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Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

A	For the	2013 cale	ndar year, or tax year beginning Jan 1 , 2013, and endi	ng [ec 31	,20 13				
В	Check if	applicable:	C Name of organization Integrated Community Development International		D Employ	er identification number				
	Address	change	Doing Business As Water for Good		32 0112278					
	Name c	hange	Number and street (or P.O. box if mail is not delivered to street address) Room/s	uite	E Telepho	ne number				
	Initial rei		O Box 247	1	574-306-2810					
$\overline{\Box}$	Termina		City or town, state or province, country, and ZIP or foreign postal code			0000 20.0				
$\bar{\sqcap}$		d return	Winona Lake, iN 46590		G Gross n	eceipts \$ 2,793,143				
			F Name and address of principal officer: Jim Hocking	Life to the		subordinates? Yes No				
_	√A-ha-cea		3792 North Oakwood Drive Warsaw IN 46580		•	sincluded? Yes No				
_						a list. (see instructions)				
<u>-</u>		mpt status:		 		·				
_	Website		w.waterforgood.org ✓ Corporation ☐ Trust ☐ Association ☐ Other ► L. Year of forms		p exemption					
_	art I			ation: 200	M State	of legal domicile: IN				
		Summ								
_	1		escribe the organization's mission or most significant activities: The vi							
Activities & Governance			central africa through collaborative effort at the community level by equipping a							
ğ	ì		e transformational solutions. ICDI attacks poverty through training and equipping							
ş	2		is box $ ightharpoonup \square$ if the organization discontinued its operations or disposed	of more tha	มา 25¦% of	its net assets.				
Ĝ	3		of voting members of the governing body (Part VI, line 1a)		. 3					
ಹ	4		of independent voting members of the governing body (Part VI, line 1b)	. 4	6				
ä	5	Total nur	nber of individuals employed in calendar year 2013 (Part V, line 2a)		. 5	13				
:≩	6	Total nur	nber of volunteers (estimate if necessary)		. 6	7				
Ą	7a	Total unr	elated business revenue from Part VIII, column (C), line 12		. 7a					
	ь	Net unre	ated business taxable income from Form 990-T, line 34		. 7b					
				Prior	Year	Current Year				
•	8	Contribu	tions and grants (Part VIII, line 1h)	2,818,469	2,723,774					
Revenue	9		service revenue (Part VIII, line 2g)		127,407					
Š	10		ent income (Part VIII, column (A), lines 3, 4, and 7d)		845					
ď	11		venue (Part VIII, column (A), lines 5, 6d, 8c, 9c) 10c, and 11e)		25,573					
	12	Total reve	enue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)							
	13		nd similar amounts paid (Part IX, column (A), lines 1-3)		2,972,294	2,793,143				
	14		paid to or for members (Part IX, column (A), line 4)							
	15				4 070 050					
8	1		other compensation, employee benefits (Part IX, column (A), lines 5–10)		1,072,852					
Expenses	16a		onal fundraising fees (Part IX, column (A), line 11e)	346435 (14456)	34,176					
济	ь		draising expenses (Part IX, column (D), line 25) ► 237,117	Contract of	VIII.					
_	17		penses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,179,444	2,351,193				
	18		penses. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,286,472	3,163,601				
	19	Revenue	less expenses. Subtract line 18 from line 12		-314,178					
28				Beginning of	Current Year	End of Year				
Net Assets Fund Balanc	20		ets (Part X, line 16)		2,747,624	1,876,207				
#E	21	Total liab	ilities (Part X, line 26)		1,264,818	763,858				
<u>₹</u> ⋛	22	Net asse	ts or fund balances. Subtract line 21 from line 20		1,482,807	1,112,349				
Pa	art II	Signat	ture Block							
Un	der pena	lities of perjo	ry, I declare that I have examined this return, including accompanying schedules and state	ements, and to	the best of r	my knowledge and belief, it is				
tru	e, correc	t, and compl	ete. Declaration of preparer fother than officer) is based on all information of which prepare	er has any kno	wledge.					
			John Marks		May	12,2014				
Sig	ın	Sign	ature of officer		Date					
He	re	K	HOAN O. PARKS CFO							
	(Туре	or print name and title			·				
<u> </u>	:4	Print/07/	pe preparer's name Preparer's signature C	Date	05	PTIN				
Pa					Check setf-em					
	epare		ame >	1,5	 					
US	e Oni	עי עי	ddress >		m's EIN ▶					
Ma	v the If		s this return with the preparer shown above? (see instructions)	P	none no.	Yes No				
_				No 11292V	· · · · · · · · · · · · · · · · · · · 	Form 990 (2013)				

Part	
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	The vision of ICDI is to eradicate the trend of persistent poverty in central Africa through collaborative effort at the community level by
	equipping and empowering people to create sustainable transformational solutions to the problems they face.
2	Did the organization undertake any significant program services during the year which were not listed on the
_	pnor Form 990 or 990-EZ?
	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?
	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 \$ 2,191,437 including grants of \$ 35,386) (Revenue \$ 1,821,526)
	WASH (clean water, sanitation, hygiene): ICDI's central African assets, infrastructure and strategic planning uniquely establish it as a
	key implementer of deep well water drilling in the Central African Republic (CAR). Two fully operational "down-
	hammer dnlling* rigs, all the necessary supporting equipment and staff, together with a sophisticated suppport services infrastructure.
	ICDI is well placed to address the WASH needs that exist in central Africa, especially in the CAR. Additionally, ICDI's well repair teams
	through trained technical teams, accomplish an integration of getting the job done in the context
	of community development best practices and sustainable job creation. In calendar year 2013, ICDI drilled 76 new deep water wells
	and rehabilitated 153 pumps and wells.
	The combination of these programs ensured access to clean and safe drinking water for over 450,000 people.
	In addition to the implementation of clean water solutions, ICDI bundles new well projects with training in basic hygiene and the
	building of latrines, thus increasing the community health impact of ICDI's programs.
	450,000
4b	(Code:) (Expenses \$ 152,308 including grants of \$) (Revenue \$ 201,373) Pump Maintenance: During the year ICDI started a separate program to maintain manual pumps in the Central African Republic. This work
	came from the need to fix broken and worn pumps before they reach a state of disrepair. The goal was to visit each pump in the program
	at least three times during the year and perform regular maintenance to ensure a constant uptime. Because of the March revolution, three visits
	where not possible, but 618 pumps were started on the program. On arrival, 85% of pumps were functional. On departure, 98% were
	functional. This program will continue into 2014 as security allows.

4c	(Code:) (Expenses \$ 154,543 including grants of \$) (Revenue \$ 33,886)
	Community Development: ICDI combined the Agriculture, Radio, and Micro-Entrprise programs into a complete community development
	focus. Agriculture: Pursuing its goals of eradicating hunger and malnutrition in the rural communities of the CAR, ICDI's agricultural
	program seeks the following objectives: (1) increasing nutritious food production through provision of basic farming tools, improved
	seeds and fruit seedlings, and small farm animals to family farmers; (2) strengthening the technical capacity of agricultural cooperatives
	through training of village agriculture technicians and best agriculture practices workshops, and (3) conducting targeted farmer-
	focused agricultural research to best serve impoverished African family farmers. Radio. ICDI broadcasts on a shortwave frequence which is
	heard over the western part of the country. Programing is focused on reinforcing the hygiene mseeage, general community advancement, and
	interviews.
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ 93,020 including grants of \$) (Revenue \$ 60,909)
4e	Total program service expenses ▶ 2,591,308

Part	V 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	مدا	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	V	
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		•
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		~
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		•
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		,
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			
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	7		_
9	complete Schedule D, Part III	8		•
3	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		,
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
11	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	10	V	
а	VII, VIII, IX, or X as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	ļ		
	complete Schedule D, Part VI	11a	•	
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		•
С	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		•
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		•
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
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		1
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		~
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	-	•
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		V
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	4	
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	٠,	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		.,,
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		1/
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	•	•
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	▼	10
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			
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 20a		1
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20a 20b		

Part	Checklist of Required Schedules (continued)			
	•		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	,	
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1
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		10
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 25a	24a		•
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 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	24d 25a		
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		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II	26		
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		•
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 b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b	1	V
С	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		,
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	29 30	~	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		•
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		,
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		
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		1
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		1
36	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 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.	35b		~
37	related organization? If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
38	and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		~
JU	19? Note. All Form 990 filers are required to complete Schedule O	38		

	0 (2013)			Page :						
Part										
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>								
			Yes	No						
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	-								
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1								
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			ļ						
_	reportable gaming (gambling) winnings to prize winners?	1c	ļ	~						
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 13	├		.						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	~							
0-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			<u> </u>						
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		~						
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		<u> </u>						
4a										
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	١.		İ						
	account)?	4a	~							
b	If "Yes," enter the name of the foreign country: Central African Republic, Cameroon, DRC									
_	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts.	<u> </u>								
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		1						
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		~						
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			۱.						
_	organization solicit any contributions that were not tax deductible as chantable contributions?	6a		~						
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	۱.,								
_	gifts were not tax deductible?	6b								
7	Organizations that may receive deductible contributions under section 170(c).									
а	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?	├ _	<u> </u>	<u> </u>						
	· · · · · · · · · · · · · · · · · · ·	7a	/	<u> </u>						
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	/							
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			۱.						
الد	· · ·	7c		~						
d	If "Yes," indicate the number of Forms 8282 filed during the year	7-	 -							
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		1						
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?. If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7f	-	1						
g h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g 7h	-	1						
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	 '''	-	4						
•										
	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	<u> </u>							
9	Sponsoring organizations maintaining donor advised funds.	ا	-	/						
a	Did the organization make any taxable distributions under section 4966?	9a	<u> </u>	1						
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	-	1						
10	Section 501(c)(7) organizations. Enter:	135	-	-						
а	Initiation fees and capital contributions included on Part VIII, line 12									
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b	1								
11	Section 501(c)(12) organizations. Enter:	-								
а	Gross income from members or shareholders									
b	Gross income from other sources (Do not net amounts due or paid to other sources	1								
	against amounts due or received from them.)									
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.	1								
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	 							
-	Note. See the instructions for additional information the organization must report on Schedule O.									
b	Enter the amount of reserves the organization is required to maintain by the states in which			1						
	the organization is licensed to issue qualified health plans			1						
С	Enter the amount of reserves on hand	1		1						
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	\vdash	1						
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b	\vdash	 						
		<u> </u>								

Part				
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S. Check if Schedule O contains a response or note to any line in this Part VI			
Secti	on A. Governing Body and Management	···	 -	. <u>K</u>
	on A. dovorning Body and Managemont		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 7			
	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.			
ь 2	Enter the number of voting members included in line 1a, above, who are independent . 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		10
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		y
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		1
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		~
6	Did the organization have members or stockholders?	6		4
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	~	├─-
b	stockholders, or persons other than the governing body?	7b	1	<u> </u>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	✓	
þ	Each committee with authority to act on behalf of the governing body?	8b	~	
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		,
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C	, 	-
			Yes	No
10a b	Did the organization have local chapters, branches, or affiliates?	10a		~
	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	1	_
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		<u> </u>	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	1	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	1	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	/	
13	Did the organization have a written whistleblower policy?	13		
14	Did the organization have a written document retention and destruction policy?	14	1	ļ.,
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		<u> </u>
b	Other officers or key employees of the organization	15b	~	
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
L	with a taxable entity during the year?	16a	 	1
Ь	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			
Soati	organization's exempt status with respect to such arrangements?	16b	<u> </u>	<u> </u>
17	List the states with which a copy of this Form 990 is required to be filed IN, NC, OR, DC, OH			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	i 501((c)(3)s	only)
19	Own website Another's website Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int financial statements available to the public during the tax year.	erest	policy	, and
20	State the name, physical address, and telephone number of the person who possesses the books and records organization: ► John Parks, CFO, ICDI, 795 W 400N, Warsaw, IN 46582 574-306-2810	of the	€	

D	7
rage	

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization no	r any relate	d orga	aniz	atio	n c	ompe	nsa	ited any currer	t officer, director	r, or trustee.
(A) Name and Title	(B) Average hours per week (list any hours for related	(do n box, i office	ot ch unles	Pos neck ss pe	c) ition more rson	than on the thick the thic	one n an	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
	organizations below dotted line)		Institutional trustee		ıployee	Highest compensated employee		(W-2/1099-MISC)		organization and related organizations
(1) Jim Hocking CEO	60	•		•		ii		86,400		
(2) John Parks CFO	60			•				42,033		****
(3) Jon Allen COO	60			,				58,222		
(4) Richard Klopp COO	60			"				34,400		
(5) Jay Hocking Communications Direction	60			1				34,575		
(6)										
(7)										
(8)			,							
(9)								_		
(10)										
(11)										
(12)										
(13)										
(14)										· ·

Part	VII Section A. Officers, Directors, Trust	ees, Key E	mploy	<u>yees</u>	s, aı	nd F	lighe	st C	ompensated E	mployees	(continu	ied)		
(A) Name and title		(B) Average hours per week (list any	box, office	unles er and	Pos neck s pe	rson	e than one that the the that the that the that the the the the the the the the the th	n an tee)	Reportable compensation	(E) Reportable compensation related	n from	Esti amo	(F) mated ount of ther	
		hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizati (W-2/1099-N		fro orga and	ensatio m the nization related nization:	1
(15)														
(16)														
(17)					:									
(18)														
(19)														
(20)														
(21)				_									<u>.</u>	
(22)														
(23)														
(24)														
(25)														
1b	Sub-total			·	•	• •	•	>	255,630					
d								>	255,630		- -			
2	Total number of individuals (including but reportable compensation from the organi		to th	ose	list	ed a	above	e) w	ho received m	ore than \$1	00,000	of		
3	Did the organization list any former of							emp	loyee, or high	est compe	ensated		Yes	No
4	employee on line 1a? If "Yes," complete to For any individual listed on line 1a, is the organization and related organizations	sum of rep	oortal	ole d	com	nper	nsatio							•
5	individual									 ation or inc	 dividual	4		>
Section	for services rendered to the organization on B. Independent Contractors	? If "Yes," c	ompl	ete -	Sch	nedu	ile J f	or s	such person	· · · ·	<u>· · · </u>	5		1
1	Complete this table for your five highest compensation from the organization. Repyear.													
	(A) Name and business add	ress							(B) Description of s	ervices	((C) Compens	ation	
								-		· -				
2	Total number of independent contractor	re (includia	na bu	t n	Ot 1	imit	od +-		ose listed she	avel who				
	received more than \$100,000 of compens							, in	use listeu ado	wno				

Form 9	90 (201	3)				_		Page 9
Part	VIII	Statement of Reve						
		Check if Schedule C	contains a res	ponse or note to				
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts nts	1a	Federated campaigns					1	
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues .						
And	C	Fundraising events .		2,194				
를 를	d	Related organizations					:	
ns, Sim	e	Government grants (cor						
Ltio	f	All other contributions, g and similar amounts not inc		0.704.500				
를 돌				2,721,580 15,185				
Cont	9	Noncash contributions include	·		2,723,774			
	h	Total. Add lines 1a-1	<u> </u>	Business Code	2,720,774			
Program Service Revenue	2a	Private wells			23,953			<u> </u>
ě	b	Sale of shipping space			19,000			
8	C	Sale of Radio time			5,372			
eΖi	d	Travel support in CAR			3,129			
SE	e							-
gra	f	All other program ser	vice revenue .		15,688			
S.	g	Total. Add lines 2a-2		•	67,142			
	3	Investment income	(including divid	ends, interest,				
		and other similar amo	ounts)	▶	1,080			
	4	Income from investmen	it of tax-exempt b	ond proceeds ►				
	5	Royalties		<u>▶</u>				
			(i) Real	(II) Personal				
	6a	Gross rents]
	b	Less: rental expenses					,	
	С	Rental income or (loss)		L			·	
	_d	Net rental income or						
	7a	Gross amount from sales of	(i) Securities	(II) Other				
		assets other than inventory	-					
	b	Less: cost or other basis and sales expenses .		i				
		Gain or (loss)						
	d	Net gain or (loss)						
	"	rvet gain or (loss) .						
Other Revenue	8a	Gross income from fu events (not including \$						
ner Re		of contributions reported See Part IV, line 18 .	····a					
₹	1	Less: direct expenses						ļ
		Net income or (loss) f	_	events . >				
	9a	Gross income from gassee Part IV, line 19						
		Less: direct expenses						
		Net income or (loss) f		ıvıtıes ►				<u> </u>
	10a	Gross sales of ir						
		returns and allowance						
	b	Less: cost of goods s						
	C	Net income or (loss) f			1,147			
		Miscellaneous F	Hevenue	Business Code				
	11a							
	b			<u> </u>				
	C	All other revenue				 		ļ <u>-</u>
	d	All other revenue .						
	12	Total revenue. See i			2,793,143			
	1.4	. Juli 16 fellue. Jee li	otal revenue. See instructions.		2,133,143		ı	į.

Part IX Statement of Functional Expenses

	on 501(c)(3) and 501(c)(4) organizations must com	nplete all columns. A	ll other organization	s must complete colu	mn (A).
	Check if Schedule O contains a respon-	se or note to any lin			🗆
	ot include amounts reported on lines 6b, 7b, o, 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	35,386	35,386		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	255,630	92,622	128,433	34,575
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	255,000	92,022	120,455	34,373
7 8	Other salaries and wages	350,080	281,465	12,725	55,890
9	Other employee benefits	112,756	81,548	21,975	9,233
10	Payroll taxes	66,985	47,342	11,544	8,099
11	Fees for services (non-employees):				
а	Management	22,768			22,768
b	Legal	9,761	8,755	1,006	
С	Accounting	34,271		34,271	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17	26,957			26,957
f g	Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	96		96	
12	Advertising and promotion	21,859		584	21,275
13	Office expenses	226,404	170.662	39,898	15,844
14	Information technology	109,520	76,415	14,096	19,009
15	Royalties	.,.			
16	Occupancy	19,456	5,728	13,728	
17	Travel	202,346	177,346	4,395	20,605
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .	1,618	450	499	669
20 21	Interest	28,855	6,911	21,944	
22	Depreciation, depletion, and amortization .	212,394	208,485	3,909	
23	Insurance	23,031	17,462	5,569	
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.)				
а	New Wells, Rehabilitations, Sanitation	1,067,990	1,067,990		
a b	Community Development, Radio and Agricul	9,388	9,388		
C	Orphan	27,040	27,040		
d	Pump Maintenance	57,203	57,203		
e	All other expenses Revolution losses, oth	241,807	219,110	20,504	2,193
25	Total functional expenses. Add lines 1 through 24e	3,163,601	2,591,308	335,176	237,117
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 following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Pa	ırt X		
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	359,042	1	186,258
	2	Savings and temporary cash investments	2,303	2	51,185
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	179,519	4	26,454
	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	
ıts	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	
Assets	7	Notes and loans receivable, net	-	7	
ĕ	8	Inventories for sale or use	218,095	8	81,655
i	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 2,444,659			
	b	Less: accumulated depreciation 10b 926,318	1,952,889	10c	1,518,341
	11	Investments—publicly traded securities	6,529	11	
	12	Investments—other securities. See Part IV, line 11		12	11,283
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	29,247	15	1,031
	16	Total assets. Add lines 1 through 15 (must equal line 34)	2,747,624	16	1,876,207
	17	Accounts payable and accrued expenses	73,083	17	66,195
	18	Grants payable		18	<u> </u>
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.		21	
es	22	Loans and other payables to current and former officers, directors,			
#		trustees, key employees, highest compensated employees, and			
Liabilities		disqualified persons. Complete Part II of Schedule L		_22	
-1	23	Secured mortgages and notes payable to unrelated third parties	191,734	23	
	24	Unsecured notes and loans payable to unrelated third parties	328,762	24	464,606
	25	Other liabilities (including federal income tax, payables to related third	27, 200		
ı		parties, and other liabilities not included on lines 17-24). Complete Part X	671,239		233,056
	00	of Schedule D	1 004 010	25	700.050
	26	Total liabilities. Add lines 17 through 25	1,264,818	26	763,858
ces		complete lines 27 through 29, and lines 33 and 34.			
la l	27	Unrestricted net assets	1,280,279	27	921,182
Ba	28	Temporarily restricted net assets	196,692	28	179,884
밀	29	Permanently restricted net assets	5,836	29	11,283
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			
ţ	30	Capital stock or trust principal, or current funds		30	
se	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
ĕ	32	Retained earnings, endowment, accumulated income, or other funds .		32	
<u>R</u>	33	Total net assets or fund balances	1,482,807	33	1,112,349
	34	Total liabilities and net assets/fund balances	2,747,624	34	1,876,207
					Form 990 (2013)

Total expenses (must equal Part IX, column (A), line 25) 2 3 Revenue less expenses. Subtract line 2 from line 1 3 3 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 4 1 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 4 1 Net unrealized gains (losses) on investments 5 5 Donated services and use of facilities 6 6 Investment expenses 7 7 8 Prior penod adjustments 9 9 Other changes in net assets or fund balances (explain in Schedule O) 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 1 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 10 10 1 Accounting method used to prepare the Form 990: Cash Accrual Other 1 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? 1 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 1 Consolidated basis or both: Separate basis Consolidated basis Both consolidated and separate basis 1 Consolidated basis or both: Separate basis Consolidated basis are both: Separate basis 1 Consolidated basis or both: Separate basis 1 Consolidated basis are both: Separate basis 1 Consolidated basis or both: Separate basis 1 Consolidated basis 1 Separate basis 1 Consolidated basis 2 Separate basis 1 Consolidated basis 3 Separate basis 1 Separate basis 1 Separate basis 1 Separate basis 1 Separate basis	art	XI Reconciliation of Net Assets				
Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) Net unrealized gains (losses) on investments Donated services and use of facilities Investment expenses Prior penod adjustments Prior penod adjustments Net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a pnor year or checked "Other," explain in Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements and selection of an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis The investment sequence of the properties of the sequence of the properties of the sequence of the properties of the properties of the sequence of the properties		Check if Schedule O contains a response or note to any line in this Part XI		<u> </u>		
Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	1	Total revenue (must equal Part VIII, column (A), line 12)	1		2,793	3,143
Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	2	Total expenses (must equal Part IX, column (A), line 25)	2		3,163	3,601
5 Net unrealized gains (losses) on investments	3	•			_),458
6 Donated services and use of facilities 6 7 Investment expenses 7 1 8 Prior penod adjustments 8 9 Other changes in net assets or fund balances (explain in Schedule O) 9 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 1 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII	4		4		1,482	2,807
7 Investment expenses	5			_		
9 Other changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: Accrual Other If the organization changed its method of accounting from a pnor year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	3	Donated services and use of facilities				
9 Other changes in net assets or fund balances (explain in Schedule O)	7	Investment expenses	7			
Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Accounting method used to prepare the Form 990: If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant?		, , , , , , , , , , , , , , , , , , ,				
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Check if Schedule O contains a response or note to any line in this Part XII		33, column (B))	10		1,112	2,349
1 Accounting method used to prepare the Form 990: Accrual Accrual Accrual Accrual Accrual Accounting method used to prepare the Form 990: Accrual Ac	art					_
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? 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?		Check if Schedule O contains a response or note to any line in this Part XII	<u> </u>			
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?	_				Yes	No
Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant?	1					
Were the organization's financial statements compiled or reviewed by an independent accountant?			plain in			
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Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant?			olled or			
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		•				
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 If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		·		- Oh		
separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	D			20		✓
Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?			iu on a			1
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		•				
of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		— · · · · · · · · · · · · · · · · · · ·	ersiaht			
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?	·			20		
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?						
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?			p.a			
the Single Audit Act and OMB Circular A-133?	3a		forth in			
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	_			3a		•
	b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under	rgo the	1		
required addit of additio, explain with in confedence and accounted any steps taken to undergo addit additio.	_	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a		3b		
Form 9				Forn	n 990	(2013)

SCHEDULE A (Form 990 or 990-EZ)

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.

2013

OMB No 1545-0047

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or Form 990-EZ.
► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Employer identification number

Integ	ated C	ommunity Dev	velopment Internat	ional						32 01	12278	
Par	t i	Reason f	or Public Cha	r ity Status (All orga	nization	s must c	omplete	this par	rt.) See i	nstruction	ons.	_
The o	organiz	zation is not	a private founda	tion because it is: (Fo	r lines 1 t	through 1	1, check	only one	box)			
1	□ A	church, con	vention of churcl	nes, or association of	churches	s describe	ed in sec	tion 170	(b)(1)(A)(i	i).		
2	□ A	school desc	ribed in section	170(b)(1)(A)(ii). (Attac	h Schedi	ule E.)						
3	\square A	hospital or a	cooperative hos	spital service organiza	ation desc	cribed in a	section 1	170(b)(1)((A)(iii).			
4			earch organizatione, city, and state	on operated in conjuncts:	ction with	a hospit	al descril	bed in se	ection 17	0(b)(1)(A)	(iii). Enter the	
5			on operated for to (1)(1)(A)(iv). (Comp	the benefit of a collect plete Part II.)	ge or uni	versity o	wned or	operated	by a go	vernmen	tal unit described	in
6 7	☑ Ar	n organizatio	on that normally	nment or governmenta receives a substantia (A)(vi). (Complete Par	l part of					nit or fror	n the general pub	lic
8	ПА	community 1	trust described in	section 170(b)(1)(A)	(vi). (Cor	nplete Pa	ırt II.)					
9	☐ Ar red su	n organization ceipts from upport from	on that normally activities related gross investme	receives: (1) more that to its exempt function in the income and unrelater June 30, 1975. See	an 331/3% ions-sul ated bus	of its subject to desiness ta	upport fro certain ex xable inc	ceptions	s, and (2) ss sectio	no more	e than 331/3% of i	its
10	☐ Ar	n organizatio	n organized and	operated exclusively	to test fo	or public s	safety. Se	e sectio	n 509(a)((4).		
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 sectio 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. a							ns (1)					
h	Pr	rovide the fo	llowing informati	on about the supporte	ed organi	zation(s).						_
(1)		of supported nization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	in col (i) lis	organization sted in your document?	the organ	rou notify nization in of your port?	organiza (i) organi	ls the tion in col ized in the S?	(vii) Amount of moneta support	īУ
					Yes	No	Yes	No	Yes	No		_
(A)												
(B)												
(C)												_
(D)												_
(E)												_
			1						ļ			

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.)

Secti	on A. Public Support					,			
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total		
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,577,251	2,946,462	3,585,502	2,818,469	2,723,774	14,651,458		
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	2,577,251	2,946,462	3,585,502	2,818,469	2,723,774	14,651,458		
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)								
6	Public support. Subtract line 5 from line 4.						14,651,458		
Secti	on B. Total Support			-					
Calen	dar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total		
7	Amounts from line 4	2,577,251	3,402,507	3,585,502	2,818,469	2,723,774	14,651,458		
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	650	3,940	2,909	845	1,080	9,424		
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.)	264,558	108,504	265,217	152,980	68,289	859,548		
11	Total support. Add lines 7 through 10						15,520,430		
12	Gross receipts from related activities, etc.	•	•			12			
13	First five years. If the Form 990 is for the	•			•				
	organization, check this box and stop her				<u> </u>		🕨 🗀		
	on C. Computation of Public Suppor								
14	Public support percentage for 2013 (line 6	•	-			14	94 %		
15 16a	Public support percentage from 2012 Sch 331/3% support test – 2013. If the organization					15	94 %		
IUa	box and stop here. The organization qual								
ь	331/3% support test—2012. If the organ						-		
-	check this box and stop here. The organi						. ► □		
17a	10%-facts-and-circumstances test – 20 10% or more, and if the organization mee Part IV how the organization meets the "fa	013. If the orga ets the "facts-a acts-and-circu	inization did no and-circumstal mstances" tes	ot check a box nces" test, che	on line 13, 16 eck this box an	id stop here. E	line 14 is Explain in		
	organization						. ▶ 🗆		
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organizate Explain in Part IV how the organization m	ion meets the eets the	"facts-and-ci s-and-circumst	rcumstances" tances" test. Ti	test, check th	ns box and st ond stong and stong a	op here. I publicly		
40	supported organization								
18	Private foundation. If the organization dinstructions								

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.)

Secti	on A. Public Support					/	
Calen	dar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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	<u> </u>					
	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 .						
L	· · · · · · · · · · · · · · · · · · ·		 		 		
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						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from		 				
0	line 6.)						
Saati	on B. Total Support		L		<u> </u>		
	dar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6	(a) 2009	(6) 2010	(6) 2011	(u) 2012	(8) 2013	(I) I Olai
_	Gross income from interest, dividends,	· · · · · · · · · · · · · · · · · · ·					
10a	payments received on securities loans, rents,		1		}		
	royalties and income from similar sources .						
			-		-		
D	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975		1			,	
	· ·			1			
_	Add lines 10a and 10b				<u> </u>		
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.)				ļ		_
13	Total support. (Add lines 9, 10c, 11,		1				
	and 12.)	L <u></u>	<u></u>		<u> </u>	L	
14	First five years. If the Form 990 is for the	-			-		
	organization, check this box and stop he		<u> </u>	<u> </u>	· · · · ·		▶ 🗆
	on C. Computation of Public Suppor	_ _					
15	Public support percentage for 2013 (line 8						%
16	Public support percentage from 2012 Sch			<u> </u>	<u></u>	16	%
	on D. Computation of Investment In				·	1 1	
17	Investment income percentage for 2013 (•			%_
18	Investment income percentage from 2012						<u>%</u>
19a	331/3% support tests—2013. If the organ						
	17 is not more than 331/3%, check this box						
b	331/3% support tests—2012. If the organiz						
	line 18 is not more than 331/3%, check this		_	-			_
20	Private foundation. If the organization di	d not check a	box on line 14	19a or 19b. (check this box	and see instru	ctions ► 🗀

SCHEDULE D (Form 990)

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. Inspection

Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Name of the organization **Employer identification number** Integrated Community Development International 32 0112278 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 Aggregate contributions to (during year) . 2 Aggregate grants from (during year) . . Aggregate value at end of year 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 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 ☐ Yes ☐ No Conservation Easements. Part II Complete if the organization answered "Yes" to Form 990, Part IV, line 7. 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 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 2a 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) 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. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 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. 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: 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. Assets included in Form 990, Part X

Pari 3	Using the organization's acquisition, accollection items (check all that apply):							
_	☐ Public exhibition			C 1	ar avabanaa			
a					or exchange			
b	Scholarly research		е	Other				*******
C	☐ Preservation for future generations							
4	Provide a description of the organization XIII.	n's collections a	and expla	ain how ti	ney further ti	he org	janization's exem	pt purpose in Part
5	During the year, did the organization so	olicit or receive	donation	s of art,	historical tre	asure	s, or other similar	r
	assets to be sold to raise funds rather th							☐ Yes ☐ No
Part	IV Escrow and Custodial Arrange	gements.	· · · ·					
	Complete if the organization at 990, Part X, line 21.	•	" to Forr	n 990, P	art IV, line s	9, or 1	reported an amo	ount on Form
1a	Is the organization an agent, trustee, c included on Form 990, Part X?							Yes No
b	If "Yes," explain the arrangement in Part	XIII and comple	ete the fo	llowing ta	able:			
	, ,	•		J			An	nount
С	Beginning balance					10	.	· · · · · · · · · · · · · · · · · · ·
d	Additions during the year					1d		
						-		
e	Distributions during the year					1e		
f	Ending balance					1f		
2a	Did the organization include an amount							
	If "Yes," explain the arrangement in Part	XIII. Check here	e if the ex	(planation	n has been p	rovide	ed in Part XIII .	<u> U</u>
Par								
	Complete if the organization a							
		(a) Current year	(b) Pro	or year	(c) Two years		(d) Three years back	(e) Four years back
1a	Beginning of year balance	5,836		5,125		5,268	4,724	0
b	Contributions	4,440						4,000
C	Net investment earnings, gains, and							
	losses	1,130		782		-74	609	760
d	Grants or scholarships							-
е	Other expenditures for facilities and							
	programs							
f	Administrative expenses	123		71		69	65	36
	· · · · · · · · · · · · · · · · · · ·	11,283		5,836		5,125	5268	4,724
g	End of year balance		-l 6 -l					4,724
2	Provide the estimated percentage of the	-		e (line 1g	, column (a))	neia a	as:	
a	Board designated or quasi-endowment	************	%					
b	Permanent endowment >	<u>.</u> %						
C	Temporarily restricted endowment ▶	%						
	The percentages in lines 2a, 2b, and 2c							
3a	Are there endowment funds not in the p	ossession of th	ie organi:	zation tha	at are held a	nd ad	ministered 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 organiza	itions listed as re	equired o	n Schedi	ule R?			3b
4	Describe in Part XIII the intended uses o	f the organization	n's endo	wment fu	ınds.			
Part	VI Land, Buildings, and Equipm	ent.						
	Complete if the organization a		" to Forr	n 990, P	art IV, line	11a. S	See Form 990, F	Part X, line 10.
	Description of property	(a) Cost or ot (investme	her basis	(b) Cost o	r other basis ther)	(c) <i>i</i>	Accumulated epreciation	(d) Book value
1a	Land				132,250			132,250
b	Buildings				300,262		103,148	197,114
C	Leasehold improvements				24,130		2,292	21,838
_				_	511,592		187,511	324,082
d	Equipment				1,476,425		633,368	843,057
e Total	Add lines 1a through 1e (Column (d) mus	et equal Form Of	00 Part \	/ oalum		01.1	000,000	1 518 341

Part VII	Investments—Other Securities					
	Complete if the organization ans					
	(a) Description of security or category (including name of security)	·	(b) Book value		thod of valuation I-of-year market value
(1) Financial						
	eld equity interests		<u> </u>			
(3) Other						
(A)						
(B)						
(C)			 			
(D) (E)			_		·	
(F)	•••••		-			
(G)						
(H)			 			
	nust equal Form 990, Part X, col. (B) line 12.)					
Part VIII	Investments—Program Related	.	L			
	Complete if the organization answer		m 990). Part IV. line	11c. See Form	990. Part X. line 13.
-	(a) Description of investment		l	Book value	(c) Me	thod of valuation I-of-year market value
(1)						<u>-</u>
(2)						· <u> </u>
(3)						· _ ·
(4)						
(5)					-	
(6)						
(7)						
(8)						
(9)	·				· · · · · · · · · · · · · · · · · · ·	
	n) must equal Form 990, Part X, col (B) line 13)					
Part IX	Other Assets.					
	Complete if the organization ans		m 990), Part IV, line	11d. See Form	
	Į.	a) Description				(b) Book value
(1)						
(2)						
(3)						
(4)						<u> </u>
(5)	· · · · · · · · · · · · · · · · · · ·			· ·		
<u>(6)</u> <u>(7)</u>						
(8)						·
(9)				•	***	
	nn (b) must equal Form 990, Part X, co	ol. (B) line 15.)			>	
Part X	Other Liabilities. Complete if the organization ansiline 25.	wered "Yes" to For	m 990), Part IV, line	11e or 11f. See	Form 990, Part X,
1.	(a) Description of liability	(b) Book value				
(1) Federal in	come taxes					
(2) Contract	donations for future wells	23	3,056			· ·
(3)	<u>.</u>					
(4)						
(5)		-				
(6)						!
(7)						
(8)						
(9)						
	o) must equal Form 990, Part X, col (B) line 25)		3,056			
	uncertain tax positions. In Part XIII, provi s liability for uncertain tax positions under					

Part	XI Reconciliation of Revenue per Audited Financial Statemers. Complete if the organization answered "Yes" to Form 990, F		Return.
			1 4 1
1	Total revenue, gains, and other support per audited financial statements		1
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 - 1	
	Net unrealized gains on investments	2a	4
b	Donated services and use of facilities	2b	4
¢	Recovenes of pnor year grants		1
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	1
С	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line		5
Part			er Return.
	Complete if the organization answered "Yes" to Form 990, F		
1	Total expenses and losses per audited financial statements	1414	11
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		-
a	Donated services and use of facilities	2a	
	Prior year adjustments	2b	1 1
	Other losses	2c	1
C		2d	1
d	Other (Describe in Part XIII.)		+
	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1	· · · · · · · · · · · ·	3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	4
b	Other (Describe in Part XIII.)	4b	
-	Add lines 4a and 4b		4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin	e 18.)	5
	Supplemental Information.		
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and		
	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part		
Schedu	le D, Part V, Line 3ai - The endowment funds have been set aside to allow the crea	tion of a Operating Agency Fur	nd with Kosciusko
Commi	nity Foundation. A separate Designated Endowment Fund has a balance of 9,907.	These funds are not to be rep	orted as an asset on ICDI's
financia	I statements as they are not controlled by ICDI or the Board of Directors		
Schedi	le D, Part V, Line 4 - The funds are intended to stay in the account and reinvest the	interest on the investment	
	io b, I at I, and I The land at mondo to day in the account and issued to		
Cabad.	In D. Boot V. Lung G. ICDI Beneause contract denotions for the completion of water	walls. If a contract is paid in a	the gurrent wear and then
Schear	le D, Part X, Line 2 - ICDI Receives contract donations for the completion of water v	wells in a contract is paid in a	year and trieff
	and the discount of the foundation is held as a decrease. The foundation was believed as		Access consider
work co	mpleted in the next, the funds are held as a deposit. The funds are not included as	s revenue but as a liability for fu	iture work.

Schedule D (Fo	m 990) 2013	Page 5
Part XIII	Supplemental Information (continued)	
•		

	***************************************	******************
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	······································	

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

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

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

Inspection

Name of the organization **Employer identification number** Integrated Community Development International 32 0112278 General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Part I Form 990, Part IV, line 14b. 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the ☐Yes ☐No For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) 3 (c) Number of (a) Region (b) Number of (d) Activities conducted in (e) If activity listed in (d) is (f) Total a program service, describe specific type of service(s) in region offices in the employees, agents, and independent region (by type) (e g , expenditures for fundraising, program services, investments, region and investments in region contractors grants to recipients in region located in the region) (1) Sub-Saharan Africa - CAR 2 123 program services Sch F. Part 5 1.665.041 (2) Sub-Saharan Africa - DRC 1 Maintenance costs Sch F, Part 5 24,550 (3) (4) (5) (6)(7) (8) (9) (10)(11) (12)(13)(14)(15) (16)(17)1,689,591 Sub-total Total from continuation sheets to Part I

c Totals (add lines 3a and 3b)

1,689,591

Page 2

Schedule F (Form 990) 2013

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

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

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 Enter total number of other organizations or entities က N

Schedule F (Form 990) 2013

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. Schedule F (Form 990) 2013

Part III Grants ar

(a) Type of grant or assistance	tof grant or assistance (b) Region (c) Number of recipients	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(9)							
(2)							
(8)						i	
(6)							
(10)		-					
(11)		·					
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							
						Sch	Schedule F (Form 990) 2013

_	
Page	4

Part	V 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)	₽ No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)	☑ 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)	☑ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	☑ 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)	☑ 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)	☑ No

Part V Su

Supplemental Information

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

The majority of ICDI's functions are performed in the Central African Republic. ICDI provides clean water, orphan care, agriculture assitance,
and radio broadcasting. The accomplishment of such programs can be found in the introductory section of the 990
Starting in 2011, ICDI began work in the Democratic Republic of Congo with a purchase of property and buildings. Our water drilling operations
are not possible at this time and the property is being maintained until it is sold.

SCHEDULE G · (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection

Employer identification number

Integr	ated Community Development Intern			_			112278
Par	Fundraising Activities Form 990-EZ filers are				vered "Yes" to F	orm 990, Part IV, li	ne 17.
1 a b c d 2a b	Indicate whether the organizations Mail solicitations Internet and email solicitation Phone solicitations In-person solicitations Did the organization have a wror key employees listed in Forr	ion raised funds thons ons ontten or oral agree on 990, Part VII) or id individuals or e	e f g Cement with entity in contities (fun	of the following of the	ion of non-governion of government fundraising events dual (including off with professional	ment grants t grants s ficers, directors, trust fundraising services?	☑ Yes □ No
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	draiser have or control of outlons?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
··			Yes	No			
3	D Leavey 557 Newton Street PMB 102 Isper IN 47546	Major Gifts focus		~		26,957	
2						``````````````````````````````````````	
3							
4							
5							
6							· · · · · · · · · · · · · · · · · · ·
7							
8			_				, <u>,</u> ,,
9							
10							· · · · · · · · · · · · · · · · · · ·
Total 3	List all states in which the org registration or licensing.	anızatıon is regist	ered or lic	ensed to s	olicit contribution	s or has been notifie	d it is exempt from

		 than \$15,000 of fundraising gross receipts greater that 		and gross moonic on		TO OBT EIGHT OVER THE WHITE
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col (a) through
4			(event type)	(event type)	(total number)	col (c))
Revenue	1	Gross receipts				
œ.	2	Less: Contributions Gross income (line 1 minus line 2)				
	4	Cash prizes				
	5	Noncash prizes				
uses	6	Rent/facility costs				- 11
Direct Expenses	7	Food and beverages				- ···- · · · · · · · · · · · · · · · ·
Direct	8	Entertainment				
	9	Other direct expenses .				
	10 11	Direct expense summary. Ac Net income summary. Subtra	act line 10 from line 3, c	olumn (d)	▶ [·
Pa	rt III	Gaming. Complete if the than \$15,000 on Form 9		ed "Yes" to Form 99	0, Part IV, line 19, or re	eported more
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Rev	1	Gross revenue				
enses	2	Cash prizes				
Εχο	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs			-	
	5	Other direct expenses .				
	6	Volunteer labor	☐ Yes% ☐ No	☐ Yes % ☐ No	☐ Yes% ☐ No	
	7	Direct expense summary. Ac	dd liana O thrawah E !			
	· ·	Direct expense summary. Ac	ad lines 2 through 5 in Co	olumn (d)		
	8	Net gaming income summar	_			
	8 Ei a Is	Net gaming income summar nter the state(s) in which the or the organization licensed to or	y. Subtract line 7 from li	ne 1, column (d) ning activities: in each of these states	?	🗌 Yes 🗌 No

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more

chedu	le G (Form 990 or 990-EZ) 2013		Page 3
11	Does the organization operate gaming activities with nonmembers?	☐ Yes [No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity		
	formed to administer charitable gaming?	☐ Yes [_ No
13	Indicate the percentage of gaming activity operated in:		%
a	The organization's facility		
b 14	Enter the name and address of the person who prepares the organization's gaming/special events books and		
17	records:		
	Name ►		

	Address ►		
15a			-
	revenue?	☐ Yes [_ No
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the		
С	amount of gaming revenue retained by the third party ► \$ If "Yes," enter name and address of the third party:		
U	in res, enter hame and address of the tillid party.		
	Name ►		

	Address►		
16	Gaming manager information:		
	Mana N		
	Name ►		
	Gaming manager compensation ► \$		
	Taring manager compensation >		
	Description of services provided ▶		
	□ Director/officer □ Employee □ Independent contractor		
17	Mandatory distributions:		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	_ , ,	-
h	Enter the amount of distributions required under state law to be distributed to other exempt organizations or	☐ Yes [_ No
b	spent in the organization's own exempt activities during the tax year > \$		
Part		nd (v), an	
	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide		-
	additional information (see instructions).		

SCHEDULE 1 (Form 990)

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

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

	► Attach to Form 990.	
•		

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Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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. % [<u>}</u> Employer identification number □Yes 32 0112278 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. the selection criteria used to award the grants or assistance? Part | General Information on Grants and Assistance Integrated Community Development International Department of the Treasury Internal Revenue Service Name of the organization Part II

1 (a) Name and address of organization (b) EIN or government	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) Design Outreach PO Box 763, Winona Lake, IN 46590 46 0779062	501(c)3	35,386				Develop deep well pump
-						
Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table	vernment organizati in the line 1 table	tions listed in the li	ine 1 table			. •
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	s for Form 990.		Ö	Cat No 50055P		Schedule I (Form 990) (2013)

Schedule I (Form 990) (2013)

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. Part III

Schedule I (Form 990) (2013)

SCHEDULE L (Form 990 or 990-EZ)

Transactions With Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

OMB No 1545-0047

Department of the Treasury ► Attach to Form 990 or Form 990-EZ. ► See separate instructions. ► Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Internal Revenue Service

Inspection

Name of the organization

Integrated Community Development International

Employer identification number

Integr	ated Community Develo	pment Internation	nal							32 0	11227	78		
Par	Excess Bene Complete if the	fit Transaction ne organization	ns (section 501 answered "Ye	(c)(3) a s" on l	and sect Form 99	ion 501(c)(4 0, Part IV, I	4) org ine 25	anizations only) Sa or 25b, or Fo	rm 99	0-EZ,	Part '	V, lıne	40b.	
1	(a) Name of disqualified person		(b) Relationship bet		veen disqualified person and			(a) Description	n of trai	neaction			(d) Con	ected?
ı	(a) Name of disqualified	person		organiza	ation			(c) Description of transaction				Yes	No	
(1)														
(2)														
(3)									_					
(4)														
(5)														
(6)														
2	Enter the amount under section 4958				_	-		ied persons du	_	_		;		
3	Enter the amount o	of tax, if any, on	line 2, above,	reimb	ursed by	the organ	ızatioı	n		1	▶ \$	<u> </u>		
Par	Complete if th	l/or From Interne organization eported an amo	answered "Ye	s" on l				e 38a or Form 99	90, Pa	ırt IV,	line 2	6; or i	f the	
(a) N	lame of interested person	(b) Relationship with organization	(c) Purpose of loan	fro	oan to or om the nization?	(e) Origir principal an		(f) Balance due	(g) in (default?	by bo	proved pard or nittee?	(i) Wagree	
				То	From	1				No	Yes	s No Yes		No
(1)	 ,	<u> </u>							Yes					
(2)					<u> </u>			,	i –					
(3)		<u> </u>							†	 				
(4)					1			···	1					
(5)														
(6)														
(7)					1									
(8)									1		l			
(9)														
(10)														
Total						.	. ▶	\$						
Part		sistance Bener ne organization				0, Part IV, I	ine 27	7.						
(a) Name of interested person		ship between inter		(c) Amount	of assistance		(d) Type of assistance	е	(e)) Purpo	se of a	ssistan	ce
(1)										 				
(2)														
(3)														
(4)			•			_								
(5)					- · ·				,					-
(6)						.			· · · · ·				_	
(7)														
(8)														
(9)	-													
(10)						-	Î							

- 1						uge .
Part IV	Business Transactions Involve Complete if the organization an	ing Interested Persons. swered "Yes" on Form 99	0, Part IV, line 28a, 2	28b, or 28c.		
	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organi	aring o zation': nues?
					Yes	No
(1) Richa	ard Klopp	Former director	22,768	Board training		~
(2)						
(3)						
(4)						
(5)					<u>.</u>	ļ
(6)		<u></u>				
(7)						-
(8)					-	<u> </u>
(9) (10)		<u> </u>			- 	-
Part V	Supplemental Information	<u>. </u>		· · · · · · · · · · · · · · · · · · ·		
	Provide additional information for provide additional information for provide a structure of the provided and the provided an		-		alvina m	ninor
	e development group in order to help to	***************************************				

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		•••••	***************************************			
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		•				
			•••••••••••			
	•••••		••••••			

SCHEDULE M (Form 990)

Noncash Contributions

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

OMB No 1545-0047

2013

Open To Public Inspection

Department of the Treasury Internal Revenue Service ► Attach to Form 990.

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

Name of the organization

Integrated Community Development International

Employer identification number

32 0112278

Part	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	Method o			
1	Art—Works of art							
2	Art—Historical treasures							
3	Art—Fractional interests							
4	Books and publications							
5	Clothing and household							
3	goods			2 725	Fair market va	·luo		
_			1					
6	Cars and other vehicles	✓	<u> </u>	200	Fair market va	liue		
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							
20	Drugs and medical supplies							
21	Taxidermy							•
22	Historical artifacts							
23	Scientific specimens	·						
24	Archeological artifacts							
25	Other ► (Radio Equipment)	V	1	4,325	Fair market va	alue		
26	Other (Display and supplies)	<u> </u>	1	6,935	Fair market va	alue		
27	Other ► ()	_		<u>-</u>				
28	Other ► (
29	Number of Forms 8283 received	by the or	ganization during the tax v	year for contributions for				
	which the organization completed				29			
	,			3		-	Yes	No
30a	During the year, did the organizat	ion receive	by contribution any proper	ty reported in Part I lines	1 - 28 that			
ooa	it must hold for at least three year							
	used for exempt purposes for the					30a		
h	If "Yes," describe the arrangemen					30a		
ь 31	Does the organization have a		stance notice that require	is the review of any no	n_etandard			
31	contributions?					24		
200						31	V	
32a	Does the organization hire or use							
	contributions?					32a		~
b	If "Yes," describe in Part II		a alivera (a) fa : = 1	and the form of the first of the first				
33	If the organization did not report a	n amount in	column (c) for a type of pro	pperty for which column (a)	is cnecked,			
	describe in Part II.					l		

Part II	Supplemental Information. 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.
Part 1 Colur	nn B: This is the number of contributions, not the number of items

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ.
► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization Integrated Community Development International 32 0112278

990 Part 3 Quest 2: Pump Maintenance - During the year ICDI started a separate program to maintain manual pumps in the Central African Republic.
This work came from the need to fix broken and worn pumps before they reach a state of disrepair. It was determined that this activity and funding was
signifigantly different from the other Pump and Wells activity and a new program was started
990 Part 3 Quest 3 Orphan care - During the year the Orphan care program was found to be outside the main vision of ICDI. The activities in CAR
were taken over by VisionTrust, one of our largest donors who's main goal and operations are directed towards the needs of orphans and their care.
990 Part 3 Quest 4d: These amounts are the closing of the Orphan program and expenses for property maintenance in DRC
FORM 990, Part VI, Section A, Line 7a - All board members are selected and approved by the other board members. They must vote for inclusion
Into the Board of Directors.
FORM 990, Part VI, Section A, Line 7b - Decisions to expand operations to a new location, program or direction than the specified mission
of ICDI must be approved by the Board of Directors. Any actions in regards to litigation against ICDI (outside of African personnel and
transportation) must be approved by the Board of Directorrs. The Board receives regular updates on the status of each program and addresses
direction as needed.
FORM 990, Part VI, Section B, Line 12c - Each year each member of the Board of Directors must sign a conflict of interest report. A board
member whose interests may be in conflict must exclude himself/herself from deliberations and decisions relating to that matter
FORM 990, Part VI, Section B, Line 15 - The compensation of the chief executive officer is decided by the Board of Directors. They receive
feedback from the executive staff on the financial ability of the organization to meet the compensation package. Additionally, there is an
annual performance evaluation by the board, which factors into the final authorization of the compensation package for the coming year
990 Part XII Line 2 - During the year, a revolution was started in CAR and volience continued into 2014. During this time, accounting documents were
destroyed/lost/neglicted. As such, a full audit of 2013 is not possible until stability returns to the country. A reivew of 2013 will be performed instead.