation	Fair Market Value			
Desc. of Non-Cash Asst.	Medical equipment, med supplies or health products			
Purpose of grant	Provide relief and assistance for ill, needy, and infants			
Name and address	Paradise Bound Ministries PO Box 156 Hamilton, MI 49419	38-3369941	0	106,487
IRC code section	501c(3)			
Method of valuation	Fair Market Value			
Desc. of Non-Cash Asst.	Medical equipment, med supplies or health products			
Purpose of grant	Provide relief and assistance for ill, needy, and infants			
Name and address	Partners In Development 55 Market St Suite 201 Ipswich, MA 01938	22-2536583	0	30,150
IRC code section	501c(3)			
Method of valuation	Fair Market Value			
Desc. of Non-Cash Asst.	Medical equipment, med supplies or health products			
Purpose of grant	Provide relief and assistance for ill, needy, and infants			
Name and address	Partnership with Native Americans 16415 Addison Rd Suite 200 Addison, TX 75001	58-1888256	0	7,046,662
IRC code section	501c(3)			
Method of valuation	Fair Market Value			
Desc. of Non-Cash Asst.	Medical equipment, med supplies or health products			
Purpose of grant	Provide relief and assistance for ill, needy, and infants			
Name and address	Real Hope for Haiti PO Box 23 Elwood, IN 46036	20-5603302	0	350,810
IRC code section	501c(3)			
Method of valuation	Fair Market Value			
Desc. of Non-Cash Asst.	Medical equipment, med supplies or health products			
Purpose of grant	Provide relief and assistance for ill, needy, and infants			
Name and address	Resurrection Life Church 5100 Ivanrest Ave SW Grandville, MI 49418	23-7025391	0	26,598
IRC code section	501c(3)			
Method of valuation	Fair Market Value			
Desc. of Non-Cash Asst.	Medical equipment, med supplies or health products			
Purpose of grant	Provide relief and assistance for ill, needy, and infants			
Name and address	Richard & Helen DeVos Foundation PO Box 230257 Grand Rapids, MI 49523	45-6659303	0	17,410
IRC code section	501c(3)			
Method of valuation	Fair Market Value			
Desc. of Non-Cash Asst.	Medical equipment, med supplies or health products			

Schedule I, Part IV, Statement 1

INTERNATIONAL AID INC

Purpose of grant	Provide relief and assistance for ill, needy, and infants			
Name and address	Salvadoran Amer Humanitarian 2050 Coral Way Suite 600 Miami, FL 33145	59-2339140	0	6,178
IRC code section	501c(3)			
Method of valuation	Fair Market Value			
Desc. of Non-Cash Asst.	Medical equipment, med supplies or health products			
Purpose of grant	Provide relief and assistance for ill, needy, and infants			
Name and address	Samaritan Aviation 528 E 4th Place Mesa, AZ 85203	84-1543484	0	6,768
IRC code section	501c(3)			
Method of valuation	Fair Market Value			
Desc. of Non-Cash Asst.	Medical equipment, med supplies or health products			
Purpose of grant	Provide relief and assistance for ill, needy, and infants			
Name and address	Shiloh Tabernacle Food Pantry 460 E Tyler Rd Muskegon, MI 49445	38-2700420	0	8,085
IRC code section	501c(3)			
Method of valuation	Fair Market Value			
Desc. of Non-Cash Asst.	Medical equipment, med supplies or health products			
Purpose of grant	Provide relief and assistance for ill, needy, and infants			
Name and address	SIM USA International 14830 Choate Circle PO Box 7900 Charlotte, NC 28241-7900	22-1936391	0	9,009
IRC code section	501c(3)			
Method of valuation	Fair Market Value			
Desc. of Non-Cash Asst.	Medical equipment, med supplies or health products			
Purpose of grant	Provide relief and assistance for ill, needy, and infants			
Name and address	South County Outreach 7 Whatney Suite B Irvine, CA 92618	33-0330233	0	8,993
IRC code section	501c(3)			
Method of valuation	Fair Market Value			
Desc. of Non-Cash Asst.	Medical equipment, med supplies or health products			
Purpose of grant	Provide relief and assistance for ill, needy, and infants			
Name and address	St Boniface Haiti Foundation 383 Elliot St Door G Suite 100 Newton Upper Falls, MA 02464	04-3067595	0	39,963
IRC code section	501c(3)			
Method of valuation	Fair Market Value			
Desc. of Non-Cash Asst.	Medical equipment, med supplies or health products			
Purpose of grant	Provide relief and assistance for ill, needy, and infants			
Name and address	UMCOR - United Methodist Committee on Rel 100 Maryland Ave NE Suite 4 Washington, DC 20002	13-5562279	0	53,539
IRC code section	501c(3)			
Method of valuation	Fair Market Value			

Schedule I, Part IV, Statement 1

INTERNATIONAL AID INC

Desc. of Non-Cash Asst.	Medical equipment, med supplies or health products			
Purpose of grant	Provide relief and assistance for ill, needy, and infants			
Name and address	United Mission of Goodwill Inc 40 Grizzly Lane Fortson, GA 31808	46-0279299	0	7,015
IRC code section	501c(3)			
Method of valuation	Fair Market Value			
Desc. of Non-Cash Asst.	Medical equipment, med supplies or health products			
Purpose of grant	Provide relief and assistance for ill, needy, and infants			
Name and address	World Assist 7695 Concerto Lane San Diego, CA 92127	26-1434692	0	39,517,502
IRC code section	501c(3)			
Method of valuation	Fair Market Value			
Desc. of Non-Cash Asst.	Medical equipment, med supplies or health products			
Purpose of grant	Provide relief and assistance for ill, needy, and infants			

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

		Number of recipients	Amt. of cash grant	Amt. of non-cash asst.
Type of grant	Provide relief and assistance for ill, needy, and infants	11	0	44,596
Method of valuation	Fair Market Value			
Desc. of Non-Cash Asst.	Medical equipment, med supplies or health products			

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2014

**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.

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	✓		3,768,267	Fair Value
20				
21				
22				
23				
24				
25				
26				
27				
28				
29				
30a				
31				
32a				
33				

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 through 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.

OMB No. 1545-0047

2014

**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 2015, the board of directors approved compensation for the President/CEO, after having reviewed compensation paid by similarly situated organizations and by paying for an independent compensation survey. This review was documented and will be maintained in the employee's file as well as in 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 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

NC

ND

NH

NM

NV

OR

PA

RI

SC

TN

VA

WA

WI

WV