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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2012

Open to Public Inspection

A For the 2012 calendar year, or tax year beginning 07-01-2012 , 2012, and ending 06-30-2013

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

C Name of organization
INTERNATIONAL AID INC

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
17011 Hickory St

City or town, state or country, and ZIP + 4
Spring Lake, MI 49456

D Employer identification number
38-2323550

E Telephone number
(616) 846-7490

G Gross receipts $ 88,644,323

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

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

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

J Website: ▶ www internationalaid org

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1980

M State of legal domicile MI

Part I Summary

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 United States of America 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

Activities & Governance

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	6
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	5
5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	**5**	26
6	Total number of volunteers (estimate if necessary)	**6**	13
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	160,718,684	86,741,145
9	Program service revenue (Part VIII, line 2g)	1,418,373	1,480,281
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-2,381	2,550
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	89,953	85,559
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	162,224,629	88,309,535
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	159,709,347	85,205,199
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	1,358,282	1,462,639
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	17,640
b	Total fundraising expenses (Part IX, column (D), line 25) ▶337,832		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,061,056	1,013,406
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	162,128,685	87,698,884
19	Revenue less expenses Subtract line 18 from line 12	95,944	610,651

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	2,254,381	2,862,156
21	Total liabilities (Part X, line 26)	557,102	554,226
22	Net assets or fund balances Subtract line 21 from line 20	1,697,279	2,307,930

Part II Signature Block

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

Sign Here

Signature of officer — Date: 2013-09-24

Brian Anderson President/CEO
Type or print name and title

Paid Preparer Use Only

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

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III . . . . . ☐

1 Briefly describe the organization's mission

International Aid glorifies Christ by providing medical and health resources to global partners serving peope in need

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

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses $ 84,541,200 including grants of $ 83,922,788) (Revenue $ 705,408)

HEALTH PRODUCTS AND DISASTER RELIEF Access to non-equipment products such as over-the-counter and prescription medicines, nutritional supplements and personal care items play a key role in health care systems International Aid's goal is to excel in directing health products from socially responsible corporations to humanitarian organizations with great ministry opportunity International Aid responds to disasters around the world With the help of our local partners and donors, we are able to support the rebuilding efforts for people in greatest need International Aid's emergency response goals are to support other in first response, to replenish medical equipment and supplies, to focus on rebuilding efforts to restore the area, and finally to prevent disease with portable medical labs and hygiene kits In FY13 we received donated health products valued at approximately $84M from 55 different donors and shipped to approximately 46 different humanitarian organizations working in 33 different countries

4b (Code) (Expenses $ 2,204,229 including grants of $ 1,282,411) (Revenue $ 779,875)

MEDICAL EQUIPMENT International Aid serves as a critical link between equipment donor and recipients to guarantee equipment donations are ready to use The organization is one of the largest refurbishers of medical equipment in the non-profit world, providing anything from anesthesia machines to x-ray equipment The organization helps hospitals in developing nations attain self-sufficiency in equipment operations by supplying them with new and refurbished medical equipment, operations manuals and technical field support Additionally, International Aid offers assessments for hospitals and medical centers preparing to expand or enhance current operations Onsite evaluations, recommendations for next steps and a list of needed resources are provided Lastly, medical professionals in remote areas lack access to proper equipment and accurate diagnosis is nearly impossible IA's solution is a portable lab capable (Lab-in-a-Suitcase) capable of being powered by solar energy and able to provide accurate and immediate results The lab is perfect for short term medical missions teams, rural clinics and hospitals, community health surveys, and government ministry of health In FY13 we received donated medical equipment and supplies valued at approx $1 3M from 22 donors and shipped to approximately 139 humanitarian organizations working in 74 different countries

4c (Code) (Expenses $ including grants of $) (Revenue $)

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

4e **Total program service expenses** ▶ 86,745,429

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**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? *If "Yes," complete Schedule I, Parts I and III*	**22**	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**		No
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? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25*	**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? *If "Yes," complete Schedule L, Part 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? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		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? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		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? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		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? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	6		
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		Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	26		
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 (see instructions)	2b		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .	3a			No
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)?	4a			No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .	5a			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	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 as charitable contributions? . . .	6a			No
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?	7a			No
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?	7c			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	7f			No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	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			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .	14b			

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.*

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	**1a**	6		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	**1b**	5		
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?	**2**			No
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? .	**3**			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	**4**			No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	**5**			No
6	Did the organization have members or stockholders?	**6**			No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	**7a**			No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	**7b**			No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?	**8a**		Yes	
b	Each committee with authority to act on behalf of the governing body?	**8b**		Yes	
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*	**9**			No

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

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

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶ AK , CA , CO , FL , HI , IL , KY , ME , MN , MS , NC , NH , OR , PA , TN , VA , WI , WV

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 made these available Check all that apply

☑ Own website ☑ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ Kirk Cutler 17011 W Hickory St Spring Lake, MI (616) 846-7490

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, 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 neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Luke Nieuwenhuis Board Chairman	50	X		X				0	0	0
(2) Roger Spoelman Board Vice Chair	30	X		X				0	0	0
(3) James Batten Treasurer	50	X		X				0	0	0
(4) Michael Houskamp Secretary	50	X		X				0	0	0
(5) Michael Kern Board Vice-Chair	30	X		X				0	0	0
(6) Dr Thomas Carter Director	30	X						0	0	0
(7) Brian Anderson President & CEO	40	X		X				105,889	0	12,778
(8) Kirk Cutler Controller	40			X				74,482	0	14,226

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
1b **Sub-Total** ▶										
c **Total from continuation sheets to Part VII, Section A** ▶										
d **Total (add lines 1b and 1c)** ▶								180,371	0	27,004

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 1

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**		No
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? *If "Yes," complete Schedule J for such individual*	**4**		No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		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 Report compensation for the calendar year ending with or within the organization's tax year

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

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

Part VIII Statement of Revenue

Check if Schedule O contains a response to any question in this Part VIII . . . . . ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a 0				
	b	Membership dues	1b 0				
	c	Fundraising events	1c 0				
	d	Related organizations	1d 0				
	e	Government grants (contributions)	1e 0				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 86,741,145				
	g	Noncash contributions included in lines 1a-1f $	85,202,271				
	h	**Total.** Add lines 1a-1f	▶	86,741,145			
Program Service Revenue			Business Code				
	2a	Health Product Revenue	900099	652,826	652,826	0	0
	b	Medical Equipment Revenue	900099	732,951	732,951	0	0
	c	Shipping Revenue	900099	94,504	94,504	0	0
	d						
	e						
	f	All other program service revenue		0	0	0	0
	g	**Total.** Add lines 2a–2f	▶	1,480,281			
	3	Investment income (including dividends, interest, and other similar amounts)	▶	5,194	0	0	5,194
	4	Income from investment of tax-exempt bond proceeds	▶	0	0	0	0
	5	Royalties	▶	27,063	0	0	27,063
		(i) Real / (ii) Personal					
	6a	Gross rents: 57,324 / 0					
	b	Less rental expenses: 0 / 0					
	c	Rental income or (loss): 57,324 / 0					
	d	Net rental income or (loss)	▶	57,324	0	0	57,324
		(i) Securities / (ii) Other					
	7a	Gross amount from sales of assets other than inventory: 0 / 332,144					
	b	Less cost or other basis and sales expenses: 0 / 334,788					
	c	Gain or (loss): 0 / -2,644					
	d	Net gain or (loss)	▶	-2,644	0	0	-2,644
Other Revenue	8a	Gross income from fundraising events (not including $ 0 of contributions reported on line 1c) See Part IV, line 18	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from fundraising events	▶				
	9a	Gross income from gaming activities See Part IV, line 19	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from gaming activities	▶				
	10a	Gross sales of inventory, less returns and allowances	a				
	b	Less cost of goods sold	b				
	c	Net income or (loss) from sales of inventory	▶				
		Miscellaneous Revenue	Business Code				
	11a						
	b						
	c						
	d	All other revenue		1,172	0	0	1,172
	e	**Total.** Add lines 11a–11d	▶	1,172			
	12	**Total revenue.** See Instructions	▶	88,309,535	1,480,281	0	88,109

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States See Part IV, line 21	84,999,935	84,999,935		
2 Grants and other assistance to individuals in the United States See Part IV, line 22	58,161	58,161		
3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	147,103	147,103		
4 Benefits paid to or for members	0	0		
5 Compensation of current officers, directors, trustees, and key employees	216,701	0	216,701	0
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0	0	0
7 Other salaries and wages	968,454	649,574	142,147	176,733
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	21,134	15,886	2,538	2,710
9 Other employee benefits	169,780	117,260	27,953	24,567
10 Payroll taxes	86,570	48,425	25,368	12,777
11 Fees for services (non-employees)				
a Management	0	0	0	0
b Legal	9,624	0	9,624	0
c Accounting	22,375	0	22,375	0
d Lobbying	0	0	0	0
e Professional fundraising services See Part IV, line 17	17,640			17,640
f Investment management fees	0	0	0	0
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	17,039	1,630	5,372	10,037
12 Advertising and promotion	44,218	150	60	44,008
13 Office expenses	63,011	7,546	37,206	18,259
14 Information technology	37,925	4,000	18,435	15,490
15 Royalties . .	0	0	0	0
16 Occupancy	137,714	1,186	136,528	0
17 Travel	50,915	36,135	6,835	7,945
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
19 Conferences, conventions, and meetings	10,971	1,782	6,896	2,293
20 Interest	1,244	0	1,244	0
21 Payments to affiliates	0	0	0	0
22 Depreciation, depletion, and amortization	127,498	60,268	65,347	1,883
23 Insurance	11,533	0	11,533	0
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a Purchased medical equip & repair parts	334,422	334,299	123	0
b Freight inbound & outbound	139,109	138,716	393	0
c Allocation of G&A exp (mainly occupancy)	0	123,207	-124,479	1,272
d Miscellaneous Expense	5,808	166	3,424	2,218
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	87,698,884	86,745,429	615,623	337,832
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response to any question in this Part X . . . . . ☐

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		83,395	1	135,421
	2	Savings and temporary cash investments		850,860	2	1,605,532
	3	Pledges and grants receivable, net		25,137	3	0
	4	Accounts receivable, net		104,284	4	68,165
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			6	0
	7	Notes and loans receivable, net		36	7	0
	8	Inventories for sale or use		87,437	8	62,691
	9	Prepaid expenses and deferred charges		35,467	9	39,898
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 2,818,960			
	b	Less accumulated depreciation	10b 1,884,009	1,049,108	10c	934,951
	11	Investments—publicly traded securities		0	11	0
	12	Investments—other securities See Part IV, line 11		0	12	0
	13	Investments—program-related See Part IV, line 11		0	13	0
	14	Intangible assets		18,657	14	15,498
	15	Other assets See Part IV, line 11		0	15	0
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		2,254,381	16	2,862,156
Liabilities	17	Accounts payable and accrued expenses		114,232	17	112,486
	18	Grants payable		0	18	0
	19	Deferred revenue		410,046	19	352,722
	20	Tax-exempt bond liabilities		0	20	0
	21	Escrow or custodial account liability Complete Part IV of Schedule D		0	21	0
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		0	22	0
	23	Secured mortgages and notes payable to unrelated third parties		0	23	0
	24	Unsecured notes and loans payable to unrelated third parties		0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		32,824	25	89,018
	26	**Total liabilities.** Add lines 17 through 25		557,102	26	554,226
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		1,652,283	27	2,286,264
	28	Temporarily restricted net assets		44,996	28	21,666
	29	Permanently restricted net assets		0	29	0
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			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		1,697,279	33	2,307,930
	34	Total liabilities and net assets/fund balances		2,254,381	34	2,862,156

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	88,309,535
2	Total expenses (must equal Part IX, column (A), line 25)	2	87,698,884
3	Revenue less expenses Subtract line 2 from line 1	3	610,651
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,697,279
5	Net unrealized gains (losses) on investments	5	0
6	Donated services and use of facilities	6	0
7	Investment expenses	7	0
8	Prior period adjustments	8	0
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	2,307,930

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ 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?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
INTERNATIONAL AID INC

Employer identification number
38-2323550

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

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

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☑ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Non-functionally integrated

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

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

h Provide the following information about the supported organization(s)

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

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	59,584,788	72,522,612	131,687,237	160,718,684	88,232,073	512,745,394
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	59,584,788	72,522,612	131,687,237	160,718,684	88,232,073	512,745,394
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)						402,038,279
6 **Public support.** Subtract line 5 from line 4						110,707,115

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4	59,584,788	72,522,612	131,687,237	160,718,684	88,232,073	512,745,394
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	23,084	24,855	42,663	86,068	89,581	266,251
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 **Total support** (Add lines 7 through 10)						513,011,645

12	Gross receipts from related activities, etc (see instructions)	12	1,480,281

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 2012 (line 6, column (f) divided by line 11, column (f))	14	21 580 %
15	Public support percentage for 2011 Schedule A, Part II, line 14	15	27 639 %

16a **33 1/3% support test—2012.** 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—2011.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10%-facts-and-circumstances test—2012.** 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—2011.** 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 Section 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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 2012 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2011 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2012** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2011** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2012.** 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—2011.** 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.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation of why International Aid meets the "facts and circumstances" test in Regulations section 1 170A-9(f)(3) for qualification as a publicly supported organization International Aid receives both cash and non-cash contributions from a broad range of donors including individuals, churches, foundations, companies, and estates Over our 30+ years of existence we have accumulated a database of over 50,000 donors who have contributed at least once to the organization We regularly solicit via direct mail, email, phone, and direct contact with 10,000 to 15,000 donors each month In fiscal year 2103, we received 459 non-cash contributions from 84 donors totaling approximately $85 million Not including the below mentioned donations from TEVA Pharmaceuticals, no donor gave more than 25% of the total value of donated goods In FY13 we shipped this donated product and equipment to 177 partner organizations working in 87 countries Of the $85 million non-cash contributions, $49 million was given by one donor, TEVA Pharmaceuticals This donor donates pharmaceutical medications which often have extremely high fair market value (the value which is used to record the donation) This fact has caused our percentage of public support to decline each year they began donating to us beginning in 2009 TEVA has not contributed monetarily, they don't have any representation on our board of directors and we don't engage in any business relationship with them In July 2013 we received notification that they would no longer be able to donate to us and therefore we would expect our public support percentage to increase in the coming years In fiscal year 2013, we received 3,945 cash contributions from 1,870 donors totaling approximately $1 5 million We received one unusually large estate gift which accounted for approximately 30% of our total cash contributions but other than that did not have any donor give more than 6% of the total Of the 3,945 donations made in FY13, 3,667 were made by 1,730 families or individuals (both 93% of total) We received 123 donations by 61 churches, 89 donations by 39 companies, and 44 donations by 17 foundations International Aid's board of directors represents a good cross section of individuals none of which have any conflict of interest that would dissuade them from being impartial representatives for the organization Here is a brief listing of the board members and their respective occupations in the community Board chair Luke Niewenhuis is Vice President of Global Strategic Planning for Amway Board vice-chair Roger Spoelman is CEO of Mercy Health Partner (Trinity Health) Board Treasurer Jim Batten is Executive Vice President for another non-profit, Convoy of Hope Board Secretary Mike Houskamp is a small business owner and, presently, he is an associate broker with Coldwell Banker Woodland Schmidt in residential and commercial real estate Board director Dr Tom Carter practices cardiothoracic surgery Lastly, board director Brian Anderson is President/CEO of International Aid

Explanation

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
INTERNATIONAL AID INC

Employer identification number
38-2323550

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

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

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

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

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

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

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

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

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

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

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

b Assets included in Form 990, Part X ▶ $ _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

		Yes	No
(i) unrelated organizations	3a(i)		
(ii) related organizations	3a(ii)		
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	0	66,000		66,000
b Buildings	0	2,223,090	1,444,732	778,358
c Leasehold improvements	0	129,575	98,761	30,814
d Equipment	0	373,962	314,183	59,779
e Other	0	26,333	26,333	0
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				934,951

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
Other		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶		

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

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶		

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

(a) Description	(b) Book value
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

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

1 (a) Description of liability	(b) Book value
Federal income taxes	0
Partner Deposits	85,667
Charitable Gift Annuity	3,351
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	89,018

2. Fin 48 (ASC 740) Footnote In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☑

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

1	Total revenue, gains, and other support per audited financial statements			1	88,309,535
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	0		
b	Donated services and use of facilities	2b	0		
c	Recoveries of prior year grants	2c	0		
d	Other (Describe in Part XIII)	2d	0		
e	Add lines **2a** through **2d**			2e	0
3	Subtract line **2e** from line **1**			3	88,309,535
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	0		
b	Other (Describe in Part XIII)	4b	0		
c	Add lines **4a** and **4b**			4c	0
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	88,309,535

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

1	Total expenses and losses per audited financial statements			1	87,698,884
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a	0		
b	Prior year adjustments	2b	0		
c	Other losses	2c	0		
d	Other (Describe in Part XIII)	2d	0		
e	Add lines **2a** through **2d**			2e	0
3	Subtract line **2e** from line **1**			3	87,698,884
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	0		
b	Other (Describe in Part XIII)	4b	0		
c	Add lines **4a** and **4b**			4c	0
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	87,698,884

Part XIII Supplemental Information

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

Identifier	Return Reference	Explanation
SchD_P10_S00_L02	Schedule D, Part X, Line 2	International Aid is exempt from federal income taxes under Section 501(c)(3) of the Internal Revenue Code and has been designated as a "publicly supported" organization The Organization has implemented the accounting guidance established in FASB ASC 740-10 associated with accounting for uncertainty in income taxes and does not believe it has any uncertain tax positions that are material to the financial statements

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SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2012

Open to Public Inspection

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, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☑ Yes ☐ No

2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States.

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
North America (including Canada and Mexico, but not the United States)	0	0	Grantmaking	Provide gift in kind and monetary funds to assist organizations which provide relief to the world's poor, sick, and suffering by providing food, medicine, and other assistance	2,180
South America	0	0	Grantmaking	Provide gift in kind and monetary funds to assist organizations which provide relief to the world's poor, sick, and suffering by providing food, medicine, and other assistance	131,911
Sub-Saharan Africa	0	0	Grantmaking	Provide gift in kind and monetary funds to assist organizations which provide relief to the world's poor, sick, and suffering by providing food, medicine, and other assistance	13,012
3a Sub-total					
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)	0	0			147,103

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

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

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

3 Enter total number of other organizations or entities . . . . . ▶

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
Provided gift in kind to assist a missionary doctor who provides relief to the world's poor, sick, and suffering by providing food, medicine, and other assistance	South America	1	0		131,911	Medical equipment, medical supplies or health care products	Fair Market Value

Part IV Foreign Forms

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

Part V Supplemental Information

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

Identifier	ReturnReference	Explanation
SchF_P01_S00_L02	Schedule F, Part I, Line 2	For grants of gift in kind, IA (International Aid) has a committee which reviews and approves grantees who wish to receive gift in kind (GIK) support Potential grantees must submit an application providing information such as organization mission statement, field addresses of where GIK will be used, references, a copy of IRS tax exempt status or the in-country equivalent, and the applicant must certify that all GIK received from IA 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, IA staff will conduct on-site visits to grantees helping ensure the appropriate use of the GIK received For monetary grants, IA requires the recipient to complete and sign a Grant Agreement which clearly indicates the intended use of the grant funds and requires the grantee to certify they will only use the funds for purposes for which IA was granted tax exempt status by the IRS Additionally, the grantee agrees to provide feedback information which should include number of people served, photos, and a report of those served Occasionally, IA staff will conduct on-site visits to the grantee helping ensure the appropriate use of the grant funds

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a. Form 990-EZ filers are not required to complete this part.

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
INTERNATIONAL AID INC

Employer identification number
38-2323550

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

- **a** ☑ Mail solicitations
- **b** ☑ Internet and email solicitations
- **c** ☑ Phone solicitations
- **d** ☑ In-person solicitations
- **e** ☑ Solicitation of non-government grants
- **f** ☐ Solicitation of government grants
- **g** ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☑ **Yes** ☐ **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization

(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col **(i)**	**(vi)** Amount paid to (or retained by) organization
BBS & Associates 130 Springside Drive Suite 200 Akron, OH 44333	BBS & Associates provided counsel and advice regarding fundraising and ministry development They provide specifications and copywriting for appeal letters and emails, in-house training, and phone consultation		No	1,538,874	17,640	1,521,234
Total . . . . . ▶				1,538,874	17,640	1,521,234

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

AK, CA, CO, FL, HI, IL, KY, ME, MN, MS, NC, NH, OR, PA, TN, VA, WI

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

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

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary Combine lines 1 and 7 in column (d) ▶				

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

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

b If "No," explain _____

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

b If "Yes," explain _____

Does the organization operate gaming activities with nonmembers? . . . . . ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . . ☐ Yes ☐ No

13 Indicate the percentage of gaming activity operated in

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

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

Name ▶ .....

Address ▶ .....

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . . ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____

c If "Yes," enter name and address of the third party

Name ▶ .....

Address ▶ .....

16 Gaming manager information

Name ▶ .....

Gaming manager compensation ▶ $ .....

Description of services provided ▶ .....

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . . ☐ Yes ☐ No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

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

Identifier	Return Reference	Explanation

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

OMB No 1545-0047

2012

Open to Public Inspection

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 II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

(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 listed in the line 1 table . . . . . ▶ 56

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 0

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1) Provide relief and assistance for ill, needy and infants	1	0	18,009	Fair Market Value	Medical Equipment, medical supplies, or health products

Part IV **Supplemental Information.**

Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information

Identifier	Return Reference	Explanation
SchI_P01_S00_L02	Schedule I, Part I, Line 2	A committee, composed of the President/CEO, controller, & three representatives of the partner fulfillment department, review and approve recipients who wish to receive grants of gift in kind Potential recipients must submit an application providing information such as the organization mission statement, field address where gift in kind will be used, references, a copy of IRS tax exempt status, and the applicant must certify that all gifts in kind received will be used for charitable purposes Additionally, the partner must agree to provide feedback information which should include number of people served, photos, and a report of those served Occasionally, IA staff will conduct on-site visits to recipients helping ensure the appropriate use of gift in kind received

Additional Data

Return to Form

Software ID: 12000197
Software Version: v1.00
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
ABWE Hospital AccountsPO Box 8585 Harrisburg, PA 171058585	22-3176019	501c(3)	0	8,027	Fair Market Value	Medical equipment, med supplies or health products	Provide relief and assistance for ill, needy, and infants
ACTS Intl Min A Call to Serve601 Business Loop 70 West Suite 113 Columbia, MO 65203	95-4365541	501c(3)	0	78,375	Fair Market Value	Medical equipment, med supplies or health products	Provide relief and assistance for ill, needy, and infants
Advancing Native Missions PO Box 5303 Charlottesville, VA 22905	75-2402759	501c(3)	0	9,875,681	Fair Market Value	Medical equipment, med supplies or health products	Provide relief and assistance for ill, needy, and infants
Apostolic Christian World Relief1570 County Road 1300 N Roanoke, IL 61561	20-3279241	501c(3)	0	14,944	Fair Market Value	Medical equipment, med supplies or health products	Provide relief and assistance for ill, needy, and infants
Assist International800 S Stockton Ave Ripon, CA 95366	77-0243475	501c(3)	0	99,420	Fair Market Value	Medical equipment, med supplies or health products	Provide relief and assistance for ill, needy, and infants
Brothers Brother Foundation 1200 Galveston Ave Pittsburgh, PA 152331604	34-6562544	501c(3)	0	66,717	Fair Market Value	Medical equipment, med supplies or health products	Provide relief and assistance for ill, needy, and infants
Cancer Fund of America2901 Breezewood Knoxville, TN 37921	58-1766061	501c(3)	0	345,385	Fair Market Value	Medical equipment, med supplies or health products	Provide relief and assistance for ill, needy, and infants
Caring Partners International 601 Shotwell Dr Franklin, OH 45005	37-1028228	501c(3)	0	2,217,292	Fair Market Value	Medical equipment, med supplies or health products	Provide relief and assistance for ill, needy, and infants
Children of the AmericasPO Box 25046 Lexington, KY 40524	61-1196577	501c(3)	0	6,080	Fair Market Value	Medical equipment, med supplies or health products	Provide relief and assistance for ill, needy, and infants
Christian Aid MinistriesPO Box 360 4464 SR 39E Berlin, OH 44610	34-1344364	501c(3)	0	10,009,503	Fair Market Value	Medical equipment, med supplies or health products	Provide relief and assistance for ill, needy, and infants
Christian Friends of KoreaPO Box 936 Black Mountain, NC 28711	56-1923972	501c(3)	0	16,783	Fair Market Value	Medical equipment, med supplies or health products	Provide relief and assistance for ill, needy, and infants
Church of Bible Understanding1300 South 58th St Philadelphia, PA 19143	23-7184229	501c(3)	0	9,606	Fair Market Value	Medical equipment, med supplies or health products	Provide relief and assistance for ill, needy, and infants
CIS Dev Foundation Inc77 Milltown Road Suite A2 East Brunswick, NJ 08816	22-3304404	501c(3)	0	1,251,178	Fair Market Value	Medical equipment, med supplies or health products	Provide relief and assistance for ill, needy, and infants
Community Action House of Holland345 W 14th St Holland, MI 49423	23-7120670	501c(3)	0	51,287	Fair Market Value	Medical equipment, med supplies or health products	Provide relief and assistance for ill, needy, and infants
Convoy of Hope330 S Patterson Ave Springfield, MO 65802	68-0051386	501c(3)	0	8,302,101	Fair Market Value	Medical equipment, med supplies or health products	Provide relief and assistance for ill, needy, and infants
Cross International600 SW Third St Ste 2201 Pompano Beach, FL 33060	65-1086387	501c(3)	0	2,850,875	Fair Market Value	Medical equipment, med supplies or health products	Provide relief and assistance for ill, needy, and infants
Direct Relief International27 S LaPatera Lane Santa Barbara, CA 931173251	95-1831116	501c(3)	0	13,303	Fair Market Value	Medical equipment, med supplies or health products	Provide relief and assistance for ill, needy, and infants
Earthwide Surgical Foundation1933 Eastwood Dr Henderson, TX 75652	29-1354185	501c(3)	0	17,341	Fair Market Value	Medical equipment, med supplies or health products	Provide relief and assistance for ill, needy, and infants
Ferris State University Hospitality Gala1319 Cramer Circle Big Rapids, MI 49307	38-6005159	501c(3)	0	5,184	Fair Market Value	Medical equipment, med supplies or health products	Provide relief and assistance for ill, needy, and infants
Global Aid Network2001 W Plano Pkwy Suite 2200 Plano, TX 75075	95-4578963	501c(3)	0	14,718	Fair Market Value	Medical equipment, med supplies or health products	Provide relief and assistance for ill, needy, and infants
Global Health Institute Nelson House 11226 Campus St Loma Linda, CA 92354	95-1816009	501c(3)	0	8,445	Fair Market Value	Medical equipment, med supplies or health products	Provide relief and assistance for ill, needy, and infants
Goodwill of West MI271 East Apple Ave Muskegon, MI 49442	38-1357148	501c(3)	0	56,598	Fair Market Value	Medical equipment, med supplies or health products	Provide relief and assistance for ill, needy, and infants
Hope Lighthouse MRC2731 Peck St Muskegon, MI 49444	38-3287704	501c(3)	0	21,058	Fair Market Value	Medical equipment, med supplies or health products	Provide relief and assistance for ill, needy, and infants
International Childrens Fund PO Box 583 Neenah, WI 54956	39-1303430	501c(3)	0	110,130	Fair Market Value	Medical equipment, med supplies or health products	Provide relief and assistance for ill, needy, and infants
International Medical Corps 1919 Santa Monica Blvd Suite 400 Santa Monica, CA 904041950	95-3949646	501c(3)	0	770,376	Fair Market Value	Medical equipment, med supplies or health products	Provide relief and assistance for ill, needy, and infants
International Relief & Develop1621 North Kent Street Suite 400 Arlington, VA 22209	54-1889077	501c(3)	0	469,002	Fair Market Value	Medical equipment, med supplies or health products	Provide relief and assistance for ill, needy, and infants
IWISH Intl Women Infant Sust HealthPO Box 2269 Midland, MI 48604	26-4634089	501c(3)	0	6,894	Fair Market Value	Medical equipment, med supplies or health products	Provide relief and assistance for ill, needy, and infants
Jezreel International10 Interstate Ave Albany, NY 122055311	14-1790920	501c(3)	0	7,327,578	Fair Market Value	Medical equipment, med supplies or health products	Provide relief and assistance for ill, needy, and infants
Kingsway Charities Inc1119 Commonwealth Ave Bristol, VA 24201	54-1668650	501c(3)	0	3,564,119	Fair Market Value	Medical equipment, med supplies or health products	Provide relief and assistance for ill, needy, and infants
Love A Child Inc12411 Commerce Lakes Drive Fort Myers, FL 33913	59-2672303	501c(3)	0	2,366,621	Fair Market Value	Medical equipment, med supplies or health products	Provide 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
Love INC2735 E Apple Ave Suite A Muskegon, MI 49442	38-2450507	501c(3)	0	5,302	Fair Market Value	Medical equipment, med supplies or health products	Provide relief and assistance for ill, needy, and infants
Medical Aid for Northern Ghana69 Pleasant Place Kearny, NJ 07032	27-0791129	501c(3)	0	12,828	Fair Market Value	Medical equipment, med supplies or health products	Provide relief and assistance for ill, needy, and infants
MedShare International3240 Clifton Springs Rd Decatur, GA 30034	58-2433968	501c(3)	0	15,953	Fair Market Value	Medical equipment, med supplies or health products	Provide relief and assistance for ill, needy, and infants
Messengers of Mercy25 W 560 Geneva Road Carol Stream, IL 60188	36-4203666	501c(3)	0	310,572	Fair Market Value	Medical equipment, med supplies or health products	Provide relief and assistance for ill, needy, and infants
METAD IncPO Box 466 Spring Lake, MI 49456	38-3652971	501c(3)	0	5,122	Fair Market Value	Medical equipment, med supplies or health products	Provide relief and assistance for ill, needy, and infants
Mission of Hope HaitiPO Box 60004 Ft Myers, FL 33906	13-4207776	501c(3)	0	25,145	Fair Market Value	Medical equipment, med supplies or health products	Provide relief and assistance for ill, needy, and infants
Muskegon Rescue Mission 400 West Laketon Muskegon, MI 49441	38-3525239	501c(3)	0	5,302	Fair Market Value	Medical equipment, med supplies or health products	Provide relief and assistance for ill, needy, and infants
National Relief Charities500 E Payton St Sherman, TX 75090	58-1888256	501c(3)	0	5,965,157	Fair Market Value	Medical equipment, med supplies or health products	Provide relief and assistance for ill, needy, and infants
North Star FoundationPO 36 North Attleboro, MA 02761	04-3414626	501c(3)	0	2,842,063	Fair Market Value	Medical equipment, med supplies or health products	Provide relief and assistance for ill, needy, and infants
OM Ships International781 St Andrews Road Florence, SC 29501	03-0577695	501c(3)	0	53,896	Fair Market Value	Medical equipment, med supplies or health products	Provide relief and assistance for ill, needy, and infants
Outreach Nation9155 Archibald Ave Suite 104 Rancho Cucamonga, CA 91730	45-2973881	501c(3)	0	1,172,425	Fair Market Value	Medical equipment, med supplies or health products	Provide relief and assistance for ill, needy, and infants
Paradise Bound Ministries Dan Smith PO Box 156 Hamilton, MI 49419	38-3369941	501c(3)	0	172,851	Fair Market Value	Medical equipment, med supplies or health products	Provide relief and assistance for ill, needy, and infants
Partners in Compassionate Care8283 Wallinwood Springs Jenison, MI 49428	20-1224185	501c(3)	0	5,283	Fair Market Value	Medical equipment, med supplies or health products	Provide relief and assistance for ill, needy, and infants
Partners In Development55 Market St Suite 201 Ipswich, MA 01938	22-2536583	501c(3)	0	81,641	Fair Market Value	Medical equipment, med supplies or health products	Provide relief and assistance for ill, needy, and infants
Partners In Health888 Commonwealth Ave 3rd Floor Boston, MA 02115	04-3567502	501c(3)	0	28,216	Fair Market Value	Medical equipment, med supplies or health products	Provide relief and assistance for ill, needy, and infants
Rays of Hope International 446 Grandville Ave SW Grand Rapids, MI 49503	45-5172205	501c(3)	0	16,382	Fair Market Value	Medical equipment, med supplies or health products	Provide relief and assistance for ill, needy, and infants
Real Hope for HaitiPO Box 23 Elwood, IN 46036	20-5603302	501c(3)	0	446,086	Fair Market Value	Medical equipment, med supplies or health products	Provide relief and assistance for ill, needy, and infants
Salvadoran Amer Humanitarian2050 Coral Way Suite 600 Miami, FL 33145	59-2339140	501c(3)	0	328,444	Fair Market Value	Medical equipment, med supplies or health products	Provide relief and assistance for ill, needy, and infants
Seattle Anesthesia Outreach 2727 Fairview Ave East 13 Seattle, WA 98102	26-4543570	501c(3)	0	13,477	Fair Market Value	Medical equipment, med supplies or health products	Provide relief and assistance for ill, needy, and infants
Serve the People1206 E 17th Street Suite 101 Santa Ana, CA 92701	27-0421556	501c(3)	0	751,525	Fair Market Value	Medical equipment, med supplies or health products	Provide relief and assistance for ill, needy, and infants
Southwestern Medical Clinic Foundation6416 Deans Hill Road Berrien Center, MI 49102	38-3332816	501c(3)	0	6,671	Fair Market Value	Medical equipment, med supplies or health products	Provide relief and assistance for ill, needy, and infants
The Get Up Project Hope Medical Clinic3556 Ashmere Loop Round Rock, TX 78681	45-4931906	501c(3)	0	9,018	Fair Market Value	Medical equipment, med supplies or health products	Provide relief and assistance for ill, needy, and infants
Victory Life Church20511 County Rd 12 South Foley, AL 36535	63-1120985	501c(3)	0	141,971	Fair Market Value	Medical equipment, med supplies or health products	Provide relief and assistance for ill, needy, and infants
Wayne Initiative for School HealthPO Box 1798 801 Lionel St Goldsboro, NC 27533	56-2033406	501c(3)	0	19,017	Fair Market Value	Medical equipment, med supplies or health products	Provide relief and assistance for ill, needy, and infants
West African Education Medical Mission2509 W Sylvania Ave Suite 13 Toledo, OH 43613	27-0383983	501c(3)	0	379,511	Fair Market Value	Medical equipment, med supplies or health products	Provide relief and assistance for ill, needy, and infants
World Assist7695 Concerto Lane San Diego, CA 92127	26-1434692	501c(3)	0	23,379,453	Fair Market Value	Medical equipment, med supplies or health products	Provide relief and assistance for ill, needy, and infants

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
INTERNATIONAL AID INC

Employer identification number
38-2323550

Part I Types of Property

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art—Works of art				
2	Art—Historical treasures				
3	Art—Fractional interests				
4	Books and publications				
5	Clothing and household goods	X		1,247,936	Fair Value
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded				
10	Securities—Closely held stock				
11	Securities—Partnership, LLC, or trust interests				
12	Securities—Miscellaneous				
13	Qualified conservation contribution—Historic structures				
14	Qualified conservation contribution—Other				
15	Real estate—Residential				
16	Real estate—Commercial				
17	Real estate—Other				
18	Collectibles				
19	Food inventory	X	47	2,296,675	Fair Value
20	Drugs and medical supplies	X	105	70,094,436	Fair Value
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (Medical Equipment)	X	261	1,230,716	Fair Value
26	Other ▶ (Personal Care Products)	X	99	10,332,507	Fair Value
27	Other ▶ ( )				
28	Other ▶ ( )				

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

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

Part II **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
SchM_P01_S00_L00	Schedule M, Part I	Reported in Column B are the number of separate contribution transactions

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
INTERNATIONAL AID INC

Employer identification number
38-2323550

Identifier	Return Reference	Explanation
F990_P06_S0B_L11b	Form 990, Part VI, Section B, Line 11b	Form 990 is prepared by the organization's controller and reviewed with the President/CEO The return is then reviewed and approved by the board audit committee before it is signed and filed with the IRS
F990_P06_S0B_L12c	Form 990, Part VI, Section B, Line 12c	Annually board directors, officers, and key employees are asked to sign a conflict of interest statement Any conflicts noted are brought to the board development committee for review
F990_P06_S0B_L15	Form 990, Part VI, Section B, Line 15	In June 2013, the board of directors approved compensation for the President/CEO, after having reviewed compensation paid by similarly situated organizations and by paying for two independent compensation surveys This review was documented and will be maintained in the employee's file as well as corporate records In June 2013, the President/CEO after reviewing independent compensation surveys approved the compensation for the organizations top financial official (controller) This review was documented and will be maintained in the employee's file
F990_P06_S0C_L19	Form 990, Part VI, Section C, Line 19	International Aid makes its governing documents, conflicts of interest policy, and financial statements available to the public upon request The organization may be contacted via mail at 17011 Hickory St Spring Lake, MI 49456, via email at ia@internationalaid org or by phone at 1-800-968-7490