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# **Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

▶ Do not enter social security numbers on this form as it may be made public. ▶ Information about Form 990 and its instructions is at www.irs gov/form990

Open to Public

$\overline{}$	F 44-	2014 calendar year or tay year heginning Jan 1 2014 and as		ec 31	, 20 14					
<u>A</u>		AD IT Calcinda your of tax your beginning . 2017, and of	naing D		· · · · · · · · · · · · · · · · · · ·					
B	Check f	applicable: C Name of organization Integrated Community Development International		D Employ	er identification number					
	Address	change Doing business as Water For Good			32 0112278					
	Name d	nange Number and street (or P.O. box if mail is not delivered to street address) Roor	n/suite	E Telephor	ne number					
	initial re	tum PO Box 247			574-306-2810					
	Final retu	m/terminated City or town, state or province, country, and ZIP or foreign postal code								
	Amende	d return Winona Lake, IN 46590	G Gross re	ceipts \$ 2,374,198						
$\overline{\Box}$		ion pending F Name and address of principal officer: Rich Klopp		subordinates? Yes V No						
15 rue Victor Hugo 69002 Lyon FRANCE  H(b) Are all subordinates include										
_	Tow ove				list. (see instructions)					
<u> </u>	Website		<del></del>		•					
<u>-</u>				exemption						
K		organization	mation 2004	M State	of legal domicile: IN					
	art i	Summary			We have don't be a local to the					
_	1	Briefly describe the organization's mission or most significant activities: The	VISION OF ICUI IS	to reduce	the trend of persistent					
ဋ္ဌ		poverty in Central Africa through collaborative effort at the community level by equippin	g and empowers	ng people t	o create					
Activities & Governance		sustainable transformational solutions ICDI attacks poverty through training and equip								
ě	2	Check this box ▶☐ if the organization discontinued its operations or dispose	ed of more that	1 25% of	its net assets.					
Ĝ	3	Number of voting members of the governing body (Part VI, line 1a)		. 3	7					
ಷ	4	Number of independent voting members of the governing body (Part VI, line	1b)	4	6					
<u>\$</u>	5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)		5	13					
፮	6	Total number of volunteers (estimate if necessary)		6	7					
Ş	7a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	<del>- · · · · · · · · · · · · · · · · · · ·</del>					
_	Ь	Net unrelated business taxable income from Form 990-T, line 34		7b						
	<del>                                     </del>	The district business taxable should be self-to the cool 1, the out 1	Prior Y		Current Year					
	8	Contributions and grants (Part VIII, line 1h)		2,723,774	2,259,585					
Revenue	1			67,142	83,705					
ě	9	Program service revenue (Part VIII, line 2g)			1,538					
æ	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		1,080						
	11	Other revenue (Part VIII, column (A), lines 5,-6d,-8c, 9c, 10c, and 11e)		1,147	16,626					
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1	2,973,143	2,361,454					
	13	Grants and similar amounts paid (Part-IX, column (A), lines 1-3)								
	14	Benefits paid to or for members (Part IX, column (A), line 4)								
9	15	Salaries, other compensation, employee benefits (Part IX) column (A), lines 5-10)		785,451	796,867					
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		26,957	0					
8,	b	Total fundraising expenses (Part IX, column (D), line 25) 236,043								
ũ	17	Other expenses (Part IX, column (A), Ilines 11a-11d, 11f-24e)		2,351,193	1,989,932					
	18	Total expenses. Add lines-13-17 (must equal Part IX, column (A), line 25) .		3,163,601	2,786,799					
	19	Revenue less expenses. Subtract line 18 from line 12		-370,458	-425,345					
× 8	+		Beginning of Co	rrent Year	End of Year					
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		1,876,207	1,482,057					
Sag	21	Total liabilities (Part X, line 26)		763,858	795,053					
55	22	Net assets or fund balances. Subtract line 21 from line 20	<u> </u>	1,112,349	687,004					
	art II	Signature Block	_i	1,112,043	007,004					
				<del></del>						
		ities of perjury, I declare that I have examined this return, including accompanying schedules and s t, and complete. Declaration of preparer (other than officer) is based on all information of which prep			ny knowledge and belief, it is					
		that semples socialism of propagations and management and management which pre-	and has any know		<del></del> _					
o:.			<u>-</u>	04	1-13-2015					
Sig	_	Signature of Officer Stands John BPARKS C	$^{7}F_{0}$	rte						
He	re									
		Type or privit name and title.								
Pa	id	Print/Type preparer's name Preparer's signature	Date	Check [	PTIN					
	epare		1	self-emp						
	e Onl		Fire	n's EIN ▶	· · · · · · · · · · · · · · · · · · ·					
Ja	,5 <b>9</b> 111	Firm's address ▶		one no.	<del></del>					
Ma	y the If	RS discuss this return with the preparer shown above? (see instructions)			· · Yes No					
_			nt No 11282Y	<del></del>	Form <b>990</b> (2014)					
		······································			· -··· (E017)					

	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:  The vision of ICDI is to reduce the trend of persistent poverty in Central Africa through collaborative effort at the community level
	by equipping and empowering people to create sustainable transformational solutions
	by equipping and empowering people to create sustainable transformational solutions
	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
3	services?
	If "Yes," describe these changes on Schedule O
4	
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.
	the total expenses, and revenue, if any, for each program estimes reported.
40	(Code: ) (Expenses \$ 1,616,639 including grants of \$ ) (Revenue \$ 1,073,321 )
4a	WASH (clean water, sanitation, hygiene) ICDI's central African assets, infrastructure and strategic planning uniquely establish it as a
	key implementer of deep well water drilling in the Central African Republic (CAR). Two fully operational "down-
	hammer drilling" rigs, all the necessary supporting equipment and staff, together with a sophisticated suppport services infrastructure
	ICDI is well placed to address the WASH needs that exist in central Africa, especially in the CAR
	In calendar year 2014, ICDI dnlled 39 new deep water wells
4b	(Code: ) (Expenses \$ 334,633 including grants of \$ ) (Revenue \$ 305,692 )
70	(Code: ) (Expenses \$ 334,633 including grants of \$ ) (Revenue \$ 305,692 )  Pump Maintenance The goal is to visit each pump in the program at least three times during the year and perform regular maintenance
	to ensure a constant uptime 899 pumps were reached during 1,512 visits in 2014. 49 pumps were rehabilitated during 2014
-40	(Code) \(\( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \(\
4c	(Code:) (Expenses \$212,107 including grants of \$6,665 ) (Revenue \$147,435 )
4c	Community Development: ICDI combined the Agriculture, Radio, and Hygiene programs into a complete community development
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Part	V Checklist of Required Schedules			
			Yes	No
1、	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	<b>•</b>	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	1	
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		1
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		1
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		~
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		4
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		4
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			1
	complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a			1
	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		1
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted		i	
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	<u> </u>	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			k
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	•	<u> </u>
D	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	446		۱.
_	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more	11b		~
C	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		ا ر ا
А	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	116	<del> </del>	~
4	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		~
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	1	-
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	110	-	
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X .	11f	i	<b>•</b>
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	<del>                                     </del>	·	_
	Schedule D, Parts XI and XII	12a	ĺ	1
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		<b>*</b>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	-	1
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	1	<u> </u>
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	<b>V</b>	l
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	•	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	L	1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	<u> </u>	1
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	<u> </u>	<b>V</b>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?		1	
•	If "Yes," complete Schedule G, Part III	19		<b>V</b>
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	<u> </u>	1
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20h	1	i

Form **990** (2014)

Part IV Checklist of Required Schedules (continued)

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

Form **990** (2014)

Part				~
	Check if Schedule O contains a response or note to any line in this Part V	<u>···</u>	· ·	No
10	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable   1a   0		Yes	NO
1a b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		1
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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	1	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			ŀ
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		<b>~</b>
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.	3b		
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	•	
b	If "Yes," enter the name of the foreign country   Central Africian Republic and Democratic Republic of Congo			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		~
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	Oa		<b>V</b>
-	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		! !	
	and services provided to the payor?	7a	4	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	1	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	l _		
	required to file Form 8282?  If "Yes," indicate the number of Forms 8282 filed during the year	7c		~
d e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		•
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?.	7f		~
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		1
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		1
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the			
_	sponsoring organization have excess business holdings at any time during the year?	8		<b>*</b>
9	Sponsoring organizations maintaining donor advised funds.	00		
a b	Did the sponsoring organization make any taxable distributions under section 4966?	9a 9b		1
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12		!	į. Į
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b		ł	1
11	Section 501(c)(12) organizations. Enter.		 	
a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		il
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b	124		ļ.
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
_	the organization is licensed to issue qualified health plans			k K
C 1/12	Enter the amount of reserves on hand	14-		
14a h	Did the organization receive any payments for indoor tanning services during the tax year?	14a	<b> </b> -	-

Part		•								
•	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes Check if Schedule O contains a response or note to any line in this Part VI			structi						
Section	on A. Governing Body and Management	· · · · · · ·	• •	•						
JC 0 (1)	on A. doronning Dody and management			Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or	1a 7								
	if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.									
b 2										
	any other officer, director, trustee, or key employee?									
3	Did the organization delegate control over management duties customarily performed by or u supervision of officers, directors, or trustees, or key employees to a management company or other	person? .	3		~					
4	Did the organization make any significant changes to its governing documents since the prior Form 990		4		1					
5	Did the organization become aware during the year of a significant diversion of the organization	ı's assets''.	5		<u>~</u>					
6 7a	Did the organization have members or stockholders?	 lect or appoint	6 7a	•	<b>*</b>					
b	Are any governance decisions of the organization reserved to (or subject to approval stockholders, or persons other than the governing body?	by) members,	7b	<b>*</b>						
8	Did the organization contemporaneously document the meetings held or written actions und the year by the following:	ertaken during	70							
а	The governing body?		8a	<b>/</b>						
b	Each committee with authority to act on behalf of the governing body?		8b	~	$\vdash$					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot			Ť						
Secti	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O on B. Policies (This Section B requests information about policies not required by the		9 ue C	ode )	<b>~</b>					
00011	on bit one to the obstant broquests information about policios not required by the	micrial Hover	<u></u>	Yes	No					
10a	Did the organization have local chapters, branches, or affiliates?		10a		<b>4</b>					
b	If "Yes," did the organization have written policies and procedures governing the activities of affiliates, and branches to ensure their operations are consistent with the organization's exemp		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	4						
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990									
12a b	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	rise to conflicts?	12a 12b							
С	Did the organization regularly and consistently monitor and enforce compliance with the processible in Schedule O how this was done	olicy? If "Yes,"	12c	•						
13	Did the organization have a written whistleblower policy?		13							
14 15	Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review ar		14	<b>Y</b>						
	independent persons, comparability data, and contemporaneous substantiation of the deliberation									
а	The organization's CEO, Executive Director, or top management official		15a		<u> </u>					
þ	Other officers or key employees of the organization		15b	4						
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  Did the organization invest in, contribute assets to, or participate in a joint venture or similar with a taxable entity during the year?	ar arrangement	16a							
b	If "Yes," did the organization follow a written policy or procedure requiring the organization	to evaluate its	Toa		<b>V</b>					
	participation in joint venture arrangements under applicable federal tax law, and take steps to organization's exempt status with respect to such arrangements?		16b							
	on C. Disclosure	<u> </u>								
17 18	List the states with which a copy of this Form 990 is required to be filed IN, NC, OR, MA, O Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, an available for public inspection. Indicate how you made these available. Check all that apply.		501(	(c)(3)s	only)					
19	Own website Another's website Upon request Other (explain in Sch Describe in Schedule O whether (and if so, how) the organization made its governing documer financial statements available to the public during the tax year.		erest	policy	y, and					
20	State the name, address, and telephone number of the person who possesses the organization John Parks, CFO, ICDI, 795 W 400N, Warsaw, IN 46582 574-306-2810	ı's books and re	cords	. >						

Da	- 4
Page	

Part VII	Compensation of Officers, Director	s, Trustees, Key En	nployees, Highest	Compensated Employees	, and
	Independent Contractors				
•	Check if Schedule O contains a respon	se or note to any line i	in this Part VII		

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

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

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

Check this box if neither the organization no	r any relate	d orga	anız	atio	n c	ompe	nsa	ited any curren	it officer, director	r, or trustee.
				(0	<b>)</b>					_
(A)	(B)	Posi						(D)	(E)	(F)
	ł I	(do not check more than one						1		
Name and Title	Average hours per					is both		Reportable	Reportable compensation from	Estimated amount of
	week (list any		rano	_	rect	or/trust	<u> </u>	compensation from	related	other
	hours for	오돌	'n	Officer	줎	육.플	Former	the	organizations	compensation
	related	함	<u>‡</u>	ਨ੍ਹੋਂ	yе	힣	Į 🧃	organization	(W-2/1099-MISC)	from the
	organizations	없	ň	٦	目	st c	۳	(W-2/1099-MISC)	,	organization
	below dotted	익숙	nal		Key employee	ı g	1			and related
	line)	Individual trustee or director	ŧ	1	8	ре		}		organizations
	!	ee	Institutional trustee	l		Highest compensated employee	1			
			е			ted				
(1) Jim Hocking - CEO	1			l			ļ			
				•				86,400	0	0
(2) Richard Klopp - CEO										
				1				53,000	0	0
(3) Jon Allen - COO	1		l							
	T			•				57,450	0	0
(4) John Parks - CFO				Ť	$\vdash$		-			•
(4)	<del> </del>			~				50,000	0	0
(5) Steve Betulius	<del> </del>			<b> </b>				,		
(5) 0.0000 2000.000	<del> </del>							۰ ا	o	0
(a) Doug Propos	1	<b>V</b>		<u> </u>			<del> </del>	-		
(6) Doug Brennan	<b></b>			l				_		
	1	<b>*</b>						0	0	0
(7) Jim Bustraan	<u> </u>		1	1						
	ŀ	1						0	0	0
(8) Alisha Kelso										
	T	<b>1</b>					1	o	0	0
(9) Ed Miller	<u>† "                                   </u>		$\vdash$	$\vdash$	$\vdash$		$\vdash$	_		
(0)-2-1	<del> </del>	1						0	o	0
(10)Melissa Evens			$\vdash$	$\vdash$			┢	-		<u> </u>
(10)141611338 C46113	<b></b>								١	
	ļ	1	<u> </u>	┞	$\vdash$		_	0	0	0
(11)Dan Stanek	<u> </u>	}			l					
		<b>✓</b>						0	0	0
(12)Luke Wright	1									
	T	<b>√</b>	1					0	0	0
(13)	† "							† <del></del>		<del></del>
<u></u>	†									
(14)	<del> </del>						$\vdash$			<del></del>
<u> </u>	<b>†</b>									

(A) Name and title	(B) Average hours per	box,	Position (do not check more than or box, unless person is both officer and a director/truster					(D) Reportable compensation	(E) Reportable compensation from	(F) Estimated amount of
	week (list any hours for related organizations below dotted line)	Individua or directi		Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC	other compensation from the organization and related organizations
5)										
6)										
7)										
8)									<u></u>	
9)					-					
0)				_	_		$\vdash$		<u> </u>	
1)		<u> </u>								
2)										
3)					-					
		1		_						
4)										
5)										
1b Sub-total					•	•	<b>*</b> * *	246,850		
Total number of individuals (including life) reportable compensation from the organization.	out not limited	d to th	_	e list	ted	above	e) w	ho received m	ore than \$100,	,000 of
3 Did the organization list any former employee on line 1a? If "Yes," complete	officer, direc	tor, c					emp	oloyee, or high	nest compens	ated Yes N
4 For any individual listed on line 1a, is organization and related organization individual	the sum of rens greater th	porta an \$	ble ( 150,	con ,000	npe )? /	nsatic f "Ye	on a s,"	nd other comp complete Sch	pensation from medule J for s	the such
5 Did any person listed on line 1a receive for services rendered to the organization									zation or indivi	dual 5
ection B. Independent Contractors										
<ol> <li>Complete this table for your five higher compensation from the organization. F year</li> </ol>										
(A) Name and business	address							(B) Description of s	services	(C) Compensation
	_							-		
2 Total number of independent contra										

Part	VIII	Statement of Revenue									
	٠	Check if Schedule C	contains a res	ponse or note to							
					(A) Total revenue	(B) Related or exempt function revenue	Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514			
nts ots	1a	Federated campaigns	s <b>1a</b>								
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues .	1b								
S, C	С	Fundraising events .				1					
a di	d	Related organizations			1						
Contributions, Gifts, and Other Similar Ar	е	Government grants (cor		195,281				ļ			
er S	f	All other contributions, g									
혈취		and similar amounts not inc		2,064,304	1	1		1			
a ort	9	Noncash contributions include		57,264	0.050.505						
	h	Total. Add lines 1a-1	<u> </u>	Business Code	2,259,585						
an l	•	Drivete well delling and	maintananaa	221310	27,184	27,184					
eve	2a	Private well drilling and Radio time sale	mamenance	515112	6,067	6,067					
9	b	Refugee latrine construc	ction	221320	5,307	5,307					
يَّ	c d	Road and geology surve		541360	45,000	45,000					
S L	e	Shipping		341000	147	147	-				
gran	f	All other program ser	VICO POVENIA					<u> </u>			
Program Service Revenue	g	Total. Add lines 2a-2			83,705	1					
$\overline{}$	3	Investment income	(including divid	ends, interest,	,						
		and other similar amo	•		1,538						
	4	Income from investmen	nt of tax-exempt be	ond proceeds ▶							
	5	Royalties	•								
		•	(i) Real	(II) Personal							
	6a	Gross rents	12,744								
	b	Less: rental expenses	12,744			İ					
	С	Rental income or (loss)	0								
	d	Net rental income or	(loss)	•	0						
	7a	Gross amount from sales of	(i) Securities	(II) Other							
		assets other than inventory									
	b	Less: cost or other basis				į					
		and sales expenses .									
	C	Gain or (loss)		L		<del>-</del>	_				
	d	Net gain or (loss) .		· · · · <b>&gt;</b>							
enne	8a	Gross income from fuevents (not including \$	undraising								
Other Revenue		of contributions reporte See Part IV, line 18	ed on line 1c).								
Ţ.	h	Less: direct expenses				ļ					
0		Net income or (loss) f		events . >		1					
		Gross income from ga									
		See Part IV, line 19 .	a			ļ					
	b	Less: direct expenses	s b								
	С	Net income or (loss) f	from gaming acti	vities ▶							
	10a	Gross sales of in returns and allowance					<u></u> -				
	b	Less: cost of goods s		<del></del>		į					
	c	Net income or (loss) f						†			
	Ť	Miscellaneous P		Business Code							
	11a	Branded item sales	· - · -	900099	11,743	11,743					
	b	Maintenance and utilitie	s	900099	4,882	4,882	· · · · · · · · · · · · · · · · · · ·	<u> </u>			
	c	***************************************				<del>-</del>	·				
	d	All other revenue .				-					
	е	Total. Add lines 11a-	-11d	•	16,625						
	12	Total revenue. See in	nstructions	▶	2,361,454						

Part IX Statement of Functional Expenses

Do no	Check if Schedule O contains a responsi			(C)	<u>.</u>
	o, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	6,665	6,665		
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	222,450	57,450	165,000	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(8)				
7	Other salaries and wages	366,990	242,532	9,453	115,005
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	29,848	10,429	13,102	6,317
9	Other employee benefits	119,417	83,815	26,982	8,620
10	Payroll taxes	53,963	32,138	11,317	10,508
11 a	Fees for services (non-employees)  Management	29,999		29,999	
b	Legal	9,958	7,706	381	1,871
С	Accounting	265		265	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	173		173	
g	Other. (If line 11g amount exceeds 10% of line 25, column	10,000	1 005	0.000	F 00F
40	(A) amount, list line 11g expenses on Schedule O)	16,020 37,917	1,325 2,348	9,600	5,095 35,569
12	Advertising and promotion	94,075	48,700	35,538	9,837
13 14	Office expenses	77,079	43,151	15.918	18,010
15	Royalties	77,070	10,101	10,010	10,010
16	Occupancy	29,355	16.390	1,843	11,122
17	Travel	194,583	169,875	14,455	10,253
18	Payments of travel or entertainment expenses for any federal, state, or local public officials			, ,	
19	Conferences, conventions, and meetings	1,891	563	25	1303
20	Interest	30,663	18,364	12,299	
21	Payments to affiliates		*		
22	Depreciation, depletion, and amortization	226,129	225,320	809	
23	Insurance	22,232	16,450	5,782	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	Drilling supplies, fuel, parts, and tools	587,659	587,659		
b	Vehicle repairs	105,461	104,370	1,091	
C	Community Devlopment - Ag and Hygiene	31,295	31,295		
d	Impairment of Assets	331,455	331,455	20.045	0.500
e	All other expenses	161,257 2,786,799	125,378 2,163,379	33,345	2,533
25	Total functional expenses. Add lines 1 through 24e	2,760,799	2,103,379	387,377	236,043
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 Par	t X		🗆
•	•		(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	186,258	1	247,576
	2	Savings and temporary cash investments	51,185	2	52,219
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	26,454	4	16,558
	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			
şţ		organizations (see instructions). Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net		7	
۷	8	Inventories for sale or use	81,655	8	56,688
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 2,209,222			
			1,518,341	40	1,071,698
	b	Loos documented deproduction	1,510,541	10c	1,071,090
	11 12	Investments—publicly traded securities	11,283	11 12	18,157
	13	Investments—program-related. See Part IV, line 11	11,203	13	10,137
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	1,031	15	19,161
	16	Total assets. Add lines 1 through 15 (must equal line 34)	1,876,207	16	1,482,057
$\neg$	17	Accounts payable and accrued expenses	61,195	17	63,668
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities	,	20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ဖွ	22	Loans and other payables to current and former officers, directors,			
ij		trustees, key employees, highest compensated employees, and			
Liabilities		disqualified persons. Complete Part II of Schedule L	·	22	
ן בֿי	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties	464,606	24	556,656
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X	233,056		174,729
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	763,858	26	795,053
ses		Organizations that follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.			
auc	27	Unrestricted net assets	921,182	27	446,348
Bal	28	Temporarily restricted net assets	179,844	28	221,669
פ	29	Permanently restricted net assets	11,283	29	18,987
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34.			
ţ	30	Capital stock or trust principal, or current funds		30	
Sse	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
اکة	32	Retained earnings, endowment, accumulated income, or other funds.		32	
S	33	Total net assets or fund balances	1,112,349	33	687,004
	34	Total liabilities and net assets/fund balances	1,876,207	34	1,482,057
					Form <b>990</b> (2014)

Page	1	2

Part	'Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			<u> </u>
1	Total revenue (must equal Part VIII, column (A), line 12)	1		2,361,454
2	Total expenses (must equal Part IX, column (A), line 25)	2		2,786,799
3	Revenue less expenses Subtract line 2 from line 1	3		-425,345
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		1,112,349
5	Net unrealized gains (losses) on investments	5		
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		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line	İ		
	33, column (B))	10		687,004
Part	XII Financial Statements and Reporting			_
	Check if Schedule O contains a response or note to any line in this Part XII			<u> </u>
_				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," ex	nla.a	_	
	Schedule O.	рын	111	
0-			. 2a	
28	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 com-			<b>/</b>
	reviewed on a separate basis, consolidated basis, or both	pileu (	J1	
	Separate basis Consolidated basis Both consolidated and separate basis			[
h	Were the organization's financial statements audited by an independent accountant?		. 2b	4
D	If "Yes," check a box below to indicate whether the financial statements for the year were audit	od on		
	separate basis, consolidated basis, or both:	Ju 011	۵ ا	
	Separate basis Consolidated basis Both consolidated and separate basis			
	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for o	versial	nt	
·	of the audit, review, or compilation of its financial statements and selection of an independent according to the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection o			
	If the organization changed either its oversight process or selection process during the tax year, ex			
	Schedule O			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth (	ın 🔽	
	the Single Audit Act and OMB Circular A-133?		. За	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo	ergo th	ie	
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	udits	3b	
			For	n <b>990</b> (2014)

## SCHEDULE A (Form 990 or 990-EZ)

## **Public Charity Status and Public Support**

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Open to Public Inspection Employer identification number

Integra	ntegrated Community Development International 32 0112278							
Par	Reason for Public Cha	rity Status (All	organizations must	comple	te this p	art.) See instructio	ns.	
1 2 3	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)  A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).							
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.)							
	☐ A federal, state, or local govern ☐ An organization that normally described in section 170(b)(1)	receives a subs	tantial part of its sup				n the general public	
	☐ A community trust described in ☐ An organization that normally receipts from activities related support from gross investme acquired by the organization a	receives. (1) mo I to its exempt nt income and	re than 331/3% of its functions—subject to unrelated business	support certain taxable i	exceptio ncome (l	ns, and (2) no more ess section 511 ta	than 331/3% of its	
	<ul> <li>☐ An organization organized and</li> <li>☐ An organization organized and</li> <li>one or more publicly supported</li> <li>the box in lines 11a through 11a</li> </ul>	operated exclusi I organizations d	vely for the benefit of, escribed in section 5	to perfor <b>09(a)(1)</b> o	m the fun r section	ctions of, or to carry 509(a)(2). See sect	i <b>on 509(a)(3).</b> Check	
а	☐ Type I. A supporting organization(sorganization. You must communication. Tou must communication. Tou must communication. Tou must communication. Tou must communication.  ☐ Type I. A supporting organization. ☐ Type I. A supporting organization. ☐ Type I. A supporting organization. ☐ Type I. A supporting organization. ☐ Type I. A supporting organization. ☐ Type I. A supporting organization. ☐ Type I. A supporting organization. ☐ Type I. A supporting organization. ☐ Type I. A supporting organization. ☐ Type I. A supporting organization. ☐ Type I. A supporting organization. ☐ Type I. A supporting organization. ☐ Type I. A supporting organization. ☐ Type I. A supporting organization. ☐ Type I. A supporting organization. ☐ Type I. A supporting organization. ☐ Type I. A supporting organization. ☐ Type I. A supporting organization. ☐ Type I. A supporting organization. ☐ Type I. A supporting organization. ☐ Type I. A supporting organization. ☐ Type I. A supporting organization. ☐ Type I. A supporting organization. ☐ Type I. A supporting organization. ☐ Type I. A supporting organization. ☐ Type I. A supporting organization. ☐ Type I. A supporting organization. ☐ Type I. A supporting organization. ☐ Type I. A supporting organization. ☐ Type I. A supporting organization. ☐ Type I. A supporting organization. ☐ Type I. A supporting organization. ☐ Type I. A supporting organization. ☐ Type I. A supporting organization. ☐ Type I. A supporting organization. ☐ Type I. A supporting organization. ☐ Type I. A supporting organization. ☐ Type I. A supporting organization. ☐ Type I. A supporting organization. ☐ Type I. A supporting organization. ☐ Type I. A supporting organization. ☐ Type I. A supporting organization. ☐ Type I. A supporting organization. ☐ Type I. A supporting organization. ☐ Type I. A supporting organization. ☐ Type I. A supporting organization. ☐ Type I. A supporting organization. ☐ Type I. A supporting organization. ☐ Type I. A supporting organization. ☐ Type I. A supporting organization. ☐ Type I. A support	) the power to re	egularly appoint or ele					
b	☐ Type II. A supporting organic control or management of the organization(s). You must co	e supporting org	janization vested in th			•		
С	☐ Type III functionally integra its supported organization(s)						y integrated with,	
d	☐ Type III non-functionally in that is not functionally integr requirement (see instructions	ated. The organi	zation generally must	satisfy a	distributi	on requirement and		
е	Check this box if the organiz functionally integrated, or Ty						I, Type III	
f g	Enter the number of supported or Provide the following information	-	oorted organization(s).					
	(i) Name of supported organization	(ii) EIN	(III) Type of organization (described on lines 1–9 above or IRC section (see instructions))	listed in you docu	ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)	
				Yes	No			
(A)								
(B)								
(C)				:				
(D)								
(E)								
Total								

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section	on A. Public Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	2,946,462	3,585,502	2,818,469	2,723,774	2,259,585	14,333,792
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	2,946,462	3,585,502	2,818,469	2,723,774	2,259,585	14,333,792
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.						
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4	2,946,462	3,585,502	2,818,469	2,723,774	2,259,585	14,333,792
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3,940	2,909	845	1,080	1,538	10,312
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	108,504	265,217	152,980	68,289	100,331	695,321
11	Total support. Add lines 7 through 10						15,039,425
12	Gross receipts from related activities, etc.	. (see instruction	ons) .			12	
13	First five years. If the Form 990 is for the	-	's first, secon	d, thırd, fourth	, or fifth tax ye	ear as a sectio	n 501(c)(3)
	organization, check this box and stop he			<u> </u>			. <u>► □</u>
Secti	on C. Computation of Public Suppor	t Percentage	9			·	
14	Public support percentage for 2014 (line 6					14	95 %
15	Public support percentage from 2013 Sch				• •	15	94 %
16a	331/3% support test—2014. If the organic						
	box and stop here. The organization qua	<u>.</u>	• • •	<del>-</del>			. ▶ 🗹
b	331/2% support test—2013. If the organ check this box and stop here. The organ	ızatıon qualıfıes	s as a publicly	supported org	anization .		. ▶ 🗆
17a	10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here</b> . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported						
b	10%-facts-and-circumstances test – 20 15 is 10% or more, and if the organization memory supported organization	013. If the orga	inization did no "facts-and-ci	ot check a box rcumstances"	test, check th	is box and st	op here.
18	Private foundation. If the organization di	d not check a	box on line 13.	, 16a, 16b, 17a	ı, or 17b, chec	k this box and	see
-	instructions						. ▶ 🗆

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

		•	* * * * *
(	(Complete only if	you checked the bo	${\sf x}$ on line 9 of Part I or if the organization failed to qualify under Part II.
1	If the organization	n fails to qualify unde	er the tests listed below, please complete Part II.)

	if the organization rand to quality	dilaci tile te	ists listed ber	ow, picase et	Jimpiete i ait	11./	
	on A. Public Support			r	т		
	dar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees			1			
•	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities			1			
	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			1			
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year				<u> </u>		
_	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6)					1	
Saat:			-	!		:	
	on B. Total Support dar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(4) 2012	(a) 2014	/f) Total
Calen 9	Amounts from line 6	(a) 2010	( <b>b)</b> 2011	(6) 2012	(d) 2013	(e) 2014	(f) Total
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						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12)						
14	First five years. If the Form 990 is for the organization, check this box and stop he	_	n's first, secon		-		on 501(c)(3) ► □
Secti	on C. Computation of Public Suppor			· · · · · · · · · · · · · · · · · · ·			
15	Public support percentage for 2014 (line	3, column (f) d	ivided by line 1				%
16	Public support percentage from 2013 Sch	nedule A, Part	III, line 15 .				%
Secti	on D. Computation of Investment In	come Perce	ntage				
17	Investment income percentage for 2014 (						%
18	Investment income percentage from 2013						%
19a	331/3% support tests-2014. If the organ						
	17 is not more than 331/3%, check this box		-			-	
b	331/3% support tests—2013. If the organiz						
	line 18 is not more than 331/3%, check this		-	•			_
20	Private foundation. If the organization di	d not check a	box on line 14	, 19a, or 19b, o	check this box	and see instru	ctions 🕨 🔲

# Part IV Supporting Org

'Supporting Organizations

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

and B. It you oncoked the off art it complete decidence it and of it is off art it, complete		
Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.	)	
Section A. All Supporting Organizations		
	Yes	No

1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer	-		
	(b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"	4C		
Ju	answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action			
	was accomplished (such as by amendment to the organizing document).	5a		
b	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	$\dashv$	
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to	-		
	anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in			
	Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent appropriate and the contributor of the substantial contributor.			
_	controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	00		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which	9a		
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		]
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f)			
	(regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.	10		
h		10a		<del></del>
IJ	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b		

				9-
Part	Supporting Organizations (continued)		1	
11 .	Has the organization accepted a gift or contribution from any of the following persons?		Yes	No
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
u	below, the governing body of a supported organization?	11a	<del> </del>	
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Section	on B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			ŀ
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			ļ
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		t
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	L	ļ	ļ
<u> </u>	supervised, or controlled the supporting organization.	2		<u> </u>
Section	on C. Type II Supporting Organizations		IV	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		Yes	No
•	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control			}
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Section	on D. All Type III Supporting Organizations			,
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax			
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		<u> </u>
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			]
	significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		<u> </u>
Section	on E. Type III Functionally-Integrated Supporting Organizations	<u> </u>	<u>.</u>	l
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	inoteu	otion	c).
-	The organization satisfied the Activities Test Complete line 2 below.	าเรเเน	Cuon	s).
a b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (s	see ins	structi	ons)
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	İ		
	those supported organizations and explain how these activities directly furthered their exempt purposes,	Ì		
	how the organization was responsive to those supported organizations, and how the organization determined			1
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the		]	1
	reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	<u></u>	<b> </b>	<u> </u>
•	-	2b	<b> </b>	<u> </u>
3 a	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
u	trustees of each of the supported organizations? Provide details in <b>Part VI</b> .	3a	<del>                                     </del>	<del>                                     </del>
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	<u></u>		
_	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard	3h	1	l

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	jani	izations				
1 , Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.						
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)			
1 Net short-term capital gain	1					
2 Recoveries of prior-year distributions	2					
3 Other gross income (see instructions)	3					
4 Add lines 1 through 3	4					
5 Depreciation and depletion	5					
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)  7 Other expenses (see instructions)	6					
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	_				
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)			
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):						
a Average monthly value of securities	1a					
<b>b</b> Average monthly cash balances	1b					
c Fair market value of other non-exempt-use assets	1c					
d Total (add lines 1a, 1b, and 1c)	1d					
e Discount claimed for blockage or other factors (explain in detail in Part VI):						
2 Acquisition indebtedness applicable to non-exempt-use assets	2					
3 Subtract line 2 from line 1d	3					
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4					
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5					
6 Multiply line 5 by 035	6					
7 Recoveries of prior-year distributions	7					
8 Minimum Asset Amount (add line 7 to line 6)	8					
Section C - Distributable Amount			Current Year			
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	·				
2 Enter 85% of line 1	2					
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3					
4 Enter greater of line 2 or line 3	4					
5 Income tax imposed in prior year	5					
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	; ;				
7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).						

	Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organi	zations (continued)	
	on D - Distributions	Current Year		
	Amounts paid to supported organizations to accomplish			
2	Amounts paid to perform activity that directly furthers exe	orted		
	organizations, in excess of income from activity			
	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
	Total annual distributions. Add lines 1 through 6.	<del></del>		<u>-</u>
8	Distributions to attentive supported organizations to which	h the organization is res	ponsive	
	(provide details in Part VI). See instructions			
9	Distributable amount for 2014 from Section C, line 6	<del></del>		
10	Line 8 amount divided by Line 9 amount			
Se	ction E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
_1_	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014			
a				
b				
С				
d				
e	From 2013			
f	Total of lines 3a through e	-		
<u>g</u>	Applied to underdistributions of prior years		···	
	Applied to 2014 distributable amount	·		
<u> </u>	Carryover from 2009 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section			
	D, line 7:			
<u>a</u>	Applied to underdistributions of prior years			
<u>b</u>	Applied to 2014 distributable amount  Remainder Subtract lines 4a and 4b from 4.			· <del>-</del> ·-
	Remaining underdistributions for years prior to 2014, if			
5	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2014. Subtract lines 3h			
Ū	and 4b from line 1 (if amount greater than zero, see			
	instructions)			
7	Excess distributions carryover to 2015. Add lines 3j			
-	and 4c.			•
8	Breakdown of line 7:			
а				
b				
С				
d	Excess from 2013 .			
е	Excess from 2014			

	Form 990 or 990-EZ) 2014	age 8
Part VI	<ul> <li>Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; a Part III, line 12. Also complete this part for any additional information. (See instructions.)</li> </ul>	nd
•		
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#### SCHEDULE D (Form 990)

**Supplemental Financial Statements** 

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

OMB No 1545-0047 20 **1 4** 

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Attach to Form 990.

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

Name of the organization Employer identification number Integrated Community Development International 32 0112278 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year . . . . . . . 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) . 3 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? . . . . . . . . Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used 6 only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose ☐ Yes ☐ No Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area ☐ Protection of natural habitat ☐ Preservation of a certified historic structure ☐ Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements . . . 2a Total acreage restricted by conservation easements . . . . . . . . . 2b Number of conservation easements on a certified historic structure included in (a) . . . . Number of conservation easements included in (c) acquired after 8/17/06, and not on a 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 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. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included in Form 990, Part VIII, line 1 . . . (ii) Assets included in Form 990, Part X . . . 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 Revenue included in Form 990, Part VIII, line 1 . **b** Assets included in Form 990, Part X

Part	III Organizations Maintaining	Collections of	Art, Historical 1	reasures, or O	ther Similar Ass	ets (continued)
3.	Using the organization's acquisition, collection items (check all that apply):		her records, chec	k any of the follo	wing that are a sig	gnificant use of its
а	☐ Public exhibition		d 🗌 Loan	or exchange prog	ırams	
b	☐ Scholarly research					
С	☐ Preservation for future generations	S		***************************************		
4	Provide a description of the organiza XIII.	tion's collections a	and explain how t	hey further the org	ganization's exem	pt purpose in Part
5	During the year, did the organization					
	assets to be sold to raise funds rather		ined as part of the	e organization's co	ollection?	☐ Yes ☐ No
Part		•	U			
	Complete if the organization 990, Part X, line 21.	answered Yes	10 Form 990, P	art IV, line 9, or	reported an amo	ount on Form
	Is the organization an agent, trustee	custodian or oth	er intermediany fo	or contributions o	r other assets not	<del></del>
ıa	included on Form 990, Part X? .	, custodian or our	<del>-</del>			□ Yes □ No
b	If "Yes," explain the arrangement in P					□ 162 □ 140
-	ii 100, Oxpiaii iio arangomoni ii 1	are Am and compre	oto the leneming to		I Am	nount
С	Beginning balance			10	:	
d	Additions during the year			<del></del>		
e	Distributions during the year .			<del> </del>	<del></del>	
f	Ending balance				<del></del>	
2a	Did the organization include an amount		art X, line 21, for e	scrow or custodia	I account liability?	☐ Yes ☐ No
b	If "Yes," explain the arrangement in P	art XIII. Check here	e if the explanation	n has been provid	ed in Part XIII .	<u> </u>
Par				<del>-</del>		
	Complete if the organization					
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance	11,283	5,836	5,125	5,268	4,724
b	Contributions	6,819	4,440			
C	Net investment earnings, gains, and	070	4 400	700		
	losses	270	1,130	782	-74	609
d	Grants or scholarships					
е	Other expenditures for facilities and programs					
f	Administrative expenses	215	123	71	69	65
g	End of year balance	18,157	11,283	5,836	5,125	5,268
2	Provide the estimated percentage of t	he current vear en	d balance (line 1g		<u> </u>	
а	Board designated or quasi-endowmen			,		
b	Permanent endowment >		<b></b> :			
C	Temporarily restricted endowment ▶					
	The percentages in lines 2a, 2b, and 2	c should equal 10	0%.			
За	Are there endowment funds not in the	e possession of th	e organization tha	at are held and ac	Iministered for the	·
	organization by:					Yes No
	(i) unrelated organizations					3a(ı) 🗸
	(ii) related organizations					3a(ii)
ь 4	If "Yes" to 3a(ii), are the related organ					3b
Part	Describe in Part XIII the intended uses VI Land, Buildings, and Equip		on s endowment it	inus		
Fai	Complete if the organization		' to Form 990 P	art IV line 11a	See Form 990 P	Part X line 10
	Description of property	(a) Cost or ot			Accumulated	(d) Book value
	bescription of property	(investme			epreciation	(u) Book value
	Land			132,250	and the state of	132,250
b	Buildings			300,262	115,862	184,400
С	Leasehold improvements			24,130	3,299	21,031
d	Equipment			1,752,579	1,018,562	734,017
<u>e</u>	Other					
Total.	Add lines 1a through 1e (Column (d) n	nust equal Form 99	90, Part X, column	(B), line 10c.) .	•	1,071,698

Part VII	Investments - Other Securities		000 D + 11/4		000 5 1 1 1 10
	Complete if the organization answ				
	(a) Description of security or category (including name of security)		(b) Book value		ethod of valuation d-of-year market value
(1) Financial	derivatives				
(2) Closely-h	neld equity interests				
(3) Other		*************			
(A)					
(B)					·
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					<del></del>
Total. (Column (	b) must equal Form 990, Part X, col (B) line 12.) ▶				
Part VIII	Investments - Program Related	l.			
	Complete if the organization answ	wered "Yes" to For	m 990, Part IV,	line 11c. See Form	n 990, Part X, line 13.
	(a) Description of investment		(b) Book value		ethod of valuation d-of-year market value
(1)					
(2)			ļ		
(3)		<del></del>			<del> </del>
(4)					
(5)					
(6)					
_(7)					
_(8)					
(9)					
	b) must equal Form 990, Part X, col. (B) line 13.) ▶				
Part IX	Other Assets.				
	Complete if the organization ansi		m 990, Part IV,	line 11d. See Form	
	(a	) Description			(b) Book value
(1)				<u> </u>	
(2)		<del> </del>			
(3)					
_(4)	·				
(5)					
(6)					
_(7)	· · · · · · · · · · · · · · · · · · ·				
(8)					
(9)					
	mn (b) must equal Form 990, Part X, co	ol. (B) line 15.)		<u> ▶</u>	
Part X	Other Liabilities.				
	Complete if the organization ansi	wered "Yes" to For	m 990, Part IV,	line 11e or 11f. Se	e Form 990, Part X,
	line 25.				
1.	(a) Description of liability	(b) Book value			
(1) Federal ır	ncome taxes				
(2) Contract	grants for future well and project work	17	4,729		
(3)					
(4)					
(5)					
(6)		_			
(7)					
(8)					
(9)			$\neg$		
	b) must equal Form 990, Part X, col (B) line 25.)	17	74,729		
	r uncertain tax positions In Part XIII, provi			ation's financial statem	ents that reports the
	s liability for uncertain tax positions under				

Page	4

Part	XI • Reconciliation of Revenue per Audited Financial Statem			
	Complete if the organization answered "Yes" to Form 990,		ła	
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a	<u></u>	
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		. 2e	
3	Subtract line 2e from line 1	<i>, ,</i>	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
C	Add lines 4a and 4b		——————————————————————————————————————	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line		5	
Part				
	Complete if the organization answered "Yes" to Form 990,	Part IV, line 12	?a.	
1	Total expenses and losses per audited financial statements .		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1		
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII )	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1	i	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	4.	
c	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		4c   5	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, Iii	ne 10)	5	<del></del>
	Supplemental Information.  le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a ai	od 4 Part IV line	os 1b and 2b Part V line 4: P	art Y lino
	t XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this par			art A, IIIIe
	ule D, Part V, Line 3ai - The endowment funds have been set aside to allow the cre			
	and by the transfer and the desired and the desired and the desired and the desired and the desired and the desired and the desired and the desired and the desired and the desired and the desired and the desired and the desired and the desired and the desired and the desired and the desired and the desired and the desired and the desired and the desired and the desired and the desired and the desired and the desired and the desired and the desired and the desired and the desired and the desired and the desired and the desired and the desired and the desired and the desired and the desired and the desired and the desired and the desired and the desired and the desired and the desired and the desired and the desired and the desired and the desired and the desired and the desired and the desired and the desired and the desired and the desired and the desired and the desired and the desired and the desired and the desired and the desired and the desired and the desired and the desired and the desired and the desired and the desired and the desired and the desired and the desired and the desired and the desired and the desired and the desired and the desired and the desired and the desired and the desired and the desired and the desired and the desired and the desired and the desired and the desired and the desired and the desired and the desired and the desired and the desired and the desired and the desired and the desired and the desired and the desired and the desired and the desired and the desired and the desired and the desired and the desired and the desired and the desired and the desired and the desired and the desired and the desired and the desired and the desired and the desired and the desired and the desired and the desired and the desired and the desired and the desired and the desired and the desired and the desired and the desired and the desired and the desired and the desired and the desired and the desired and the desired and the desired and the desired and the desired and the desired and the de			
Comm	unity Foundation. A separate Designated Endowment Fund has a balance of 10,00	7. These funds a	re not to be reported as an asset	on ICDI's
fınancı	al statements as they are not controlled by ICDI or the Board of Directors.			
Sched	ule D, Part V, Line 4 - The funds are intended to stay in the account and reinvest the	e interest on the ir	vestment.	
Sched	ule D, Part X, Line 2 - ICDI Receives contract grants for the completion of water we	il projects. If a co	ntract is paid in a the current year	and then
work c	ompleted in the next, the funds are held as a deposit. The funds are not included a	s revenue but as	a liability for future work.	
			•••••	

Schedule D (For	1990) 2014	Page 5
Part XIII 🕟	n 990) 2014  Supplemental Information (continued)	
		•••••
		•••••
	•••••••••••••••••••••••••••••••••••••••	
	•••••••••••••••••••••••••••••••••••••••	

## **SCHEDULE F** (Form 990)

## **Statement of Activities Outside the United States**

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization ► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. ► Attach to Form 990.

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

Inspection Employer identification number

Integ	rated Community Development Inte						0112278
Pai	General Information Form 990, Part IV, line		es Outside	the United States. Com	plete if the organiz	ation answ	vered "Yes" on
1	For grantmakers. Does the assistance, the grantees' eligrants or assistance?	gibility for the	e grants or as	sistance, and the selection			☐Yes ☐No
2	For grantmakers. Describe assistance outside the Unite		the organizati	on's procedures for moni	toring the use of	its grants	s and other
3	Activities per Region. (The fo	llowing Part	I, line 3 table o	can be duplicated if additio	nal space is neede	ed)	
	(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 a program serv describe specific service(s) in req	rice, type of	(f) Total expenditures for and investments in region
(1)	Sub-Saharan Africa - CAR	2	64	program services	Sch F, Part 5		1,490,030
(2)	Sub-Saharan Africa - DRC	1	1	Maintenance costs	Sch F, Part 5		8,777
(3)							
(4)							
(5)	<u> </u>						
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
3a	Sub-total			The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s		****	
b	Total from continuation sheets to Part I						
_	Totals (add lines 3a and 3b)		-	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	and the second second section	7 to 200 - 3 - 2	

Schedule F (Form 990) 2014

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, (i) Method of valuation (book, FMV, appraisal, other) (h) Description of non-cash assistance Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed. (g) Amount of non-cash assistance (f) Manner of cash disbursement 6,665 wire transfer (e) Amount of cash grant (d) Purpose of grant Sanitation Sub-Sahara - CAR (c) Region (b) IRS code section and EIN (if applicable) (a) Name of organization ACTED Part II £ 9 12 3 <del>4</del> 5 16) 0 2 ත 4 2 9 8 6

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

'n

Schedule F (Form 990) 2014

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. Schedule F (Form 990) 2014

Part III Grants ar

(h) Method of veluation (book) appraisal, other)																			Schedule F (Form 990) 2014
(g) Description of non-cash assistance																			Sch
(f) Amount of non-cash assistance																			
(e) Manner of cash disbursement																			
(d) Amount of cash grant																			
(c) Number of recipients																			
tof grant or assistance (b) Region (c) Number of recipients																			
(a) Type of grant or assistance	(1)	(2)	(3)	(4)	(5)	(9)	(2)	(8)	(6)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(21)	(18)	

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rage.	-

art	v Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	☐ Yes	<b>₽</b> No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)	☐ Yes	<b>☑</b> 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	<b>☑</b> 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	<b>№</b> 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	<b>☑</b> No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)	Yes	<b>☑</b> No

Pa	rt	V	ľ

## · Supplemental Information

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

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

#### **SCHEDULE L**

(7) (8) (9) (10)

(Form 990 or 990-EZ)

## **Transactions With Interested Persons**

OMB No 1545-0047

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

► Attach to Form 990 or Form 990-EZ.

► Information about Schedule L (Form 990 or 990-EZ) and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>.

Open To Public Inspection

Department of the Treasury Internal Revenue Service

	ated Community Develo	pment Internatio	nal					]'	Employ	er iuei		11227			
Par	Excess Bene Complete if th	fit Transaction e organization	ns (section 501 answered "Ye	(c)(3), s	section orm 99	501(c)(4), a 0, Part IV, I	nd 50 ine 25	1(c)(29) or 5a or 25b, c	ganıza or Forr	tions n 990	only) D-EZ,	Part '	V, line	40b.	•
1	(a) Name of disqualified	person	(b) Relationship between disqualified person and			(c) Des	Description of transaction					(d) Corrected?			
	(a) Name of disquaimed	person		organıza	tion			(0) Des	cription	OI tiai	13401101			Yes	No
(1)														<u> </u>	
(2)							ļ		**						
(3)	· · · · ·														
(4)					·										
<u>(5)</u>	<del></del>	<u>_</u>					-							<u> </u>	
<u>(6)</u> 2	Enter the amount	of tax incurred	t by the organ	uzation	manac	nore or die	qualif	ed person	e duri	ina ti	20. 1/0	ar.		<u> </u>	L
4	under section 4958														
3	Enter the amount o														
3	Litter the amount o	rtax, ir arry, or	mic z, above,	TOITIDO	aroca by	r the organi	241101			•		•	<b>'</b> ——		
Part	Complete if th	or From Interie organization eported an am	answered "Ye	s" on F				38a or Fo	orm 99	0, Pa	rt IV,	line 2	6; or i	f the	
(a) Name of interested perso		(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amour			due	(g) In default?		(h) Approved by board or committee?			
				То	From	1			Ī	Yes	No	Yes	No	Yes	No
(1)															
(2)								,							
(3)											1				
(4)	_														
(5)		<del> </del>													
(6)		ļ			<b>.</b>								<u> </u>		
(7)					ļ			<u> </u>						ļ. <u>.</u> .	ļ
(8)												-	-		<u> </u>
(9)	·				<del> </del>										
(10) Total	<u> </u>	<u> </u>	l		1	<u> </u>	<b>•</b>	<u>                                     </u>					<u> </u>		
Part	Grants or Ass	sistance Bene ne organization	fiting Interest	ed Per		0, Part IV, I					- a -	: <u></u>		i	
(a)	) Name of interested person		ship between inter and the organization		c) Amount	t of assistance		(d) Type of as	sistance	•	(е	) Purpo	se of a	issistan	ce
(1)											<u> </u>				
(2)															
(3)											<u> </u>				
(4)							<u> </u>				<u> </u>				
(5)									_		<del> </del>				
(6)							l				I				

(g) Name of elemented person (h) Relaboration between tremented person and the organization revenue; (1) Richard Ropp (2) (3) (4) (5) (6) (7) (8) (9) (10) (10) (10) (10) (10) (10) (10) (10	Part IV	<ul> <li>Business Transactions Involved</li> <li>Complete if the organization and</li> </ul>	ing Interested Persons. swered "Yes" on Form 990	0, Part IV, line 28a, 2	28b, or 28c.		
(1) Richard Klopp Consultant 28,000 Board training and development  (2) (3) (4) (5) (6) (7) (8) (9) (10)  Part V Supplemental Information		(a) Name of interested person	interested person and the		(d) Description of transaction	organiz	zation's nues?
(2) (3) (4) (5) (6) (7) (8) (9) (10)  Part V Supplemental Information	(4) Ricl	pard Klopp	Consultant	28 000	Board training and development	res	-
(3) (4) (5) (6) (7) (8) (9) (10)  Part V Supplemental Information		Talu Nopp	Consultant	20,000	board training and dovelopment	+	-
(4) (5) (6) (7) (8) (9) (10)  Part V Supplemental Information	(2)		-			<del>-  </del> -	
(5) (6) (7) (8) (9) (10)  Part V Supplemental Information	(4)		<del> </del>		····	_	<del>                                     </del>
(6) (7) (8) (9) (10)  Part V Supplemental Information			<u> </u>			<del></del>	$\vdash$
(7) (8) (9) (10) Part V Supplemental Information			<del> </del>	<u> </u>			<u> </u>
(8) (9) (10) Part V Supplemental Information							<del></del>
(9) (10) Part V Supplemental Information		<del></del>			· · · · · · · · · · · · · · · ·		$\vdash$
(10) Part V Supplemental Information		· · · · · · · · · · · · · · · · · · ·		<u></u>		<del>-  </del>	
Part V Supplemental Information	(10)						
	Part V	Provide additional information f	or responses to questions	on Schedule L (see	instructions).		
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						•••••	
			***************************************				
							••••••
				•••••			

## **SCHEDULE M** (Form 990)

## **Noncash Contributions**

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

OMB No 1545-0047

Open To Public

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990.

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

Inspection Employer identification number

Integra	ited Community Development Internatio	nal				32 0112278	
Part	Types of Property		<del>-</del> -				_
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash cont amounts repo Form 990, Part V	rted on	(d) Method of determining noncash contribution amoun	ts
1	Art – Works of art						_
2	Art - Historical treasures				-		_
3	Art - Fractional interests						
4	Books and publications						_
5	Clothing and household				_		
	goods						
6	Cars and other vehicles						_
7	Boats and planes						_
8	Intellectual property		-				
9	Securities - Publicly traded .			1			
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	<del></del>				· · · · · · · · · · · · · · · · · · ·	_
19	Food inventory	-	1		58	FMV	_
20	Drugs and medical supplies						_
21	Taxidermy						_
22	Historical artifacts						_
23	Scientific specimens						_
24	Archeological artifacts						_
25	Other ► ( Drilling Compressor )	-	1		55,000	FMV	_
26	Other ► (Tractor parts)	-	1			FMV	_
27	Other ► (Office printer )	-	1	<u>-</u>		FMV	_
28	Other ► ( Display )	-	1		1,588		_
29	Number of Forms 8283 received		anization during the tax	ear for contribu	tions for		_
	which the organization completed					29	
						Yes N	<u>-</u>
30a	During the year, did the organizate 28, that it must hold for at least the tobe used for exempt purposes to the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second se	nree years f	rom the date of the initial c				
b	If "Yes," describe the arrangemen					•	
31	Does the organization have a contributions?	gift accep	tance policy that require	es the review o	of any no	n-standard 31	
32a	Does the organization hire or use	e third part	ies or related organization	s to solicit, proc	ess, or se		_
	contributions?					32a	,
b	If "Yes," describe in Part II.	· •	· · · · · · · ·	•	•	32a	
33	If the organization did not report a	n amount in	column (c) for a type of pro	perty for which o	column (a)	s checked.	Ī
	describe in Part II		(c) (c) a () po of pro		(4)		—

Schedule M (	Form 990) (2014)	ge 2
Part II	Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whethe the organization is reporting in Part I, column (b), the number of contributions, the number of items received	r
	or a combination of both. Also complete this part for any additional information.	
***********		
	•••••••••••••••••••••••••••••••••••••••	
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## **SCHEDULE O** (Form 990 or 990-EZ)

## Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

► 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. Open to Public Inspection

Employer identification number

Integrated Community Development International	32 0112278
990 Part III Question 3: The Agriculture program has been closed due to instability at our PK22 location. The	assets and eomployees have been
moved to other Community Development programs or laid off. Community Development is now integrating the	e operations of Radio, Ag, and Hygiene
into one common goal.	
990 Part VI Question 11b: The 990 and schedules are prepared by the controller, reviewed by the CFO, and provided the controller is a schedule of the controller is a schedule of the controller is a schedule of the controller is a schedule of the controller is a schedule of the controller is a schedule of the controller is a schedule of the controller is a schedule of the controller is a schedule of the controller is a schedule of the controller is a schedule of the controller is a schedule of the controller is a schedule of the controller is a schedule of the controller is a schedule of the controller is a schedule of the controller is a schedule of the controller is a schedule of the controller is a schedule of the controller is a schedule of the controller is a schedule of the controller is a schedule of the controller is a schedule of the controller is a schedule of the controller is a schedule of the controller is a schedule of the controller is a schedule of the controller is a schedule of the controller is a schedule of the controller is a schedule of the controller is a schedule of the controller is a schedule of the controller is a schedule of the controller is a schedule of the controller is a schedule of the controller is a schedule of the controller is a schedule of the controller is a schedule of the controller is a schedule of the controller is a schedule of the controller is a schedule of the controller is a schedule of the controller is a schedule of the controller is a schedule of the controller is a schedule of the controller is a schedule of the controller is a schedule of the controller is a schedule of the controller is a schedule of the controller is a schedule of the controller is a schedule of the controller is a schedule of the controller is a schedule of the controller is a schedule of the controller is a schedule of the controller is a schedule of the controller is a schedule of the controller is a schedule of the controller is a schedule of the controller is a schedule of the controll	presented to the board finance committee
for final approval before sending to the IRS.	
990 Part VI Question 12c All conflict of interest questionnaires are submitted to and reviewed by the Chief Fi	nancial Officer, who in turn compares that
against known opportunities for conflicts of interest.	
990, Part VI, Question 15b The compensation for the chief executive officer is established by the board of	directors The salaries of
other employees are set by the executive committee (CEO, CFO and Board Chair) and are based on salary so	urveys for comparable positions within
NGOs of similar size and experience in the post. The board of directors periodically reviews the comparable s	salaries and ranges
990 Part IX Question 24d In prior years, a strategy to diversify country risk was undertaken and assets were	acquired in the Democratic Republic of
the Congo The implementation of this strategy has not been as successful as desired, therefore, Water for G	ood reserved the value of those assets in
the DRC, taking a charge of \$331,455 against the income for 2014.	