



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form 990



Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

Do not enter Social Security numbers on this form as it may be made public By law, the IRS generally cannot redact the information on the form

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

OMB No 1545-0047

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning 07-01-2013 , 2013, and ending 06-30-2014

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Terminated

☐ Amended return

☐ Application pending

C Name of organization

INTERCHURCH MEDICAL ASSISTANCE INC

Doing Business As

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

500 MAIN STREET PO BOX 429

City or town, state or province, country, and ZIP or foreign postal code

NEW WINDSOR, MD 21776

F Name and address of principal officer

RICHARD L SANTOS

500 MAIN STREET PO BOX 429

NEW WINDSOR, MD 21776

H(a) Is this a group return for subordinates?

☐ Yes☒ No

H(b) Are all subordinates included?

☐ Yes☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number

I Tax-exempt status

☒ 501(c)(3) ☐ 501(c) () ☐ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website:

WWW IMAWORLDHEALTH ORG

K Form of organization

☒ Corporation☐ Trust☐ Association☐ Other ☐

L Year of formation

1960

M State of legal domicile

MD

Part I	Summary																																
Activities & Governance	1 Briefly describe the organization's mission or most significant activities TO ADVANCE HEALTH AND HEALING FOR VULNERABLE AND MARGINALIZED PEOPLE IN THE DEVELOPING WORLD 2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets <table><tr><td>3</td><td>Number of voting members of the governing body (Part VI, line 1a)</td><td>3</td><td>11</td></tr><tr><td>4</td><td>Number of independent voting members of the governing body (Part VI, line 1b)</td><td>4</td><td>11</td></tr><tr><td>5</td><td>Total number of individuals employed in calendar year 2013 (Part V, line 2a)</td><td>5</td><td>60</td></tr><tr><td>6</td><td>Total number of volunteers (estimate if necessary)</td><td>6</td><td>211</td></tr><tr><td>7a</td><td>Total unrelated business revenue from Part VIII, column (C), line 12</td><td>7a</td><td>0</td></tr><tr><td>b</td><td>Net unrelated business taxable income from Form 990-T, line 34</td><td>7b</td><td>0</td></tr></table>	3	Number of voting members of the governing body (Part VI, line 1a)	3	11	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	11	5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	60	6	Total number of volunteers (estimate if necessary)	6	211	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0	b	Net unrelated business taxable income from Form 990-T, line 34	7b	0								
3	Number of voting members of the governing body (Part VI, line 1a)	3	11																														
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	11																														
5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	60																														
6	Total number of volunteers (estimate if necessary)	6	211																														
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0																														
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0																														
Revenue	<table><tr><td>8</td><td>Contributions and grants (Part VIII, line 1h)</td><td>Prior Year</td><td>Current Year</td></tr><tr><td>9</td><td>Program service revenue (Part VIII, line 2g)</td><td>48,853,036</td><td>128,299,843</td></tr><tr><td>10</td><td>Investment income (Part VIII, column (A), lines 3, 4, and 7d)</td><td>102,081</td><td>85,262</td></tr><tr><td>11</td><td>Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)</td><td>41,759</td><td>33,949</td></tr><tr><td>12</td><td>Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)</td><td>37,043</td><td>2,522,397</td></tr><tr><td></td><td></td><td>49,033,919</td><td>130,941,451</td></tr></table>	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year	9	Program service revenue (Part VIII, line 2g)	48,853,036	128,299,843	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	102,081	85,262	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	41,759	33,949	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	37,043	2,522,397			49,033,919	130,941,451								
8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year																														
9	Program service revenue (Part VIII, line 2g)	48,853,036	128,299,843																														
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	102,081	85,262																														
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	41,759	33,949																														
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	37,043	2,522,397																														
		49,033,919	130,941,451																														
Expenses	<table><tr><td>13</td><td>Grants and similar amounts paid (Part IX, column (A), lines 1–3)</td><td>27,487,437</td><td>104,385,357</td></tr><tr><td>14</td><td>Benefits paid to or for members (Part IX, column (A), line 4)</td><td>0</td><td>0</td></tr><tr><td>15</td><td>Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)</td><td>8,511,898</td><td>12,027,492</td></tr><tr><td>16a</td><td>Professional fundraising fees (Part IX, column (A), line 11e)</td><td>0</td><td>0</td></tr><tr><td>b</td><td>Total fundraising expenses (Part IX, column (D), line 25) ☐ 165,827</td><td></td><td></td></tr><tr><td>17</td><td>Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)</td><td>13,464,381</td><td>12,796,550</td></tr><tr><td>18</td><td>Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)</td><td>49,463,716</td><td>129,209,399</td></tr><tr><td>19</td><td>Revenue less expenses Subtract line 18 from line 12</td><td>-429,797</td><td>1,732,052</td></tr></table>	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	27,487,437	104,385,357	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	8,511,898	12,027,492	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0	b	Total fundraising expenses (Part IX, column (D), line 25) ☐ 165,827			17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	13,464,381	12,796,550	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	49,463,716	129,209,399	19	Revenue less expenses Subtract line 18 from line 12	-429,797	1,732,052
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	27,487,437	104,385,357																														
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0																														
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	8,511,898	12,027,492																														
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0																														
b	Total fundraising expenses (Part IX, column (D), line 25) ☐ 165,827																																
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	13,464,381	12,796,550																														
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	49,463,716	129,209,399																														
19	Revenue less expenses Subtract line 18 from line 12	-429,797	1,732,052																														
Net Assets or Fund Balances	<table><tr><td></td><td>Beginning of Current Year</td><td>End of Year</td></tr><tr><td>20</td><td>Total assets (Part X, line 16)</td><td>17,242,745</td><td>27,265,545</td></tr><tr><td>21</td><td>Total liabilities (Part X, line 26)</td><td>12,469,377</td><td>20,684,540</td></tr><tr><td>22</td><td>Net assets or fund balances Subtract line 21 from line 20</td><td>4,773,368</td><td>6,581,005</td></tr></table>		Beginning of Current Year	End of Year	20	Total assets (Part X, line 16)	17,242,745	27,265,545	21	Total liabilities (Part X, line 26)	12,469,377	20,684,540	22	Net assets or fund balances Subtract line 21 from line 20	4,773,368	6,581,005																	
	Beginning of Current Year	End of Year																															
20	Total assets (Part X, line 16)	17,242,745	27,265,545																														
21	Total liabilities (Part X, line 26)	12,469,377	20,684,540																														
22	Net assets or fund balances Subtract line 21 from line 20	4,773,368	6,581,005																														

Part II

Signature Block

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

Sign Here

Signature of officer

2015-05-14

Date

RICHARD L SANTOS PRESIDENT/CEO

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

FRANK H SMITH

Preparer's signature

Date

2015-05-14

Check ☐ if self-employed

PTIN

P00639053

Firm's name

RAFFA PC

Firm's EIN

52-1511275

Firm's address

1899 L STREET NW SUITE 900

WASHINGTON, DC 20036

Phone no

(202) 822-5000

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2013)

Part III

Statement of Program Service Accomplishments

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

1

Briefly describe the organization's mission

INTERCHURCH MEDICAL ASSISTANCE (IMA) WORLD HEALTH ADVANCES HEALTH AND HEALING FOR VULNERABLE AND MARGINALIZED PEOPLE IN THE DEVELOPING WORLD

2

Did the organization undertake any significant program services during the year which were not listed on the prior 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 \$ 45,671,197 including grants of \$ 40,219,500) (Revenue \$ 85,262)

IN TANZANIA, THE CDC AND PEPFAR-FUNDED LOCAL PARTNERS EXCEL IN COMPREHENSIVE HIV/AIDS SERVICE DELIVERY (LEAD) PROJECT PROVIDED HIV CARE TO MORE THAN 80,000 PATIENTS AND INITIATED OVER 50,000 PATIENTS ON ART WE ALSO TRANSITIONED MORE THAN 50 SITES TO IMA'S LOCAL PARTNER THE CHRISTIAN SOCIAL SERVICES COMMISSION AS A RESULT OF SUCCESSFUL CAPACITY BUILDING APPROACH TO STRENGTHEN THE ORGANIZATIONAL AND TECHNICAL CAPACITY THROUGH THE USAID-FUNDED ENVISION TANZANIA NEGLECTED TROPICAL DISEASE (NTD) CONTROL PROGRAM, IMA PROVIDES 14 MILLION TREATMENTS ANNUALLY TO PREVENT AND CONTROL TRANSMISSION OF NTDS WE HAVE ALSO TRAINED MORE THAN 45,000 COMMUNITY DRUG DISTRIBUTORS, FRONTLINE HEALTH WORKERS AND TEACHERS WHO PROVIDE TREATMENT TO THE COMMUNITIES ADDITIONALLY, THROUGH THE IZUMI FOUNDATION-SUPPORTED LYMPHATIC FILARIASIS (LF) MORBIDITY MANAGEMENT PROJECT, WE PROVIDED LIFE-CHANGING SURGERIES AND FOLLOW-UP CARE TO NEARLY 1,000 MALE PATIENTS AND TRAINED AND MENTORED 47 LOCAL DOCTORS, NURSES AND ANESTHESIA ASSISTANTS IN THE LINDI REGION

4b

(Code) (Expenses \$ 45,392,356 including grants of \$ 45,293,397) (Revenue \$)

IN THE DEMOCRATIC REPUBLIC OF CONGO, THROUGH THE UK AID FUNDED ACCESS TO PRIMARY HEALTHCARE IN THE DRC (ASSP) PROJECT, 293,425 BIRTHS WERE ATTENDED BY SKILLED HEALTH PERSONNEL AND 294,416 CHILDREN WERE IMMUNIZED FOR MEASLES ADDITIONALLY, 201,730 PREGNANT WOMEN RECEIVED TWO DOSES OF INTERMITTENT PREVENTIVE TREATMENT FOR MALARIA PREVENTION, AND 167,989 LONG-LASTING INSECTICIDE-TREATED BED NETS TO PREGNANT WOMEN AND CHILDREN UNDER AGE ONE THROUGH THE GLOBAL FUND MALARIA PROJECT, TO DATE IMA HAS DISTRIBUTED 361,297 LONG-LASTING INSECTICIDAL NETS (LLINS) TO PREGNANT WOMEN AND CHILDREN UNDER AGE 5, PROVIDED TWO DOSES OF IPTP TO 186,136 PREGNANT WOMEN IN ANC, TREATED 850,180 CASES OF MALARIA, AND PROVIDED DIAGNOSTICS FOR ALMOST 100% OF EXPECTED MALARIA CASES

4c

(Code) (Expenses \$ 17,388,308 including grants of \$ 11,445,096) (Revenue \$)

IN SOUTH SUDAN, IMA CONTINUED TO STRENGTHEN THE HEALTH SYSTEM WHILE PROVIDING EMERGENCY HEALTH SERVICES TO THOSE AFFECTED BY THE CONFLICT THAT BEGAN IN DECEMBER 2013 THROUGH THE WORLD BANK-FUNDED RAPID RESULTS HEALTH PROJECT (RRHP), FROM JANUARY 2013 - JUNE 2014, 117,678 CHILDREN RECEIVED THE THIRD AND FINAL VACCINATION FOR DIPHTHERIA, PERTUSSIS, AND TETANUS (DPT3), 186,677 CHILDREN RECEIVED MEASLES VACCINATIONS, AND 402,285 CHILDREN RECEIVED VITAMIN A ADDITIONALLY, 1,799,147 CHILDREN UNDER AGE FIVE RECEIVED OUTPATIENT SERVICES IMA MADE STRIDES IN ANTENATAL CARE, AS 134,874 PREGNANT WOMEN ATTENDED THEIR FIRST ANTENATAL CARE VISIT WITH ABOUT 24% ATTENDING ALL FOUR OF THE RECOMMENDED NUMBER OF ANC VISITS IMA ALSO TRAINED 1,366 HEALTH CARE WORKERS IN JONGLEI STATE AND 14,941 IN UPPER NILE STATE IN VARIOUS TOPICS INCLUDING MATERNAL AND CHILD HEALTH, INTEGRATED MANAGEMENT OF CHILDHOOD ILLNESS, NUTRITION, AND HIV/AIDS THROUGH THE USAID OFDA-FUNDED EMERGENCY MEDICAL CARE AND NUTRITION RESPONSE FOR INTERNALLY DISPLACED PERSONS PROJECT, IMA ESTABLISHED 11 MOBILE AND OUTREACH CLINICS THAT TREATED AN AVERAGE OF 14,000 PATIENTS PER MONTH WE ALSO RAPIDLY ESTABLISHED AND EQUIPPED 9 MOBILE HEALTH CLINICS SERVING 210,000 INTERNALLY DISPLACED PERSONS DUE TO FIGHTING IN JONGLEI AND UPPER NILE STATES

(Code) (Expenses \$ 10,259,227 including grants of \$ 7,427,364) (Revenue \$)

IN HAITI, WITH FUNDING FROM USAID THROUGH THE ENVISION HAITI NEGLECTED TROPICAL DISEASE (NTD) CONTROL PROGRAM, IMA TREATS OVER 5 1 MILLION HAITIANS FOR NTDS ANNUALLY, AN AVERAGE OF 94% OF THE ELIGIBLE POPULATION WE HAVE ACHIEVED 6 ROUNDS OF CONSECUTIVE MASS DRUG ADMINISTRATION (MDA) IN 91 USAID-SUPPORTED COMMUNES TO DATE THIS YEAR, IMA ESTABLISHED OUR FIRST FIELD OFFICE IN ASIA AND LAUNCHED A NATIONAL NUTRITION COMMUNICATIONS CAMPAIGN (NNCC) IN INDONESIA, WHICH INCLUDED STARTING FORMATIVE RESEARCH, DESIGNED TO IDENTIFY KEY CONTRIBUTORS TO MALNUTRITION AND THE MOST EFFECTIVE BEHAVIOR CHANGE AND COMMUNICATIONS APPROACHES

(Code) (Expenses \$ 4,961,288 including grants of \$) (Revenue \$)

OTHER PROGRAMS

4d

Other program services (Describe in Schedule O)

(Expenses \$ 15,220,515 including grants of \$ 7,427,364) (Revenue \$)

4e

Total program service expenses

123,672,376

Part IV

Checklist of Required Schedules

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

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
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? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If so, complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . .	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> . . .	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

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

☒

		Yes	No			
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	20			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	60			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a				No
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i>	3b				
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Yes			
b	If "Yes," enter the name of the foreign country TZ , CG , DR , HA , SU See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a				No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b				No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c				
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a				No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b				
7 Organizations that may receive deductible contributions under section 170(c).						
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a				No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b				
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c				No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e				No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f				No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g				
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h				
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?						
8						
9 Sponsoring organizations maintaining donor advised funds.						
a	Did the organization make any taxable distributions under section 4966?	9a				
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b				
10 Section 501(c)(7) organizations. Enter						
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11 Section 501(c)(12) organizations. Enter						
a	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b				
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?						
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13 Section 501(c)(29) qualified nonprofit health insurance issuers.						
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a				
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b				
c	Enter the amount of reserves on hand	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a				No
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>	14b				

Part VI

Governance, Management, and Disclosure

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	11	
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
1b	Enter the number of voting members included in line 1a, above, who are independent	11	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	Did the organization have members or stockholders?	6	Yes
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	Yes
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	The governing body?	8a	Yes
8b	Each committee with authority to act on behalf of the governing body?	8b	Yes
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	No

Section B. Policies

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

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

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed	AL, AK, AR, CA, CO, FL, GA, HI, IL, KS, KY, ME, MD, MA, MN, MS, MO, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. ☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)	
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization	TRACEY STEVENS 500 MAIN STREET NEW WINDSOR, MD 21776 (202) 888-6204

Part VII

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

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

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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid

List all of the organization's **current** key employees, if any See instructions for definition of "key employee "

List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) TIM MCCULLY DIRECTOR, CHAIR	3 00	X		X				0	0	0
(2) LISA ROTHERBURGER DIRECTOR, VICE-CHAIR	1 50	X		X				0	0	0
(3) WILLIAM C CLARKE III DIRECTOR, TREASURER	1 50	X		X				0	0	0
(4) SARAH NEWHALL DIRECTOR, SECRETARY	1 50	X		X				0	0	0
(5) REV AMY GOPP DIRECTOR	80	X						0	0	0
(6) HENRY MOSLEY DIRECTOR	80	X						0	0	0
(7) KIRSTEN MUTH DIRECTOR	80	X						0	0	0
(8) MARIO OCHOA DIRECTOR	80	X						0	0	0
(9) DR SAMUEL MWENDA RUKUNGA DIRECTOR	80	X						0	0	0
(10) SHANNON TRILLI DIRECTOR	80	X						0	0	0
(11) ALAIN EPP WEAVER DIRECTOR	80	X						0	0	0
(12) RICHARD L SANTOS PRESIDENT, CEO	40 00			X				153,603	0	18,546
(13) TRACEY STEVENS VP, CFO (AS OF 06/2014)	40 00			X				0	0	0
(14) DOUGLAS EH BLACK CFO (UNTIL 05/2014)	40 00			X				103,482	0	8,961
(15) DRAGANA VESKOV VP, PROGRAM (AS OF 02/2013)	40 00					X		121,270	0	0

Part VII

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							378,355	0	27,507	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 3

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
FRANKLIN C BAER 326 7TH STREET HARRISONBURG VA 22802	HEALTH SYSTEM STRENGTHENING	110,385

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►1

Part VIII

Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a3,079				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e14,801,663				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f113,495,101				
	g	Noncash contributions included in lines 1a-1f \$	47,656,021				
	h	Total. Add lines 1a-1f		128,299,843			
Program Service Revenue	2a	MEMBERSHIP DUES	Business Code 900099	55,000	55,000		
	b	ADMINISTRATIVE SUPPORT	900099	17,439	17,439		
	c	PURCHASE PROGRAMS	900099	12,823	12,823		
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		85,262			
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)	20,036			20,036
4		Income from investment of tax-exempt bond proceeds					
5		Royalties					
6a		Gross rents	(i) Real	(ii) Personal			
		b	Less rental expenses				
		c	Rental income or (loss)				
		d	Net rental income or (loss)				
7a		Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
		b	Less cost or other basis and sales expenses				
		c	Gain or (loss)				
		d	Net gain or (loss)		13,913		13,913
8a		Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a				
		b	Less direct expenses	b			
		c	Net income or (loss) from fundraising events				
9a		Gross income from gaming activities See Part IV, line 19	a				
		b	Less direct expenses	b			
		c	Net income or (loss) from gaming activities				
10a		Gross sales of inventory, less returns and allowances	a				
		b	Less cost of goods sold	b			
		c	Net income or (loss) from sales of inventory				
Miscellaneous Revenue		Business Code					
11a	FOREIGN CURRENCY GAIN	900099	2,522,397			2,522,397	
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d		2,522,397				
12	Total revenue. See Instructions		130,941,451	85,262	0	2,556,346	

Part IX

Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21.	8,652,642	8,652,642		
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.	95,732,715	95,732,715		
4	Benefits paid to or for members.				
5	Compensation of current officers, directors, trustees, and key employees.	290,321		290,321	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
7	Other salaries and wages.	8,684,277	6,261,473	2,365,832	56,972
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	213,479	77,673	131,248	4,558
9	Other employee benefits.	2,396,665	2,041,035	348,817	6,813
10	Payroll taxes.	442,750	221,375	216,673	4,702
11	Fees for services (non-employees):				
a	Management.				
b	Legal.	41,371	6,913	34,458	
c	Accounting.	83,308	19,251	64,057	
d	Lobbying.				
e	Professional fundraising services. See Part IV, line 17.				
f	Investment management fees.	6,294		6,294	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	385,556	106,213	276,513	2,830
12	Advertising and promotion.	313,452	141,602	138,807	33,043
13	Office expenses.	4,245,106	3,996,198	220,046	28,862
14	Information technology.	143,008	6,570	118,013	18,425
15	Royalties.				
16	Occupancy.	2,521,590	2,146,845	369,122	5,623
17	Travel.	4,782,146	4,160,253	617,894	3,999
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19	Conferences, conventions, and meetings.				
20	Interest.				
21	Payments to affiliates.				
22	Depreciation, depletion, and amortization.	24,474		24,474	
23	Insurance.	208,509	101,618	106,891	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):				
a	BOARD OPERATIONS	41,736		41,736	
b					
c					
d					
e	All other expenses.				
25	Total functional expenses. Add lines 1 through 24e.	129,209,399	123,672,376	5,371,196	165,827
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720).				

Part X

Balance Sheet

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

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			4,963,830	1	5,598,159
	2	Savings and temporary cash investments			5,444,342	2	1,970,988
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			839,132	4	4,356,518
	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	
	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	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use			1,660,590	8	1,059,966
	9	Prepaid expenses and deferred charges			367,229	9	237,675
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	533,473			
	b	Less: accumulated depreciation	10b	456,454	41,925	10c	77,019
	11	Investments—publicly traded securities			822,382	11	929,832
	12	Investments—other securities. See Part IV, line 11				12	
	13	Investments—program-related. See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			3,103,315	15	13,035,388
	16	Total assets. Add lines 1 through 15 (must equal line 34)			17,242,745	16	27,265,545
Liabilities	17	Accounts payable and accrued expenses			4,388,494	17	12,355,243
	18	Grants payable				18	
	19	Deferred revenue			8,040,398	19	8,153,238
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D				21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties				23	
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D			40,485	25	176,059
	26	Total liabilities. Add lines 17 through 25			12,469,377	26	20,684,540
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here ☒ and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets			3,306,479	27	5,296,203
	28	Temporarily restricted net assets			1,466,889	28	1,284,802
	29	Permanently restricted net assets				29	
	Organizations that do not follow SFAS 117 (ASC 958), check here ☐ and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other funds				32	
	33	Total net assets or fund balances			4,773,368	33	6,581,005
	34	Total liabilities and net assets/fund balances			17,242,745	34	27,265,545

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	130,941,451
2	Total expenses (must equal Part IX, column (A), line 25)	2	129,209,399
3	Revenue less expenses Subtract line 2 from line 1	3	1,732,052
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4,773,368
5	Net unrealized gains (losses) on investments	5	75,585
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	6,581,005

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990 ☐ 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		No
2b	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	Yes	
2c	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	Yes	
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?	Yes	
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	Yes	

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization INTERCHURCH MEDICAL ASSISTANCE INC	Employer identification number 52-2112460
--	--

Part I

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

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

- 1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2

☐

A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E)
- 3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state _____
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II)
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9

☐

An organization that normally receives (1) more than 33¹/₃% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33¹/₃% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III)
- 10

☐

An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 11

☒

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

a

☒

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Non-functionally integrated
- e

☐

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

☒

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

☐

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

(i)

A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

(ii)

A family member of a person described in (i) above?

(iii)

A 35% controlled entity of a person described in (i) or (ii) above?

h

☐

Provide the following information about the supported organization(s)

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
See Additional Data Table									
Total									0

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990EZ.

Cat No 11285F

Schedule A (Form 990 or 990-EZ) 2013

Part II

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

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
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						
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						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage						
14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))		14				
15 Public support percentage for 2012 Schedule A, Part II, line 14		15				
16a 33 1/3% support test—2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						▶
b 33 1/3% support test—2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						▶
17a 10%-facts-and-circumstances test—2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization						▶
b 10%-facts-and-circumstances test—2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization						▶
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions						▶

Part IIISupport Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage		
15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2013. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
b 33 1/3% support tests—2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶		

Part IV **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference	Explanation	
------------------	-------------	--

Additional Data

Software ID:

Software Version:

EIN: 52-2112460

Name: INTERCHURCH MEDICAL ASSISTANCE INC

Form 990, Sch A, Part I, Line 11h - Provide the following information about the supported organization(s).

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section)	(iv) Is the organization in (i) listed in your governing document?		(v) Did you notify the organization in (i) of your support?		(vi) Is the organization in (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
(A) ADVENTIST DEVELOPMENT	521314847	7		No	Yes		Yes		0
(A) AMERICAN BAPTIST CHURCH	135563018	1		No	Yes		Yes		0
(B) CHURCH OF THE BRETHREN	362167026	1		No	Yes		Yes		0
(C) CHURCH WORLD SERVICE	134080201	7		No	Yes		Yes		0
(D) CHRISTIAN CHURCH (DISC)	351305508	1		No	Yes		Yes		0
(E) EPISCOPAL RELIEF & DEV	731635264	7		No	Yes		Yes		0
(F) LUTHERAN WORLD RELIEF	132574963	7		No	Yes		Yes		0
(G) MENNONITE CENTRAL COMMITTEE	236002702	1		No	Yes		Yes		0
(H) PRESBYTERIAN CHURCH (USA)	236393377	1		No	Yes		Yes		0
(I) UNITED CHURCH OF CHRIST	341927041	1		No	Yes		Yes		0
(J) THE UNITED METHODIST CHURCH	135562279	1		No	Yes		Yes		0

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b**
▶ **Attach to Form 990.** ▶ **See separate instructions.** ▶ **Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.**

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization INTERCHURCH MEDICAL ASSISTANCE INC	Employer identification number 52-2112460
---	---

Part I

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

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

Part II

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

1

Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

2

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

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

3

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

4

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

5

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

☐ Yes ☐ No

6

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

7

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

8

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

☐ Yes ☐ No

9

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

Part III

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

1a

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

b

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

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

▶ \$ _____

(ii) Assets included in Form 990, Part X

▶ \$ _____

2

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

a

Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

b

Assets included in Form 990, Part X

▶ \$ _____

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat No 52283D

Schedule D (Form 990) 2013

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

- 3

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

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other
- 4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

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

- 1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No
- b

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

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	
- 2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No
- b

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

☐

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

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

- 2

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

Board designated or quasi-endowment
- b

Permanent endowment
- c

Temporarily restricted endowment

The percentages in lines 2a, 2b, and 2c should equal 100%
- 3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- (i) unrelated organizations

3a(i)

Yes

No

(ii) related organizations

3a(ii)

Yes

No

b

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

3b

Yes

No

Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		63,598	63,598	0
c Leasehold improvements		85,838	33,266	52,572
d Equipment		384,037	359,590	24,447
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				77,019

Schedule D (Form 990) 2013

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	131,010,742
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	75,585
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	75,585
3	Subtract line 2e from line 1	3	130,935,157
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	6,294
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	6,294
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	130,941,451

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	129,203,105
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	129,203,105
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	6,294
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	6,294
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	129,209,399

Part XIII Supplemental Information

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

Return Reference	Explanation
PART X, LINE 2	IMA PERFORMED AN EVALUATION OF UNCERTAIN TAX POSITIONS FOR THE YEAR ENDED JUNE 30, 2014, AND DETERMINED THAT THERE WERE NO MATTERS THAT WOULD REQUIRE RECOGNITION IN THE FINANCIAL STATEMENTS OR THAT MAY HAVE ANY EFFECT ON ITS TAX-EXEMPT STATUS

[illegible]

SCHEDULE F
(Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

► Attach to Form 990. ► See separate instructions.

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
INTERCHURCH MEDICAL ASSISTANCE INC

Employer identification number
52-2112460

Part I

General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

- 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3 Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) See Add'l Data					
(2)					
(3)					
(4)					
(5)					
3a Sub-total	5	132			128,354,843
b Total from continuation sheets to Part I	0	0			0
c Totals (add lines 3a and 3b)	5	132			128,354,843

Part II

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

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

2

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

30

3

Enter total number of other organizations or entities ▶

78

Part III

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

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

- 1

Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*

☐

Yes

☒

No
- 2

Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)*

☐

Yes

☒

No
- 3

Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)*

☐

Yes

☒

No
- 4

Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)*

☐

Yes

☒

No
- 5

Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)*

☐

Yes

☒

No
- 6

Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713).*

☐

Yes

☒

No

Part V

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

990 Schedule F, Supplemental Information

Return Reference	Explanation
PART I, LINE 2	IMA WORLD HEALTH CONDUCTS REVIEWS OF THE FINANCIAL REPORTS FROM THE RECIPIENT ORGANIZATION S ON A MONTHLY OR QUARTERLY BASIS, DEPENDING ON THE REPORTING REQUIREMENTS, ON THE USE OF THE GRANT AS COMPARED TO THE BUDGET AND SCOPE OF WORK INDEPENDENT AUDIT REPORTS ARE REQUI RED FOR SUB-RECIPIENTS RECEIVING OVER \$250,000 IN FUNDING FROM IMA FIELD VISITS ARE CONDU CTED AS DEEMED NECESSARY BY EITHER HQ FINANCE/COMPLIANCE PERSONNEL OR IN-COUNTRY FINANCE P ERSONNEL

Additional Data

Software ID:
Software Version:
EIN: 52-2112460
Name: INTERCHURCH MEDICAL ASSISTANCE INC

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
CENTRAL AMERICA AND THE CARIBBEAN	1	7	PROGRAM SERVICES	HEALTH SYSTEM STRENGTHENING, DISEASE INTERVENTION AND PROVISION OF PHARMACEUTICALS, MEDICAL EQUIPMENT AND SUPPLIES	2,865,260
CENTRAL AMERICA AND THE CARIBBEAN	0	0	GRANTMAKING		47,648,333
EAST ASIA AND THE PACIFIC	0	0	GRANTMAKING		10,005

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
SUB-SAHARAN AFRICA	4	125	PROGRAM SERVICES	HEALTH SYSTEM STRENGTHENING, DISEASE INTERVENTION AND PROVISION OF PHARMACEUTICALS, MEDICAL EQUIPMENT AND SUPPLIES	50,208,042
SUB-SAHARAN AFRICA	0	0	GRANTMAKING		27,075,686
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	PROGRAM SERVICES	HEALTH SYSTEM STRENGTHENING, DISEASE INTERVENTION AND PROVISION OF PHARMACEUTICALS, MEDICAL EQUIPMENT AND SUPPLIES	547,517

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	HEALTH SYSTEM STRENGTHENING IN SOUTH SUDAN	356,178	WIRE			
		SUB-SAHARAN AFRICA	ACCESS TO PRIMARY HEALTH CARE PROJECT IN DR CONGO	2,192,238	WIRE			
		SUB-SAHARAN AFRICA	ACCESS TO PRIMARY HEALTH CARE PROJECT IN DR CONGO	268,098	WIRE			
		SUB-SAHARAN AFRICA	OVERCOMING SEXUAL AND GENDER BASED VIOLENCE IN EASTERN DR CONGO/HEALTH SYSTEM STRENGTHENING IN SOUTH SUDAN	113,958	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	OVERCOMING SEXUAL AND GENDER BASED VIOLENCE IN EASTERN DR CONGO/HEALTH SYSTEM STRENGTHENING IN SOUTH SUDAN	381,467	WIRE			
		SUB-SAHARAN AFRICA	OVERCOMING SEXUAL AND GENDER BASED VIOLENCE IN EASTERN DR CONGO/HEALTH SYSTEM STRENGTHENING IN SOUTH SUDAN	583,868	WIRE			
		SUB-SAHARAN AFRICA	HEALTH SYSTEM STRENGTHENING IN SOUTH SUDAN	814,068	WIRE			
		SUB-SAHARAN AFRICA	HEALTH SYSTEM STRENGTHENING IN SOUTH SUDAN	417,591	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	HEALTH SYSTEM STRENGTHENING IN SOUTH SUDAN	697,479	WIRE			
		SUB-SAHARAN AFRICA	HEALTH SYSTEM STRENGTHENING IN SOUTH SUDAN	435,881	WIRE			
		SUB-SAHARAN AFRICA	HEALTH SYSTEM STRENGTHENING IN SOUTH SUDAN	938,899	WIRE			
		SUB-SAHARAN AFRICA	HEALTH SYSTEM STRENGTHENING IN SOUTH SUDAN	640,904	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	EMERGENCY MED CARE AND HEALTH SYS STRENGTHEND IN IN S SUDAN	1,273,224	WIRE			
		SUB-SAHARAN AFRICA	HEALTH SYSTEM STRENGTHENING IN SOUTH SUDAN	1,302,255	WIRE			
		SUB-SAHARAN AFRICA	ACCESS TO PRIMARY HEALTH CARE PROJECT IN DR CONGO	5,824,640	WIRE			
		SUB-SAHARAN AFRICA	ACCESS TO PRIMARY HEALTH CARE PROJECT IN DR CONGO	143,002	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	ACCESS TO PRIMARY HEALTH CARE PROJECT IN DR CONGO	3,398,636	WIRE			
		SUB-SAHARAN AFRICA	ACCESS TO PRIMARY HEALTH CARE PROJECT IN DR CONGO	4,183,102	WIRE			
		SUB-SAHARAN AFRICA	NEGLECTED TROPICAL DISEASE	19,090	WIRE			
		SUB-SAHARAN AFRICA	NEGLECTED TROPICAL DISEASE	22,127	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	NEGLECTED TROPICAL DISEASE	72,901	WIRE			
		SUB-SAHARAN AFRICA	NEGLECTED TROPICAL DISEASE	36,748	WIRE			
		SUB-SAHARAN AFRICA	NEGLECTED TROPICAL DISEASE	41,884	WIRE			
		SUB-SAHARAN AFRICA	NEGLECTED TROPICAL DISEASE	18,700	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	NEGLECTED TROPICAL DISEASE	51,579	WIRE			
		SUB-SAHARAN AFRICA	NEGLECTED TROPICAL DISEASE	23,732	WIRE			
		SUB-SAHARAN AFRICA	NEGLECTED TROPICAL DISEASE	71,903	WIRE			
		SUB-SAHARAN AFRICA	NEGLECTED TROPICAL DISEASE	37,034	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	NEGLECTED TROPICAL DISEASE	47,134	WIRE			
		SUB-SAHARAN AFRICA	NEGLECTED TROPICAL DISEASE	54,270	WIRE			
		SUB-SAHARAN AFRICA	NEGLECTED TROPICAL DISEASE	40,838	WIRE			
		SUB-SAHARAN AFRICA	NEGLECTED TROPICAL DISEASE	21,228	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	NEGLECTED TROPICAL DISEASE	60,338	WIRE			
		SUB-SAHARAN AFRICA	NEGLECTED TROPICAL DISEASE	48,383	WIRE			
		SUB-SAHARAN AFRICA	NEGLECTED TROPICAL DISEASE	78,657	WIRE			
		SUB-SAHARAN AFRICA	NEGLECTED TROPICAL DISEASE	56,396	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	NEGLECTED TROPICAL DISEASE	56,471	WIRE			
		SUB-SAHARAN AFRICA	NEGLECTED TROPICAL DISEASE	8,919	WIRE			
		SUB-SAHARAN AFRICA	NEGLECTED TROPICAL DISEASE	10,513	WIRE			
		SUB-SAHARAN AFRICA	NEGLECTED TROPICAL DISEASE	5,472	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	NEGLECTED TROPICAL DISEASE	8,870	WIRE			
		SUB-SAHARAN AFRICA	NEGLECTED TROPICAL DISEASE	41,434	WIRE			
		SUB-SAHARAN AFRICA	NEGLECTED TROPICAL DISEASE	76,942	WIRE			
		SUB-SAHARAN AFRICA	NEGLECTED TROPICAL DISEASE	51,763	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	NEGLECTED TROPICAL DISEASE	51,325	WIRE			
		SUB-SAHARAN AFRICA	NEGLECTED TROPICAL DISEASE	50,359	WIRE			
		SUB-SAHARAN AFRICA	NEGLECTED TROPICAL DISEASE	60,988	WIRE			
		SUB-SAHARAN AFRICA	NEGLECTED TROPICAL DISEASE	16,059	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	NEGLECTED TROPICAL DISEASE	14,684	WIRE			
		SUB-SAHARAN AFRICA	NEGLECTED TROPICAL DISEASE	61,660	WIRE			
		SUB-SAHARAN AFRICA	NEGLECTED TROPICAL DISEASE	64,246	WIRE			
		SUB-SAHARAN AFRICA	NEGLECTED TROPICAL DISEASE	90,465	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	NEGLECTED TROPICAL DISEASE	43,999	WIRE			
		SUB-SAHARAN AFRICA	NEGLECTED TROPICAL DISEASE	17,427	WIRE			
		SUB-SAHARAN AFRICA	NEGLECTED TROPICAL DISEASE	53,441	WIRE			
		SUB-SAHARAN AFRICA	NEGLECTED TROPICAL DISEASE	80,648	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	NEGLECTED TROPICAL DISEASE	97,408	WIRE			
		SUB-SAHARAN AFRICA	NEGLECTED TROPICAL DISEASE	25,622	WIRE			
		SUB-SAHARAN AFRICA	NEGLECTED TROPICAL DISEASE	13,469	WIRE			
		SUB-SAHARAN AFRICA	NEGLECTED TROPICAL DISEASE	61,722	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	NEGLECTED TROPICAL DISEASE	103,520	WIRE			
		SUB-SAHARAN AFRICA	NEGLECTED TROPICAL DISEASE	48,704	WIRE			
		SUB-SAHARAN AFRICA	NEGLECTED TROPICAL DISEASE	27,726	WIRE			
		SUB-SAHARAN AFRICA	NEGLECTED TROPICAL DISEASE	55,708	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	NEGLECTED TROPICAL DISEASE	54,073	WIRE			
		SUB-SAHARAN AFRICA	NEGLECTED TROPICAL DISEASE	14,129	WIRE			
		SUB-SAHARAN AFRICA	NEGLECTED TROPICAL DISEASE	33,466	WIRE			
		SUB-SAHARAN AFRICA	NEGLECTED TROPICAL DISEASE	20,747	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	NEGLECTED TROPICAL DISEASE	49,524	WIRE			
		SUB-SAHARAN AFRICA	NEGLECTED TROPICAL DISEASE	49,837	WIRE			
		SUB-SAHARAN AFRICA	NEGLECTED TROPICAL DISEASE	37,433	WIRE			
		SUB-SAHARAN AFRICA	NEGLECTED TROPICAL DISEASE	49,180	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	NEGLECTED TROPICAL DISEASE	51,853	WIRE			
		SUB-SAHARAN AFRICA	NEGLECTED TROPICAL DISEASE	42,257	WIRE			
		SUB-SAHARAN AFRICA	NEGLECTED TROPICAL DISEASE	40,504	WIRE			
		SUB-SAHARAN AFRICA	NEGLECTED TROPICAL DISEASE	18,225	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	NEGLECTED TROPICAL DISEASE	13,561	WIRE			
		SUB-SAHARAN AFRICA	NEGLECTED TROPICAL DISEASE	14,380	WIRE			
		SUB-SAHARAN AFRICA	NEGLECTED TROPICAL DISEASE	10,949	WIRE			
		SUB-SAHARAN AFRICA	NEGLECTED TROPICAL DISEASE	17,534	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	LEAD	28,717	WIRE			
		SUB-SAHARAN AFRICA	LEAD	27,006	WIRE			
		SUB-SAHARAN AFRICA	LEAD	62,161	WIRE			
		SUB-SAHARAN AFRICA	LEAD	10,653	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	LEAD	22,729	WIRE			
		SUB-SAHARAN AFRICA	LEAD	21,675	WIRE			
		SUB-SAHARAN AFRICA	LEAD	20,686	WIRE			
		SUB-SAHARAN AFRICA	LEAD	5,335	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	LEAD	5,376	WIRE			
		SUB-SAHARAN AFRICA	LEAD	23,198	WIRE			
		SUB-SAHARAN AFRICA	LEAD	14,982	WIRE			
		SUB-SAHARAN AFRICA	LEAD	19,264	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	LEAD	11,001	WIRE			
		SUB-SAHARAN AFRICA	LEAD	16,408	WIRE			
		SUB-SAHARAN AFRICA	LEAD	9,817	WIRE			
		SUB-SAHARAN AFRICA	LEAD	23,890	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	LEAD	15,526	WIRE			
		SUB-SAHARAN AFRICA	LEAD	17,411	WIRE			
		SUB-SAHARAN AFRICA	LEAD	15,473	WIRE			
		SUB-SAHARAN AFRICA	LEAD	9,484	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	LEAD	5,728	WIRE			
		SUB-SAHARAN AFRICA	LEAD	10,179	WIRE			
		SUB-SAHARAN AFRICA	LEAD	10,172	WIRE			
		SUB-SAHARAN AFRICA	LEAD	10,570	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	LEAD	11,492	WIRE			
		SUB-SAHARAN AFRICA	LEAD	7,900	WIRE			
		SUB-SAHARAN AFRICA	LEAD	22,458	WIRE			
		SUB-SAHARAN AFRICA	LEAD	8,484	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	MEDICINE AND MEDICAL SUPPLIES			7,629	MEDICINE AND MEDICAL SUPPLIES	FMV
		EAST ASIA AND THE PACIFIC	MEDICINE AND MEDICAL SUPPLIES			10,505	MEDICINE AND MEDICAL SUPPLIES	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICINE AND MEDICAL SUPPLIES			40,219,500	MEDICINE AND MEDICAL SUPPLIES	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICINE AND MEDICAL SUPPLIES			5,060	MEDICINE AND MEDICAL SUPPLIES	FMV

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICINE AND MEDICAL SUPPLIES			931,497	MEDICINE AND MEDICAL SUPPLIES	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICINE AND MEDICAL SUPPLIES			3,210,000	MEDICINE AND MEDICAL SUPPLIES	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICINE AND MEDICAL SUPPLIES			999,600	MEDICINE AND MEDICAL SUPPLIES	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICINE AND MEDICAL SUPPLIES			278,676	MEDICINE AND MEDICAL SUPPLIES	FMV

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN	MEDICINE AND MEDICAL SUPPLIES			2,004,000	MEDICINE AND MEDICAL SUPPLIES	FMV
		EUROPE (INCLUDING ICELAND & GREENLAND)	MEDICINE AND MEDICAL SUPPLIES			194,341	MEDICINE AND MEDICAL SUPPLIES	FMV
		EUROPE (INCLUDING ICELAND & GREENLAND)	MEDICINE AND MEDICAL SUPPLIES			288,918	MEDICINE AND MEDICAL SUPPLIES	FMV
		EUROPE (INCLUDING ICELAND & GREENLAND)	MEDICINE AND MEDICAL SUPPLIES			64,259	MEDICINE AND MEDICAL SUPPLIES	FMV

Part I General Information on Grants and Assistance

- 1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No
- 2

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) JOHN DAU FOUNDATION PO BOX 503 SKANEATELES,NY 13152	54-2181556	501(C)(3)	240,423				HEALTH SYSTEM STRENGTHENING IN SOUTH SUDAN
(2) SAVE THE CHILDREN FEDERATION INC 54 WILTON ROAD WESTPORT,CT 06880	06-0726487	501(C)(3)	1,236,816				OVERCOMING SEXUAL AND GENDER BASED VIOLENCE IN EASTERN DR CONGO/HEALTH SYSTEM STRENGTHENING IN SOUTH SUDAN
(3) CARE (COOPERATIVE FOR ASSISTANCE AND RELIEF) 151 ELLIS STREET NE ATLANTA,GA 303032440	13-1685039	501(C)(3)	1,727,545				OVERCOMING SEXUAL AND GENDER BASED VIOLENCE IN EASTERN DR CONGO/HEALTH SYSTEM STRENGTHENING IN SOUTH SUDAN
(4) AMERICAN BAR ASSOCIATION FUND FOR JUSTICE AND EDUCATION 321 N CLARK STREET CHICAGO,IL 606547598	36-6110299	501(C)(3)	360,925				OVERCOMING SEXUAL AND GENDER BASED VIOLENCE IN EASTERN DR CONGO/HEALTH SYSTEM STRENGTHENING IN SOUTH SUDAN
(5) CMA (CHRISTIAN MISSION AID) 2900 WILSON AVENUE SW GRANDVILLE,MI 49418	47-0710130	501(C)(3)	1,704,224				HEALTH SYSTEM STRENGTHENING IN SOUTH SUDAN
(6) PATHFINDER INTERNATIONAL 9 GALEN STREET WATERTOWN,MA 02472	53-0235320	501(C)(3)	721,090				ACCESS TO PRIMARY HEALTH CARE PROJECT IN DR CONGO
(7) TULANE UNIVERSITY SCHOOL OF PUBLIC HEALTH AND TROPICAL MEDICINE 1430 TULANE AVENUE NEW ORLEANS,LA 70112	72-0423889	501(C)(3)	1,388,322				ACCESS TO PRIMARY HEALTH CARE PROJECT IN DR CONGO
(8) INTRAHEALTH INTERNATIONAL 6340 QUADRANGLE DRIVE SUITE 200 CHAPEL HILL,NC 27517	55-0825466	501(C)(3)	154,173				ACCESS TO PRIMARY HEALTH CARE PROJECT IN DR CONGO

Part III

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

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

Part IV

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

Return Reference	Explanation
PART I, LINE 2	IMA WORLD HEALTH CONDUCTS REVIEWS OF THE FINANCIAL REPORTS FROM THE RECIPIENT ORGANIZATIONS ON A MONTHLY OR QUARTERLY BASIS, DEPENDING ON THE REPORTING REQUIREMENTS, ON THE USE OF THE GRANT AS COMPARED TO THE BUDGET AND SCOPE OF WORK INDEPENDENT AUDIT REPORTS ARE REQUIRED FOR SUB-RECIPIENTS RECEIVING OVER \$250,000 IN FUNDING FROM IMA FIELD VISITS ARE CONDUCTED AS DEEMED NECESSARY BY EITHER HQ FINANCE/COMPLIANCE PERSONNEL OR IN-COUNTRY FINANCE PERSONNEL

Additional Data

Software ID:
Software Version:
EIN: 52-2112460
Name: INTERCHURCH MEDICAL ASSISTANCE INC

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JOHN DAU FOUNDATION PO BOX 503 SKANEATELES,NY 13152	54-2181556	501(C)(3)	240,423				HEALTH SYSTEM STRENGTHENING IN SOUTH SUDAN

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAVE THE CHILDREN FEDERATION INC 54 WILTON ROAD WESTPORT,CT 06880	06-0726487	501(C)(3)	1,236,816				OVERCOMING SEXUAL AND GENDER BASED VIOLENCE IN EASTERN DR CONGO/HEALTH SYSTEM STRENGTHENING IN SOUTH SUDAN

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CARE (COOPERATIVE FOR ASSISTANCE AND RELIEF) 151 ELLIS STREET NE ATLANTA, GA 303032440	13-1685039	501(C)(3)	1,727,545				OVERCOMING SEXUAL AND GENDER BASED VIOLENCE IN EASTERN DR CONGO/HEALTH SYSTEM STRENGTHENING IN SOUTH SUDAN

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN BAR ASSOCIATION FUND FOR JUSTICE AND EDUCATION 321 N CLARK STREET CHICAGO, IL 606547598	36-6110299	501(C)(3)	360,925				OVERCOMING SEXUAL AND GENDER BASED VIOLENCE IN EASTERN DR CONGO/HEALTH SYSTEM STRENGTHENING IN SOUTH SUDAN

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CMA (CHRISTIAN MISSION AID) 2900 WILSON AVENUE SW GRANDVILLE, MI 49418	47-0710130	501(C)(3)	1,704,224				HEALTH SYSTEM STRENGTHENING IN SOUTH SUDAN

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PATHFINDER INTERNATIONAL 9 GALEN STREET WATERTOWN, MA 02472	53-0235320	501(C)(3)	721,090				ACCESS TO PRIMARY HEALTH CARE PROJECT IN DR CONGO

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TULANE UNIVERSITY SCHOOL OF PUBLIC HEALTH AND TROPICAL MEDICINE 1430 TULANE AVENUE NEW ORLEANS, LA 70112	72-0423889	501(C)(3)	1,388,322				ACCESS TO PRIMARY HEALTH CARE PROJECT IN DR CONGO

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INTRAHEALTH INTERNATIONAL 6340 QUADRANGLE DRIVE SUITE 200 CHAPEL HILL,NC 27517	55-0825466	501(C)(3)	154,173				ACCESS TO PRIMARY HEALTH CARE PROJECT IN DR CONGO

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.
▶ Attach to Form 990. ▶ See separate instructions.

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
INTERCHURCH MEDICAL ASSISTANCE INC

Employer identification number
52-2112460

Part I

Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. ☒ First-class or charter travel ☐ Travel for companions ☐ Tax idemnification and gross-up payments ☐ Discretionary spending account ☐ Housing allowance or residence for personal use ☐ Payments for business use of personal residence ☐ Health or social club dues or initiation fees ☐ Personal services (e g , maid, chauffeur, chef)		
b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.	1bYes	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2Yes	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. ☐ Compensation committee ☐ Independent compensation consultant ☒ Form 990 of other organizations ☐ Written employment contract ☒ Compensation survey or study ☒ Approval by the board or compensation committee		
4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:		
a Receive a severance payment or change-of-control payment?	4a	No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	No
c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	4c	No
Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.		
5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a The organization?	5a	No
b Any related organization? If "Yes," to line 5a or 5b, describe in Part III.	5b	No
6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a The organization?	6a	No
b Any related organization? If "Yes," to line 6a or 6b, describe in Part III.	6b	No
7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.	7	No
8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.	8	No
9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

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

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1)RICHARD L SANTOS PRESIDENT, CEO	(i) (ii)	153,603 0	0 0	0 0	11,869 0	6,677 0	172,149 0	0 0

Part III **Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II
Also complete this part for any additional information

Return Reference	Explanation
PART I, LINE 1A	DRAGANA VESKOV, VICE PRESIDENT OF PUBLIC HEALTH PROGRAMS, HAS A PREVIOUS SEVERE BACK INJURY AND REQUIRES BUSINESS CLASS ACCOMMODATION ON FLIGHTS

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
INTERCHURCH MEDICAL ASSISTANCE INC

Employer identification number
52-2112460

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		5,214,000	FMV
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies	X		42,442,021	FMV
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► ()				
26 Other ►()				
27 Other ►()				
28 Other ► ()				

29

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

30a

During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

30a

Yes

No

b

If "Yes," describe the arrangement in Part II

31

Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

31

Yes

32a

Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

32a

No

b

If "Yes," describe in Part II

33

If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat No 51227J

Schedule M (Form 990) (2013)

Part III

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.

Return Reference	Explanation
------------------	-------------

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public
Inspection

Name of the organization INTERCHURCH MEDICAL ASSISTANCE INC	Employer identification number 52-2112460
--	--

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	
FORM 990, PART VI, SECTION A, LINE 7A	IMA HAS MEMBERS WHO MEET ANNUALLY TO ELECT DIRECTORS
FORM 990, PART VI, SECTION A, LINE 7B	THE MEMBERS MUST APPROVE ANY CHANGES TO THE ARTICLES OF INCORPORATION, APPROVE NEW BOARD MEMBERS AND RECEIVE REPORTS
FORM 990, PART VI, SECTION B, LINE 11	IMA WORLD HEALTH'S CHIEF FINANCIAL OFFICER PROVIDES A DRAFT COPY OF THE FEDERAL FORM 990 T O THE FINANCE COMMITTEE OF THE BOARD OF DIRECTORS FOR QUESTIONS AND COMMENTS PRIOR TO SUBM ISSION ONCE THEIR REVIEW IS COMPLETE AND THE FINANCE COMMITTEE HAS APPROVED THE DRAFT FOR M 990, THE FEDERAL FORM 990 IS PROVIDED TO THE CEO FOR SIGNATURE. A COPY OF THE FINAL FEDE RAL FORM 990 SUBMISSION IS PROVIDED TO THE BOARD OF DIRECTORS BEFORE IT IS FILED WITH THE INTERNAL REVENUE SERVICE
FORM 990, PART VI, SECTION B, LINE 12C	AT THE SPRING BOARD OF DIRECTORS MEETING EACH YEAR, EACH OFFICER, DIRECTOR AND SENIOR MANA GER OF IMA WORLD HEALTH RECEIVE CONFLICT OF INTEREST DISCLOSURE FORM AND MUST COMPLETE THI S DISCLOSURE FORM REGARDING POSSIBLE CONFLICTS OF INTEREST. DISCLOSURE IS ALSO REQUIRED BY A DIRECTOR, OFFICER OR MEMBER OF SENIOR MANAGEMENT WHEN A CONFLICT OF INTEREST EXISTS PER IMA'S POLICY. WHEN A CONFLICT OF INTEREST EXISTS, THAT INDIVIDUAL SHALL RECUSE THEMSELVES AND SHALL NOT PARTICIPATE IN THE DELIBERATION OR DECISION ON THE MATTER THAT CREATES THE CONFLICT
FORM 990, PART VI, SECTION B, LINE 15	THE EXECUTIVE/PERSONNEL COMMITTEE OF THE BOARD OF DIRECTORS OVERSEES ALL COMPENSATION MATT ERS ON BEHALF OF THE BOARD OF DIRECTORS. THE EXECUTIVE COMMITTEE REVIEWS COMPENSATION BENC HMARKING ANALYSES FOR ALL STAFF POSITIONS AND APPROVES COMPENSATION OF THE CEO. COMPENSATI ON IS REVIEWED BY THE EXECUTIVE COMMITTEE AT THE SPRING BOARD OF DIRECTORS MEETING EACH YE AR AND THE APPROVED COMPENSATION FIGURES ARE INCLUDED IN IMA'S ANNUAL BUDGET THAT IS PROVI DED TO THE BOARD OF DIRECTORS FOR APPROVAL.
FORM 990, PART VI, SECTION C, LINE 19	IMA'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
INTERCHURCH MEDICAL ASSISTANCE INC

Employer identification number
52-2112460

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
See Additional Data Table							

Part III

Identification of Related Organizations Taxable as a Partnership

Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

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

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust

Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end- of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No

Part V

Transactions With Related Organizations

Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

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

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

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

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

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

- p** Reimbursement paid to related organization(s) for expenses
- q** Reimbursement paid by related organization(s) for expenses

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

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

[illegible]

Part VII

Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation
------------------	-------------

Additional Data

Software ID:

Software Version:

EIN: 52-2112460

Name: INTERCHURCH MEDICAL ASSISTANCE INC

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
(1) ADVENTIST DEVELOPMENT AND RELIEF AGENCY INTERNATIONAL 12501 OLD COL PIKE SILVER SPRING, MD 20904 52-1314847	RELIGIOUS ORGANIZATION	MD	501(C)(3)				No
(1) AMERICAN BAPTIST CHURCHES USA INTERNATIONAL MINISTRIES PO BOX 851 VALLEY FORGE, PA 19482 13-5563018	CHURCH	PA	501(C)(3)				No
(2) CHURCH OF THE BRETHREN INC 1451 DUNDEE AVENUE ELGIN, IL 60120 36-2167026	CHURCH	IL	501(C)(3)				No
(3) CHURCH WORLD SERVICE PO BOX 968 ELKHART, IN 46615 13-4080201	RELIGIOUS ORGANIZATION	IN	501(C)(3)				No
(4) CHRISTIAN CHURCH (DISCIPLES OF CHRIST) DIVISION OF OVERSEAS MINISTRIES PO BOX 1986 INDIANAPOLIS, IN 46206 73-1635264	CHURCH	IN	501(C)(3)				No
(5) EPISCOPAL RELIEF & DEVELOPMENT PO BOX 7058 MERRIFIELD, VA 22116 13-2574963	RELIGIOUS ORGANIZATION	VA	501(C)(3)				No
(6) LUTHERAN WORLD RELIEF INC 700 LIGHT STREET BALTIMORE, MD 21230 13-2574963	RELIGIOUS ORGANIZATION	NY	501(C)(3)				No
(7) MENNONITE CENTRAL COMMITTEE PO BOX 500 AKRON, PA 17501 23-6002702	CHURCH	PA	501(C)(3)				No
(8) PRESBYTERIAN CHURCH (USA) INTERNATIONAL HEALTH MINISTRIES OFFICE 100 WITHERSPOON STREET LOUISVILLE, KY 40202 23-6393300	CHURCH	KY	501(C)(3)				No
(9) UNITED CHURCH OF CHRIST 400 PROSPECT AVENUE CLEVELAND, OH 44115 34-1927041	CHURCH	OH	501(C)(3)				No
(10) THE UNITED METHODIST CHURCH GENERAL BOARD OF GLOBAL MINISTRIES 475 RIVERSIDE DRIVE NEW YORK, NY 10115 13-5562279	CHURCH	NY	501(C)(3)				No