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Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

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

2009

Open to Public Inspection

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

A For the 2009 calendar year, or tax year beginning 07-01-2009 and ending 06-30-2010

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

Please use IRS label or print or type. See Specific Instructions.

C Name of organization: INTERNATIONAL AID INC. Doing Business As: Number and street (or P O box if mail is not delivered to street address): 17011 W HICKORY. Room/suite: City or town, state or country, and ZIP + 4: SPRING LAKE, MI 49456

D Employer identification number: 38-2323550. E Telephone number: (616) 846-7490. G Gross receipts \$ 74,227,400

F Name and address of principal officer: david wisen, 17011 WHICKORY, SPRING LAKE, MI 49456

H(a) Is this a group return for affiliates? Yes No. H(b) Are all affiliates included? Yes No. H(c) Group exemption number

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

J Website: WWW.INTERNATIONALAID.ORG

K Form of organization: Corporation. L Year of formation: 1980. M State of legal domicile: MI

Part I Summary

1 Briefly describe the organization's mission or most significant activities: 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 US AND IN OTHER COUNTRIES THROUGHOUT THE WORLD, IN THE NAME OF JESUS CHRIST. 2 Check this box 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 6. 5 Total number of employees (Part V, line 2a) 5 54. 6 Total number of volunteers (estimate if necessary) 6 100. 7a Total gross unrelated business revenue from Part VIII, column (C), line 12 7a 0. 7b Net unrelated business taxable income from Form 990-T, line 34 7b 0.

Table with 3 columns: Description, Prior Year, Current Year. Rows include Revenue (8-12), Expenses (13-19), and Net Assets or Fund Balances (20-22).

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. Signature of officer: DAVID WISEN PRESIDENT. Date: 2010-11-08.

Paid Preparer's Use Only: Preparer's signature: ROGER B OPPENHUIZEN. Date: Firm's name (or yours if self-employed), address, and ZIP + 4: MONROE SWEERIS & TROMP PLC, 6617 CROSSING DRIVE STE 100, GRAND RAPIDS, MI 49508. Preparer's identifying number (see instructions): EIN: Phone no: (616) 554-5800.

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

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission

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 US AND IN OTHER COUNTRIES THROUGHOUT THE WORLD, IN THE NAME OF JESUS CHRIST

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes 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 exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses \$ 70,632,085 including grants of \$ 70,263,136) (Revenue \$ 434,070)

HEALTH PRODUCTS 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 IN FY10 INTERNATIONAL AID DIRECTED DONATED HEALTH PRODUCTS VALUED AT APPROXIMATELY \$70M FROM 40 DIFFERENT SOCIALLY RESPONSIBLE DONORS TO 35 DIFFERENT HUMANITARIAN ORGANIZATIONS WITH GREAT MINISTRY OPPORTUNITY

4b (Code) (Expenses \$ 1,758,384 including grants of \$ 975,766) (Revenue \$ 640,986)

MEDICAL EQUIPMENT INTERNATIONAL AID SERVES A CRITICAL LINK BETWEEN EQUIPMENT DONORS 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 SUPPORTING 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 OF BEING POWERED BY SOLAR ENERGY AND ABLE TO PERFORM 80% OF STANDARD DIAGNOST TESTS IN FY10 INTERNATIONAL AID RECEIVED DONATED MEDICAL EQUIPMENT OF APPROXIMATELY \$1M FROM 25 DIFFERENT DONORS AND DISTRIBUTED THIS EQUIPMENT TO 120 PARTNERS WITH GREAT MINISTRY OPPORTUNITY

4c (Code) (Expenses \$ 356,995 including grants of \$) (Revenue \$ 32,954)

dISCONTINUED PROGRAMS DURING THE YEAR ENDED JUNE 30, 2010 INTERNATIONAL AID DISCONTINUED ITS SAFE WATER INITIATIVE PROGRAM TRANSFERRING THE ASSOCIATED ASSETS AND RELATED LIABILITIES TO A NON-RELATED PARTY ADDITIONALLY THE ORGANIZATION CLOSED ITS OPERATIONS IN GHANA, HONDURAS, INDONESIA AND THE PHILIPPINES ELIMINATING ALL OPERATING EXPENSE, DISPOSING OF THE RELATED ASSETS, AND SETTLING ITS RELATED LIABILITIES

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

4e Total program service expenses \$ 72,747,464

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"/>	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? <input checked="" type="checkbox"/>	Yes	
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>		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>		No
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where 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 checked="" type="checkbox"/>		No
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 checked="" type="checkbox"/>		No
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 checked="" type="checkbox"/>		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> <input checked="" type="checkbox"/>		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> <input checked="" type="checkbox"/>		No
11	Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.</i> <input checked="" type="checkbox"/>	Yes	
	• 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>		
	• 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>		
	• 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>		
	• 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>		
	• Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>		
	• 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? <i>If "Yes," complete Schedule D, Part X.</i>		
12	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i> <input checked="" type="checkbox"/>	Yes	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? <input checked="" type="checkbox"/>	Yes	No
	<i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional</i> <input checked="" type="checkbox"/>		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	Yes	
14b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Part I</i> <input checked="" type="checkbox"/>	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? <i>If "Yes," complete Schedule F, Part II</i> <input checked="" type="checkbox"/>	Yes	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S? <i>If "Yes," complete Schedule F, Part III</i> <input checked="" type="checkbox"/>	Yes	
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		No
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>		No
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>		No
20	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		No

Part IV Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
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 questions 24b-24d and complete Schedule K. If "No," go to line 25</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
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>	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	27		No
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>	28a	Yes	
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
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>	32		No
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>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35		No
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>	36		No
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>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable		
	1a 25		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	1b 0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
	1c		
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return		
	2a 54		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	Yes	
	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		No
	3a		
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	Yes	
	4a		
b	If "Yes," enter the name of the foreign country: <input type="checkbox"/> GH, <input type="checkbox"/> HO, <input type="checkbox"/> ID, <input type="checkbox"/> RP See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts		
	4b		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
	5a		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
	5b		
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		No
	6a		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
	6b		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		No
	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
	7f		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
	8		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		
	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
	9b		
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body; 1b Enter the number of voting members that 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?; 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?; 4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a material diversion of the organization's assets?; 6 Does the organization have members or stockholders?; 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?; 7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following; 8a The governing body?; 8b Each committee with authority to act on behalf of the governing body?; 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.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Does the organization have local chapters, branches, or affiliates?; 10b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?; 11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?; 11A Describe in Schedule O the process, if any, used by the organization to review the Form 990; 12a Does the organization have a written conflict of interest policy? If "No," go to line 13; 12b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done; 13 Does the organization have a written whistleblower policy?; 14 Does the organization have a written document retention and destruction policy?; 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; 15b Other officers or key employees of the organization; 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?; 16b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed; 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply; 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table; 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization.

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

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. Use Schedule J-2 if additional space is needed.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's **current** key employees. 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, or 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 the organization did not compensate any current or former officer, director, trustee or key employee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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			
See add'l data										

1b Total	221,484	0	17,378
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2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **0**

		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>	Yes	
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>		No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		No

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

(A) Name and business address	(B) Description of services	(C) Compensation
LOGENIX INT'L LLC 5285 SHAWNEE ROAD SUITE 320 ALEXANDRIA, VA 22312	FREIGHT FORWARDER	177,328
FAIRMONT TURNBERRY ISLE RESORT 19999 WEST COUNTRY CLUB DRIVE MIAMI, FL 33180	FACILITY RENTAL	149,108

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

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns 1a 10,762					
	b	Membership dues 1b					
	c	Fundraising events 1c					
	d	Related organizations 1d					
	e	Government grants (contributions) 1e					
	f	All other contributions, gifts, grants, and similar amounts not included above 1f 72,511,850					
	g	Noncash contributions included in lines 1a-1f \$ 71,238,902					
	h	Total. Add lines 1a-1f ▶	72,522,612				
Program Service Revenue	2a	MEDICAL EQUIP SERVICE	900,099	542,955	542,955		
	b	DISTRIBUTION SERVICE F	900,099	378,407	378,407		
	c	SHIPPING REVENUE	900,099	152,910	152,910		
	d	WATER FILTER SERVICE F	900,099	33,738	33,738		
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f ▶	1,108,010				
Other Revenue	3	Investment income (including dividends, interest and other similar amounts) ▶		4,178		4,178	
	4	Income from investment of tax-exempt bond proceeds . . . ▶					
	5	Royalties ▶		20,677		20,677	
	6a		(i) Real				
			(ii) Personal				
		b	Less rental expenses				
		c	Rental income or (loss)				
	d	Net rental income or (loss) ▶					
	7a		(i) Securities				
			(ii) Other				
		b	Less cost or other basis and sales expenses				
		c	Gain or (loss)				
d	Net gain or (loss) ▶		228,227		228,227		
8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 a						
b	Less direct expenses b						
c	Net income or (loss) from fundraising events . . . ▶						
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	MISCELLANEOUS INCOME	900,099	15,593		15,593		
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d ▶		15,593				
12	Total revenue. See Instructions ▶		73,899,297	1,108,010	0	268,675	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	67,275,324	67,275,324		
2	Grants and other assistance to individuals in the U S See Part IV, line 22	3,844,117	3,844,117		
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	119,461	119,461		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	140,565		140,565	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	641,741	517,737	106,453	17,551
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	4,185	3,080	706	399
9	Other employee benefits	105,510	62,750	42,109	651
10	Payroll taxes	70,957	40,124	28,616	2,217
11	Fees for services (non-employees)				
a	Management	155,000		155,000	
b	Legal	156,255	10,457	152,198	-6,400
c	Accounting	29,232	104	29,128	
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees	17,180		17,180	
g	Other	19,513	13,976	22,741	-17,204
12	Advertising and promotion	140	-1,263		1,403
13	Office expenses	78,574	12,916	48,177	17,481
14	Information technology	33,431	1,545	16,795	15,091
15	Royalties				
16	Occupancy	97,859	9,100	88,759	
17	Travel	49,354	23,006	26,164	184
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	12,724	10,660	1,387	677
20	Interest	2,343	4	2,339	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	178,676	52,088	124,697	1,891
23	Insurance	13,707		13,707	
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a	PURCHASED GOODS	304,937	304,937		
b	FREIGHT	206,633	206,206	256	171
c	RELIEF AND DEVELOPMENT	68,368	68,602		-234
d	ALLOCATION OF GEN/ADMIN	0	135,071	-135,578	507
e					
f	All other expenses	43,294	37,462	3,817	2,015
25	Total functional expenses. Add lines 1 through 24f	73,669,080	72,747,464	885,216	36,400
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	199,357	1	281,781
	2 Savings and temporary cash investments	80,858	2	523
	3 Pledges and grants receivable, net	79,767	3	200
	4 Accounts receivable, net	69,650	4	29,253
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net	2,414	7	4,342
	8 Inventories for sale or use	223,772	8	93,084
	9 Prepaid expenses and deferred charges	94,373	9	34,966
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	2,707,687		
	b Less accumulated depreciation	1,980,372	10c	727,315
	11 Investments—publicly traded securities	1,274	11	
	12 Investments—other securities See Part IV, line 11		12	
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets	28,133	14	24,974
	15 Other assets See Part IV, line 11	24,361	15	19,675
16 Total assets. Add lines 1 through 15 (must equal line 34)	2,027,273	16	1,216,113	
Liabilities	17 Accounts payable and accrued expenses	828,892	17	102,778
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	278,572	23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities Complete Part X of Schedule D	94,698	25	58,007
	26 Total liabilities. Add lines 17 through 25	1,202,162	26	160,785
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	196,187	27	897,898
	28 Temporarily restricted net assets	628,924	28	157,430
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, 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	825,111	33	1,055,328	
34 Total liabilities and net assets/fund balances	2,027,273	34	1,216,113	

Part XI Financial Statements and Reporting

		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? . . .		No
2b	Were the organization's financial statements audited by an independent accountant?	Yes	
2c	If "Yes," to 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	Yes	
2d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits . . .		

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2009

Open to Public Inspection

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

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

Department of the Treasury
Internal Revenue Service

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 **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 10 An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h
 a Type I b Type II c Type III - Functionally integrated d Type III - Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?
 (ii) a family member of a person described in (i) above?
 (iii) a 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s)

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

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

Part II Support Schedule for Organizations Described in IRC 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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	77,881,306	44,908,270	73,961,584	59,584,788	72,522,612	328,858,560
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	77,881,306	44,908,270	73,961,584	59,584,788	72,522,612	328,858,560
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)						148,753,053
6 Public Support. Subtract line 5 from line 4						180,105,507

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	77,881,306	136,216	73,961,584	59,584,788	72,522,612	328,858,560
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	168,337	136,216	79,791	23,084	24,855	432,283
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 Total support (Add lines 7 through 10)						329,290,843
12 Gross receipts from related activities, etc (See instructions)					12	14,923,375

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

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f))	14	54.690 %
15 Public Support Percentage for 2008 Schedule A, Part II, line 14	15	68.060 %

16a 33 1/3% support test—2009. 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

b 33 1/3% support test—2008. If the organization did not check the 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

17a 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization

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

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

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11 and 12)						

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

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests—2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Additional Data

Software ID:
Software Version:
EIN: 38-2323550
Name: INTERNATIONAL AID INC

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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			
DAVID WISEN BOARD CHAIRMAN, PRES, CE	40 00	X		X				0	0	0
CHARLES LINDBERG TREASURER	30	X		X				0	0	0
JAMES MACDONALD DIRECTOR	30	X						0	0	0
FRANK FERNANDES DIRECTOR	30	X						0	0	0
SCOTT PIERRE DIRECTOR	30	X						0	0	0
ROGER SPOELMAN DIRECTOR	30	X						0	0	0
TIM COAN DIRECTOR	30	X						0	0	0
henry mosley DIRECTOR	30	X						0	0	0
CATHY MASAMITSU DIRECTOR	30	X						0	0	0
PETER EGBERT DIRECTOR	30	X						0	0	0
BOB BERKHOF DIRECTOR	30	X						0	0	0
SCOTT CARPENTER DIRECTOR	30	X						0	0	0
VALERIE VOLKEMA DIRECTOR	30	X						0	0	0
MARY JO REENDERS SECRETARY	30			X				0	0	0
GORDON D LOUX PRESIDENT	40 00			X				2,000	0	0
BRIAN ANDERSON GENERAL MANAGER	40 00			X				76,515	0	7,555
KIRK CUTLER FINANCE MANAGER	40 00			X				52,169	0	9,823
ROBERT WIERSMA FORMER DIRECTOR						X		90,800	0	0

SCHEDULE D (Form 990)

OMB No 1545-0047

Supplemental Financial Statements

2009

Open to Public Inspection

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. Attach to Form 990. See separate instructions.

Department of the Treasury Internal Revenue Service

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: Total number at end of year, Aggregate contributions to (during year), Aggregate grants from (during year), Aggregate value at end of year.

- 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

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

- 1 Purpose(s) of conservation easements held by the organization (check all that apply): Preservation of land for public use, Protection of natural habitat, Preservation of open space, Preservation of an historically important land area, Preservation of a certified historic structure.

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

- a Total number of conservation easements
b Total acreage restricted by conservation easements
c Number of conservation easements on a certified historic structure included in (a)
d Number of conservation easements included in (c) acquired after 8/17/06

Table with 2 columns: Held at the End of the Year. Rows 2a, 2b, 2c, 2d.

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

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

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

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

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

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

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

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

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

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

(ii) Assets included in Form 990, Part X \$

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

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

b Assets included in Form 990, Part X \$

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

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a Public exhibition, b Scholarly research, c Preservation for future generations, d Loan or exchange programs, e Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIV and complete the following table

Table with 2 columns: Description (1c-1f) and Amount

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

b If "Yes," explain the arrangement in Part XIV

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

Table with 6 columns: (a) Current Year, (b) Prior Year, (c) Two Years Back, (d) Three Years Back, (e) Four Years Back. Rows 1a-1g.

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment %, b Permanent endowment %, c Term endowment %

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

Table with 2 columns: Yes, No. Rows 3a(i), 3a(ii), 3b.

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

4 Describe in Part XIV the intended uses of the organization's endowment funds

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

Table with 5 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows 1a-1e and Total.

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	73,899,297
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	73,669,080
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	230,217
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	0
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	230,217

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

1	Total revenue, gains, and other support per audited financial statements	1	73,616,194
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	73,616,194
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	283,103
c	Add lines 4a and 4b	4c	283,103
5	Total Revenue Add lines 3 and 4c . (This should equal Form 990, Part I, line 12)	5	73,899,297

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

1	Total expenses and losses per audited financial statements	1	73,312,085
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	73,312,085
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	356,995
c	Add lines 4a and 4b	4c	356,995
5	Total expenses Add lines 3 and 4c . (This should equal Form 990, Part I, line 18)	5	73,669,080

Part XIV Supplemental Information

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

Identifier	Return Reference	Explanation
Part XII, Line 4b - Other Adjustments		REVENUE GENERATED FROM DISCONTINUED OPERATIONS 51130 GAIN ON SETTLEMENT OF ASSETS & LIABILITIES FROM DISCONTINUED OPERATIONS 231973
Part XIII, Line 4b - Other Adjustments		expenses from discontinued operations 356995

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

OMB No 1545-0047

2009

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

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" to Form 990, Part IV, line 14b.

- 1 For grantmakers. Does the organization maintain records to substantiate the amount of the grants or assistance...
2 For grantmakers. Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States
3 Activities per Region (Use Schedule F-1 (Form 990) if additional space is needed)

Table with 6 columns: (a) Region, (b) Number of offices in the region, (c) Number of employees or agents in region, (d) Activities conducted in region (by type), (e) If activity listed in (d) is a program service, describe specific type of service(s) in region, (f) Total expenditures for region. Includes rows for CENTRAL AMERICA & CARIBBEAN, EAST ASIA AND THE PACIFIC, SUB-SAHARAN AFRICA, and a Totals row.

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.
Use Schedule F-1 (Form 990) 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)
FURNISH MEDICAL CLINIC	CENTRAL AMERICA & CARIBBEAN	1			84,886	MEDICAL EQUIPMENT	FMV

**Schedule I
(Form 990)**

OMB No 1545-0047

**Grants and Other Assistance to Organizations,
Governments and Individuals in the United States**
Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.
▶ **Attach to Form 990**

2009

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization
INTERNATIONAL AID INC

Employer identification number
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 III Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
See Additional Data Table							

2 Enter total number of section 501(c)(3) and government organizations	▶ <u>48</u>
3 Enter total number of other organizations	▶ <u>5</u>

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
 Use Schedule I-1 (Form 990) 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
RELIEF AND ASSISTANCE FOR ILL, NEEDY AND INFANTS	15		3,844,117	FMV	MED EQUIP, SUPPLIES OR HEALTH PRODUCTS
See Additional Data Table					

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
Procedure for Monitoring Grants in the U S	Part I, Line 2	Schedule I, Part I, Line 2 INTERNATIONAL AID HAS A COMMITTEE WHICH REVIEWS AND APPROVES DONOR RECIPIENTS WHO WISH TO RECIEVE GIFT IN KIND SUPPORT POTENTIAL RECIPIENTS MUST SUBMIT AN APPLICATION PROVIDING INFORMATION SUCH AS ORGANIZATION MISSION STATEMENT, FIELD ADDRESS OF WHERE GIFT IN KIND WILL BE USED, REFERENCES, A COPY OF IRS TAX EXEMPT STATUS, AND THE APPLICANT MUST CERTIFY THAT ALL GIFT IN KIND RECEIVED FROM INTERNATIONAL AID WILL BE USED EXCLUSIVELY FOR THE TREATMENT OF THE ILL, NEEDY, AND INFANTS ADDITIONALLY, THEY ARE TO AGREE TO PROVIDE FEEDBACK INFORMATION WHICH SHOULD INCLUDE NUMBER OF PEOPLE SERVED, PHOTOS, AND A REPORT OF THOSE SERVED OCCASIONALLY, INTERNATIONAL AID STAFF WILL CONDUCT ON-SITE VISITS TO DONOR RECIPIENTS HELPING ENSURE THE APPROPRIATE USE OF GIFT IN KIND RECEIVED

Software ID:
Software Version:
EIN: 38-2323550
Name: INTERNATIONAL AID INC

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
ACTS INT'L MINA CALL TO SERVE601 BUSINESS LOOP 70 WEST SUITE 113 COLUMBIA, MO 65203	95-4365541	501(C)(3)		5,970,981	FMV	MED EQUIP, SUPPLIES OR HEALTH PRODUCTS	RELIEF AND ASSISTANCE FOR ILL, NEEDY AND INFANTS
adra125014 old columbia pike SILVER SPRINGS, MD 20904	52-1314847	501(C)(3)		157,251	FMV	MED EQUIP, SUPPLIES OR HEALTH PRODUCTS	RELIEF AND ASSISTANCE FOR ILL, NEEDY AND INFANTS MEDICAL TREATMENT OF ILL, NEEDY AND INFANTS
C & M ALLIANCEPO BOX 35000 COLORADO springs, CO 80935	13-1623940	501(C)(3)		46,500	FMV	MED EQUIP, SUPPLIES OR HEALTH PRODUCTS	RELIEF AND ASSISTANCE FOR ILL, NEEDY AND INFANTS
cancer fund of america2901 breezewood lane knoxville, TN 37921	58-1766061	501(C)(3)		77,507	FMV	MED EQUIP, SUPPLIES OR HEALTH PRODUCTS	RELIEF AND ASSISTANCE FOR ILL, NEEDY AND INFANTS
cascade engineering inc5145 36TH ST GRAND RAPIDS, MI 49512				202,285	FMV	MED EQUIP, SUPPLIES OR HEALTH PRODUCTS	RELIEF AND ASSISTANCE FOR ILL, NEEDY AND INFANTS
CHRISTIAN AID MINISTRIESPO BOX 360 4464 SR 39E BERLIN, OH 44610	34-1344364	501(C)(3)		6,392,511	FMV	MED EQUIP, SUPPLIES OR HEALTH PRODUCTS	RELIEF AND ASSISTANCE FOR ILL, NEEDY AND INFANTS
CHRISTIAN WORLD OUTREACH12249 MEAD way littleton, CO 80125	84-1445744	501(C)(3)		69,438	FMV	MED EQUIP, SUPPLIES OR HEALTH PRODUCTS	RELIEF AND ASSISTANCE FOR ILL, NEEDY AND INFANTS
church of bible understanding 1300 S 58TH STREET PHILADELPHIA, PA 19143	23-7184229	501(C)(3)		5,746	FMV	MED EQUIP, SUPPLIES OR HEALTH PRODUCTS	RELIEF AND ASSISTANCE FOR ILL, NEEDY AND INFANTS
CHURCHES HELPING CHURCHESPO BOX 6558 ELGIN, IL 60121	27-1747541	501(C)(3)		1,705,562	FMV	MED EQUIP, SUPPLIES OR HEALTH PRODUCTS	RELIEF AND ASSISTANCE FOR ILL, NEEDY AND INFANTS
CIS DEV FOUNDATION INC 77 MILLTOWN ROAD SUITE 8C EAST BRUNSWICK, NJ 08816	22-3304404	501(C)(3)		6,453,701	FMV	MED EQUIP, SUPPLIES OR HEALTH PRODUCTS	RELIEF AND ASSISTANCE FOR ILL, NEEDY AND INFANTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
CLINTON FOUNDATION HIVAIDS225 WATER STREET QUINCY, MA 02169	20-0921629	501(C)(3)		12,800	FMV	MED EQUIP, SUPPLIES OR HEALTH PRODUCTS	RELIEF AND ASSISTANCE FOR ILL, NEEDY AND INFANTS
CROSS INTERNATIONAL 600SW THIRD ST STE 2201 POMPANO BEACH, FL 33060	65-1086387	501(C)(3)		11,678,634	FMV	MED EQUIP, SUPPLIES OR HEALTH PRODUCTS	RELIEF AND ASSISTANCE FOR ILL, NEEDY AND INFANTS
CURE INTERNATIONAL 701 BOSLER AVE LEMOYE, PA 17043	58-2248383	501(C)(3)		13,262	FMV	MED EQUIP, SUPPLIES OR HEALTH PRODUCTS	RELIEF AND ASSISTANCE FOR ILL, NEEDY AND INFANTS
DOCTORS ON CALL FOR SERVICE PO BOX 245974 SAINT SIMONS ISLAND, GA 31522	58-2121380	501(C)(3)		12,730	FMV	MED EQUIP, SUPPLIES OR HEALTH PRODUCTS	RELIEF AND ASSISTANCE FOR ILL, NEEDY AND INFANTS
ELIM CHRISTIAN SERVICES 130250 SOUTH CENTRAL AVE PALOS HEIGHTS, IL 60463	36-2276614	501(C)(3)		36,879	FMV	MED EQUIP, SUPPLIES OR HEALTH PRODUCTS	RELIEF AND ASSISTANCE FOR ILL, NEEDY AND INFANTS
FLOATING DOCTORS 146 COCHISE COURT PALM COAST, FL 32137	30-0492985	501(C)(3)		12,730	FMV	MED EQUIP, SUPPLIES OR HEALTH PRODUCTS	RELIEF AND ASSISTANCE FOR ILL, NEEDY AND INFANTS
GLOBAL PARTNERS - WESLEYAN WM6060 CASTLEWay dr west po bo indianapolis, IN 46250		501(C)(3)		19,727	FMV	MED EQUIP, SUPPLIES OR HEALTH PRODUCTS	RELIEF AND ASSISTANCE FOR ILL, NEEDY AND INFANTS
glow MINISTRIES - USA 100S PINE SUITE 380 ZEELAND, MI 49464	38-3401246	501(C)(3)		245,519	FMV	MED EQUIP, SUPPLIES OR HEALTH PRODUCTS	RELIEF AND ASSISTANCE FOR ILL, NEEDY AND INFANTS
HOPE LIGHTHOUSE MRC 444 IRWIN STREET MUSKEGON, MI 49444	38-3287704	501(C)(3)		158,124	FMV	MED EQUIP, SUPPLIES OR HEALTH PRODUCTS	RELIEF AND ASSISTANCE FOR ILL, NEEDY AND INFANTS
INTERNATIONAL DISAPORA FOUNDATION 15610 CRENSHAW BLVD GARDENA, CA 90249	20-2609920	501(C)(3)		363,398	FMV	MED EQUIP, SUPPLIES OR HEALTH PRODUCTS	RELIEF AND ASSISTANCE FOR ILL, NEEDY AND INFANTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
life for relief & development 17300 w 10 mile road SOUTHFIELD, MI 48075	95-4402149	501(C)(3)		436,709	FMV	MED EQUIP, SUPPLIES OR HEALTH PRODUCTS	RELIEF AND ASSISTANCE FOR ILL, NEEDY AND INFANTS
LIFE RESOURCES INTERNATIONAL1006 N FIRST STREET JUDSONIA, AR 72081	26-2726679	501(C)(3)		7,083	FMV	MED EQUIP, SUPPLIES OR HEALTH PRODUCTS	RELIEF AND ASSISTANCE FOR ILL, NEEDY AND INFANTS
MEDSHA re INTERNATIONAL INC3240 CLIFTON SPRINGS RD DECATUR, GA 30034	58-2433968	501(C)(3)		5,198	FMV	MED EQUIP, SUPPLIES OR HEALTH PRODUCTS	RELIEF AND ASSISTANCE FOR ILL, NEEDY AND INFANTS
MESSENGERS OF MERCY25 W 560 GENEVA ROAD CAROL STREAM, IL 60188	36-4203666	501(C)(3)		1,146,005	FMV	MED EQUIP, SUPPLIES OR HEALTH PRODUCTS	RELIEF AND ASSISTANCE FOR ILL, NEEDY AND INFANTS
MONTAGUE-WHITEHALL ROTARY CLUBPO BOX 102 WHITEHALL, MI 49461		501(C)(3)		614,617	FMV	MED EQUIP, SUPPLIES OR HEALTH PRODUCTS	RELIEF AND ASSISTANCE FOR ILL, NEEDY AND INFANTS
MUSKEGON COMMUNITY COLLEGE221 S QUARTERLINE RD MUSKEGON, MI 49442		501(C)(3)		6,000	FMV	MED EQUIP, SUPPLIES OR HEALTH PRODUCTS	RELIEF AND ASSISTANCE FOR ILL, NEEDY AND INFANTS
NATIONAL RELIEF CHARITIES500 E PAYTON ST SHERMAN, TX 75090	58-1888256	501(C)(3)		12,159,577	FMV	MED EQUIP, SUPPLIES OR HEALTH PRODUCTS	RELIEF AND ASSISTANCE FOR ILL, NEEDY AND INFANTS
OPEN DOOR USA2953 S PULLMAN ST SANTA ANA, CA 92705	23-7275342	501(C)(3)		13,043,387	FMV	MED EQUIP, SUPPLIES OR HEALTH PRODUCTS	RELIEF AND ASSISTANCE FOR ILL, NEEDY AND INFANTS
PAUL CARLSON PARTNERSHIP5101 N FRANCISCO CHICAGO, IL 60625	36-2645180	501(C)(3)		27,248	FMV	MED EQUIP, SUPPLIES OR HEALTH PRODUCTS	RELIEF AND ASSISTANCE FOR ILL, NEEDY AND INFANTS
RAYS OF HOPE FOR HAITI 1313 BRISTOL ROAD NW GRAND RAPIDS, MI 49504	65-0540258	501(C)(3)		149,439	FMV	MED EQUIP, SUPPLIES OR HEALTH PRODUCTS	RELIEF AND ASSISTANCE FOR ILL, NEEDY AND INFANTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
REAL HOPE FOR HAITIPO BOX 23 ELWOOD, IN 46036	20-5603302	501(C)(3)		98,617	FMV	MED EQUIP, SUPPLIES OR HEALTH PRODUCTS	RELIEF AND ASSISTANCE FOR ILL, NEEDY AND INFANTS
salvadoran amerhumanitarian 2050 caROL WAY SUITE 600 MIAMI, FL 33145	59-2339140	501(C)(3)		1,657,728	FMV	MED EQUIP, SUPPLIES OR HEALTH PRODUCTS	RELIEF AND ASSISTANCE FOR ILL, NEEDY AND INFANTS
SAM SPIRITUAL AWAKENING MISSIO4725 EVORA RD CONCORD, CA 94520	56-2459022			7,083	FMV	MED EQUIP, SUPPLIES OR HEALTH PRODUCTS	RELIEF AND ASSISTANCE FOR ILL, NEEDY AND INFANTS
SERVING THE NATIONS 6611 ASHMERE LN CENTREVILLE, VA 20120		501(C)(3)		2,436,099	FMV	MED EQUIP, SUPPLIES OR HEALTH PRODUCTS	RELIEF AND ASSISTANCE FOR ILL, NEEDY AND INFANTS
SOS AMERICAN FOUNDATION INC421 LEGGETT STREET SCRANTON, PA 18508	65-1290368	501(C)(3)		1,462,511	FMV	MED EQUIP, SUPPLIES OR HEALTH PRODUCTS	RELIEF AND ASSISTANCE FOR ILL, NEEDY AND INFANTS
THE LOT FOUNDATION 13151 LAKESHORE DRIVE GRAND HAVEN, MI 49417	42-1561347	501(C)(3)		7,674	FMV	MED EQUIP, SUPPLIES OR HEALTH PRODUCTS	RELIEF AND ASSISTANCE FOR ILL, NEEDY AND INFANTS

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2009

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

Department of the Treasury
Internal Revenue Service

Name of the organization
INTERNATIONAL AID INC

Employer identification number

38-2323550

Part I Questions Regarding Compensation

Yes No

- 1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.
- | | |
|---|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax idemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- | | |
|--|--|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:

a Receive a severance payment or change-of-control payment?

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

c Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.

5 For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

a The organization?

b Any related organization?

If "Yes," to line 5a or 5b, describe in Part III

6 For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

a The organization?

b Any related organization?

If "Yes," to line 6a or 6b, describe in Part III

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		No
4b		No
4c		No
5a		No
5b		No
6a		No
6b		No
7		No
8		No
9		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
ROBERT WIERSMA	(i)	90,800	0	0	0	0	90,800	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
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Schedule L
(Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

2009

Open to Public Inspection

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b.**
▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

Department of the Treasury
Internal Revenue Service

Name of the organization
INTERNATIONAL AID INC

Employer identification number
38-2323550

Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ▶ \$ _____

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ _____

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization? To From		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
					Yes	No	Yes	No	Yes	No
Total ▶ \$ _____										

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance
-------------------------------	---	---

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
GORDON LOUX	FORMER PRESIDENT	155,000	MGMT SERVICES		No

SCHEDULE M (Form 990)

NonCash Contributions

OMB No 1545-0047

2009

Open to Public Inspection

Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

Department of the Treasury Internal Revenue Service

Name of the organization INTERNATIONAL AID INC

Employer identification number 38-2323550

Part I Types of Property

Table with 4 columns: (a) Check if applicable, (b) Number of Contributions, (c) Revenues reported on Form 990, Part VIII, line 1g, (d) Method of determining revenues. Rows include Art, Books, Clothing, Cars, Boats, Intellectual property, Securities, Real estate, Collectibles, Food inventory, Drugs, Taxidermy, Historical artifacts, Scientific specimens, Archeological artifacts, and Other (MEDICAL EQUIPMENT, PERSONAL CARE).

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

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?
b If "Yes," describe the arrangement in Part II
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?
b If "Yes," describe in Part II
33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II

Table with 3 columns: Question, Yes, No. Rows correspond to questions 30a, 31, 32a, 33.

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
Method for Determining Number of Contributors	Part I, Column (b)	REPORTED IN COLUMN B ARE THE NUMBER OF SEPARATE CONTRIBUTION TRANSACTIONS

SCHEDULE O
(Form 990)

Supplemental Information to Form 990

OMB No 1545-0047

2009

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

Name of the organization
INTERNATIONAL AID INC

Employer identification number

38-2323550

Identifier	Return Reference	Explanation
Form 990, Part III, line 3	Changes in Program Services	INTERNATIONAL AID DECIDED TO CEASE IT'S HEALTH AND DEVELOPMENT AND SAFE WATER INITIATIVE PROGRAM SERVICES IT CONDUCTED IN GHANA, HONDURAS, INDONESIA AND THE PHILIPPINES THE ORGANIZATION INCURRED APPROXIMATELY \$74,000 NET LOSS IN ASSETS WINDING DOWN THESE PROGRAMS
Form 990, Part VI, Section A, line 2		THERE IS A FAMILY RELATIONSHIP BETWEEN BOARD DIRECTORS SCOTT PIERRE, CHARLES LINDBERG AND BOARD PRESIDENT DAVID WISEN THERE IS A BUSINESS RELATIONSHIP BETWEEN BOARD SECRETARY MARY JO REENDERS, BOARD DIRECTOR SCOTT PIERRE AND BOARD PRESIDENT DAVID WISEN
Form 990, Part VI, Section A, line 3		ON APRIL 28, 2009 INTERNATIONAL AID'S BOARD OF DIRECTORS RETAINED GORDON LOUX COMPANY, LLC IN A CONSULTANT RELATIONSHIP TO AID IN THE OPERATION AND MANAGEMENT OF INTERNATIONAL AID AT THE RATE OF \$2,500 PER DAY, UNTIL THOSE SERVICES WERE TERMINATED EFFECTIVE DECEMBER 31, 2009 AS PER THE TERMS OF AN AGREEMENT SIGNED JANUARY 25, 2010. IN FISCAL YEAR JUNE 30, 2010 INTERNATIONAL AID ACCRUED \$155,000 OF EXPENSE FOR MR LOUX SERVICES, WHICH WAS IN ADDITION TO \$45,000 OF EXPENSE PREVIOUSLY ACCRUED IN FISCAL YEAR JUNE 30, 2009 FINAL PAYMENT OF \$200,000 WAS MADE TO MR LOUX ON JANUARY 26, 2010
Form 990, Part VI, Section A, line 4		INTERNATIONAL AID AMENDED IT'S ARTICLES OF INCORPORATION ARTICLE II PURPOSES STATEMENT ADDITIONALLY THE FOLLOWING ARTICLES OF THE BY-LAWS OF THE ORGANIZATION WERE AMENDED OR ADDED ARTICLE II - MEMBERS, ARTICLE IV - MEETINGS, ARTICLE VI - COMMITTEES, ARTICLE VII CORPORATE DOCUMENT PROCEDURES, ARTICLE VIII - INDEMNIFICATION, ARTICLE IX - MISCELLANEOUS ITEMS
Form 990, Part VI, Section B, line 11		FORM 990 IS PREPARED BY THE ORGANIZATION'S ACCOUNTANT IT IS THEN REVIEWED BY A TAX PROFESSIONAL AT OUR ACCOUNTING FIRM, BEFORE BEING REVIEWED BY THE ORGANIZATION'S GENERAL MANAGER AND PRESIDENT LASTLY THE RETURN IS REVIEWED BY THE FINANCE COMMITTEE OF THE BOARD OF DIRECTORS, BEFORE BEING SIGNED AND FILED WITH THE IRS
Form 990, Part VI, Section B, line 12c		ANNUALLY BOARD MEMBERS, OFFICERS, DIRECTORS AND KEY EMPLOYEES ARE ASKED TO SIGN A CONFLICT OF INTEREST STATEMENT ANY CONFLICTS NOTED ARE BROUGHT TO THE BOARD FOR REVIEW
Form 990, Part VI, Section C, line 18		INTERNATIONAL AID MAKES A PUBLIC INSPECTION COPY OF ITS FORM 990 AVAILABLE TO THE PUBLIC UPON REQUEST
Form 990, Part VI, Section C, line 19		INTERNATIONAL AID MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST

Identifier	Return Reference	Explanation
Form 990, Part VII	Contact Addresses for Officers, Directors, Etc	CHARLES LINDBERG - 13030 BLACKHAWK, GRAND HAVEN, MI 49417 JAMES MACDONALD - 1650 BALMORAL CIRCLE, INVERNESS, IL 60067 FRANK FERNANDES - 4N280 WATERFORD, WEST CHICAGO, IL 60185 SCOTT PIERRE - 5378 ISLEWORTH COUNTRY CLUB DR, WINDEMERE, FL 34786 ROGER SPOELMAN - 1500 E SHERMAN BLVD, MUSKEGON, MI 49444 TIM COAN - 1221 w mineral ave SUITE 201, LITTLETON, CO 80120 henry mosley - 615 N WOLFE ST E4033, BALTIMORE, MD 21205 CATHY MASAMITSU - 300 N CONTINENTAL BLVD SUITE 615, EL SEGUNDO, CA 90245 PETER EGBERT - 900 BLAKE WILBUR DRIVE W3002, STANFORD, CA 94305 BOB BERKHOF - 3201 BURTON, GRAND RAPIDS, MI 49546 SCOTT CARPENTER - 1828 L ST NW SUITE 1050, WASHINGTON, DC 20036 VALERIE VOLKEMA - 76-305 VIA UZZANO, INDIAN WELLS, CA 92210 GORDON D LOUX - 740 BEAR PAW LANE, COLORADO SPRINGS, CO 80906

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2009

Open to Public Inspection

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**

Department of the Treasury
Internal Revenue Service

Name of the organization
INTERNATIONAL AID INC

Employer identification number

38-2323550

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
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Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
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LOT FOUNDATION 13151 LAKESHORE DR GRAND HAVEN, MI 49417 42-1561347	PRIVATE GRANTMAKING	MI	501(c)(3)	PF	N/A
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Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	
							Yes	No		Yes	No

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
WISER ASSET MANAGEMENT CO LLC 120 WASHINGTON GRAND HAVEN, MI49417 20-1750537	FACILITIES MANAGEMENT	MI	N/A	C			

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III or IV

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a** Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to other organization(s)
- c** Gift, grant, or capital contribution from other organization(s)
- d** Loans or loan guarantees to or for other organization(s)
- e** Loans or loan guarantees by other organization(s)

- f** Sale of assets to other organization(s)
- g** Purchase of assets from other organization(s)
- h** Exchange of assets
- i** Lease of facilities, equipment, or other assets to other organization(s)

- j** Lease of facilities, equipment, or other assets from other organization(s)
- k** Performance of services or membership or fundraising solicitations for other organization(s)
- l** Performance of services or membership or fundraising solicitations by other organization(s)
- m** Sharing of facilities, equipment, mailing lists, or other assets
- n** Sharing of paid employees

- o** Reimbursement paid to other organization for expenses
- p** Reimbursement paid by other organization for expenses

- q** Other transfer of cash or property to other organization(s)
- r** Other transfer of cash or property from other organization(s)

	Yes	No
1a		No
1b		No
1c	Yes	
1d		No
1e		No
1f		No
1g		No
1h		No
1i		No
1j		No
1k		No
1l		No
1m		No
1n		No
1o	Yes	
1p		No
1q		No
1r		No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved
(1)	LOT FOUNDATION	C	750,000
(1)	See Additional Data Table		
(2)			
(3)			
(4)			
(5)			
(6)			

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization See instructions regarding exclusion for certain investment partnerships

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproportionate allocations?		(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No