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Short Form  
Return of Organization Exempt From Income Tax

2015

Open to Public  
Inspection

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-EZ and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

## A For the 2015 calendar year, or tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

## B Check if applicable

- Address change
- Name change
- Initial return
- Final return/terminated
- Amended return
- Application pending

## C Name of organization

ORGANIZATION FOR INTERNATIONAL DEVELOPMENT, INC

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

Room/suite

739 EAST 230TH. STREET

City or town

State

ZIP code

BRONX

NY

10466

Foreign country name

Foreign province/state/county

Foreign postal code

## D Employer identification number

13-3673284

## E Telephone number

718 652 3978

## F Group Exemption

Number ►

G Accounting Method  Cash  Accrual Other (specify) ► \_\_\_\_\_I Website: ► [WWW OIDINC.COM](http://WWW OIDINC.COM)J Tax-exempt status (check only one) —  501(c)(3)  501(c) ( ) ◀ (insert no)  4947(a)(1) or  527H Check ►  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)K Form of organization  Corporation  Trust  Association  Other \_\_\_\_\_

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets

(Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ

► \$

128,404

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)  
Check if the organization used Schedule O to respond to any question in this Part I

|            |   |            |
|------------|---|------------|
| Revenue    | 1 Contributions, gifts, grants, and similar amounts received . . . . .  | 1 128,404  |
|            | 2 Program service revenue including government fees and contracts . . . . .   | 2          |
|            | 3 Membership dues and assessments . . . . .   | 3          |
|            | 4 Investment income . . . . .   | 4          |
|            | 5a Gross amount from sale of assets other than inventory . . . . .  | 5a         |
|            | b Less: cost or other basis and sales expenses . . . . .  | 5b         |
|            | c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .   | 5c 0       |
|            | 6 Gaming and fundraising events   |            |
|            | a Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . .   | 6a         |
|            | b Gross income from fundraising events (not including \$ 93,494 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . . . | 6b         |
|            | c Less: direct expenses from gaming and fundraising events . . . . .  | 6c 59,682  |
|            | d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . .  | 6d -59,682 |
|            | 7a Gross sales of inventory, less returns and allowances . . . . .  | 7a         |
|            | b Less cost of goods sold . . . . .   | 7b         |
|            | c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .  | 7c 0       |
|            | 8 Other revenue (describe in Schedule O) . . . . .  | 8          |
|            | 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8  | 9 68,722   |
| Expenses   | 10 Grants and similar amounts paid (list in Schedule O) . . . . .   | 10         |
|            | 11 Benefits paid to or for members . . . . .  | 11         |
|            | 12 Salaries, other compensation, and employee benefits . . . . .  | 12         |
|            | 13 Professional fees and other payments to independent contractors . . . . .  | 13 3,000   |
|            | 14 Occupancy, rent, utilities, and maintenance . . . . .  | 14 9,000   |
|            | 15 Printing, publications, postage, and shipping . . . . .  | 15 5,048   |
|            | 16 Other expenses (describe in Schedule O) . . . . .  | 16 49,288  |
|            | 17 Total expenses. Add lines 10 through 16  | 17 66,336  |
| Net Assets | 18 Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .  | 18 2,386   |
|            | 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) . . . . .   | 19 53,214  |
|            | 20 Other changes in net assets or fund balances (explain in Schedule O) . . . . .   | 20 25      |
|            | 21 Net assets or fund balances at end of year. Combine lines 18 through 20  | 21 55,625  |

For Paperwork Reduction Act Notice, see the separate instructions.

HTA

Form 990-EZ (2015)

RECEIVED  
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OGDEN, UT

G32 19

**Part II Balance Sheets.** (see the instructions for Part II)Check if the organization used Schedule O to respond to any question in this Part II 

|    |   | (A) Beginning of year | (B) End of year |
|----|---|-----------------------|-----------------|
| 22 | Cash, savings, and investments  | 42,594                | 22              |
| 23 | Land and buildings  |                       | 23              |
| 24 | Other assets (describe in Schedule O)                                       | 10,620                | 24              |
| 25 | Total assets  | 53,214                | 25              |
| 26 | Total liabilities (describe in Schedule O)                                  |                       | 26              |
| 27 | Net assets or fund balances (line 27 of column (B) must agree with line 21) | 53,214                | 27              |
|    |   |                       | 55,625          |

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III)Check if the organization used Schedule O to respond to any question in this Part III What is the organization's primary exempt purpose? Provide Dental & Health Care to needy poor in Third World countries

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

**Expenses**

(Required for section 501(c)(3) and 501(c)(4) organizations, optional for others)

28 We made one trip to Haiti and the rural areas of Jamaica during 2015. We served more than 1800 patients.

(Grants \$  ) If this amount includes foreign grants, check here ►  28a 62,051

29

(Grants \$  ) If this amount includes foreign grants, check here ►  29a

30

(Grants \$  ) If this amount includes foreign grants, check here ►  30a

31 Other program services (describe in Schedule O)

(Grants \$  ) If this amount includes foreign grants, check here ►  31a32 Total program service expenses. (add lines 28a through 31a) ►  32 62,051**Part IV List of Officers, Directors, Trustees, and Key Employees** (list each one even if not compensated – see the instructions for Part IV)Check if the organization used Schedule O to respond to any question in this Part IV 

| (a) Name and title | (b) Average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) | (d) Health benefits contributions to employee benefit plans, and deferred compensation | (e) Estimated amount of other compensation |
|--------------------|--|--|--|--|
| Roy Street<br>CEO  | Hr/WK 25.00                                    | 0  | 0  | 0  |
| Marcia Jones       |  |  |  |  |
| Treasurer          | Hr/WK 20.00                                    | 0  | 0  | 0  |
| Gloria Stephens    |  |  |  |  |
| Vice-Pres.         | Hr/WK 20.00                                    | 0  | 0  | 0  |
| Yvonne Dommer      |  |  |  |  |
| Secretary          | Hr/WK 20.00                                    | 0  | 0  | 0  |
|                    | Hr/WK  |  |  |  |

**Part V Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V.

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O.  33 X

34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions).  34 X

35 a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?  35a X

b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O.  35b X

c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III.  35c X

36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N.  36 X

37 a Enter amount of political expenditures, direct or indirect, as described in the instructions. ► 37a  37b X

b Did the organization file Form 1120-POL for this year?  38a X

38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?  38b X

b If "Yes," complete Schedule L, Part II and enter the total amount involved  39a X

39 Section 501(c)(7) organizations. Enter:  39b X

a Initiation fees and capital contributions included on line 9.  40a X

b Gross receipts, included on line 9, for public use of club facilities.  40b X

40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ►  ; section 4912 ►  ; section 4955 ►  40c X

b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I.  40d X

c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.  40e X

d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization.  40f X

e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.  40g X

41 List the states with which a copy of this return is filed. ► NY

42 a The organization's books are in care of ► Marcia Jones Telephone no. ► (914) 649-3568  
Located at ► 292 East Sidney Ave City Mount Vernon ST NY ZIP + 4 ► 10553  42b X

b 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)? If "Yes," enter the name of the foreign country. ►  42c X

See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).

c At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country: ►  43 X

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here.  and enter the amount of tax-exempt interest received or accrued during the tax year. ► 43

44 a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ.  44a X

b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ.  44b X

c Did the organization receive any payments for indoor tanning services during the year?  44c X

d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.  44d X

45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  45a X

45 b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions).  45b X

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.

|    | Yes | No |
|----|-----|----|
| 46 |     | X  |

**Part VI Section 501(c)(3) organizations only**

All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

47 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.

|     | Yes | No |
|-----|-----|----|
| 47  |     | X  |
| 48  | X   |    |
| 49a | X   |    |
| 49b | X   |    |

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.

49a Did the organization make any transfers to an exempt non-charitable related organization?

b If "Yes," was the related organization a section 527 organization?

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

| (a) Name and title of each employee  | (b) Average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC) | (d) Health benefits, contributions to employee benefit plans, and deferred compensation | (e) Estimated amount of other compensation |
|--------------------------------------|--|---|---|--|
| Name Roy Street<br>Title CEO         | Hr/WK 25.00                                    |   |   |  |
| Name Marcia Jones<br>Title Treasurer | Hr/WK 20.00                                    |   |   |  |
| Name _____<br>Title _____            | Hr/WK .00                                      |   |   |  |
| Name _____<br>Title _____            | Hr/WK .00                                      |   |   |  |
| Name _____<br>Title _____            | Hr/WK .00                                      |   |   |  |

f Total number of other employees paid over \$100,000 ►

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

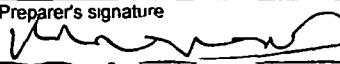
| (a) Name and business address of each independent contractor | (b) Type of service               | (c) Compensation |
|--|-----------------------------------|------------------|
| Name Speeedie Plummer<br>City East Elmhurst                  | Str 2728 99 St<br>ST NY ZIP 11369 | Accounting       |
| Name _____<br>City _____                                     | Str _____<br>ST _____ ZIP _____   | 3,000            |
| Name _____<br>City _____                                     | Str _____<br>ST _____ ZIP _____   |                  |
| Name _____<br>City _____                                     | Str _____<br>ST _____ ZIP _____   |                  |
| Name _____<br>City _____                                     | Str _____<br>ST _____ ZIP _____   |                  |

d Total number of other independent contractors each receiving over \$100,000 ►

52 Did the organization complete Schedule A? Note. All section 501(c)(3) organizations must attach a completed Schedule A ►  Yes  No

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

|           |                      |           |
|-----------|----------------------|-----------|
| Sign Here | Signature of officer | Date      |
|           | Roy Street           | 5/11/2016 |

|                              |                            |  |              |  |            |
|------------------------------|----------------------------|--|--------------|--|------------|
| Paid<br>Preparer<br>Use Only | Print/Type preparer's name | Preparer's signature   | Date         | Check <input checked="" type="checkbox"/> if self-employed | PTIN       |
|                              | S. R. Plummer              |  | 5-11-16      |  | R-01434923 |
|                              | Firm's name ►              |  | Firm's EIN ► |  |            |

Firm's address ► 2728 99 St, East Elmhurst, NY

Phone no

May the IRS discuss this return with the preparer shown above? See instructions ►  Yes  No

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2015**

Open to Public  
Inspection

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

► Attach to Form 990 or Form 990-EZ.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

ORGANIZATION FOR INTERNATIONAL DEVELOPMENT, INC.

Employer identification number

13-3673284

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

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

- 1  A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2  A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4  A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations. \_\_\_\_\_ 0
  - g Provide the following information about the supported organization(s).

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization<br>(described on lines 1-9<br>above (see instructions)) | (iv) Is the organization<br>listed in your governing<br>document? |    | (v) Amount of monetary<br>support (see<br>instructions) | (vi) Amount of<br>other support (see<br>instructions) |
|------------------------------------|----------|--|---|----|---|---|
|                                    |          |  | Yes   | No |   |   |
| (A)                                |          |  |   |    |   |   |
| (B)                                |          |  |   |    |   |   |
| (C)                                |          |  |   |    |   |   |
| (D)                                |          |  |   |    |   |   |
| (E)                                |          |  |   |    |   |   |
| <b>Total</b>                       |          |  |   |    | 0   | 0   |

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

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

**Section A. Public Support**

| Calendar year (or fiscal year beginning in)   | (a) 2011 | (b) 2012 | (c) 2013 | (d) 2014 | (e) 2015 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")   | 67,923   | 68,380   | 164,588  | 124,993  | 68,722   | 494,606   |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf   |          |          |          |          |          | 0         |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge   |          |          |          |          |          | 0         |
| 4 Total. Add lines 1 through 3  | 67,923   | 68,380   | 164,588  | 124,993  | 68,722   | 494,606   |
| 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   |          |          |          |          |          | 494,606   |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in)  | (a) 2011 | (b) 2012 | (c) 2013 | (d) 2014 | (e) 2015 | (f) Total                           |
|--|----------|----------|----------|----------|----------|-------------------------------------|
| 7 Amounts from line 4  | 67,923   | 68,380   | 164,588  | 124,993  | 68,722   | 494,606                             |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources   |          |          |          |          |          | 0                                   |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on   |          |          |          |          |          | 0                                   |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)  |          |          |          |          |          | 0                                   |
| 11 Total support. Add lines 7 through 10   |          |          |          |          |          | 494,606                             |
| 12 Gross receipts from related activities, etc. (see instructions)   |          |          |          |          | 12       |                                     |
| 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here |          |          |          |          |          | <input checked="" type="checkbox"/> |

**Section C. Computation of Public Support Percentage**

|  |    |                                     |
|--|----|-------------------------------------|
| 14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))  | 14 | 100.00%                             |
| 15 Public support percentage from 2014 Schedule A, Part II, line 14  | 15 | 0.00%                               |
| 16a 33 1/3% support test—2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, and stop here. The organization qualifies as a publicly supported organization  |    | <input checked="" type="checkbox"/> |
| b 33 1/3% support test—2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  |    | <input type="checkbox"/>            |
| 17a 10%-facts-and-circumstances test—2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization    |    | <input type="checkbox"/>            |
| b 10%-facts-and-circumstances test—2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization |    | <input type="checkbox"/>            |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions  |    | <input type="checkbox"/>            |

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.  
If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in)  | (a) 2011 | (b) 2012 | (c) 2013 | (d) 2014 | (e) 2015 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")   |          |          |          |          |          | 0         |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose |          |          |          |          |          | 0         |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513   |          |          |          |          |          | 0         |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  |          |          |          |          |          | 0         |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge  |          |          |          |          |          | 0         |
| 6 <b>Total.</b> Add lines 1 through 5  | 0        | 0        | 0        | 0        | 0        | 0         |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons  |          |          |          |          |          | 0         |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year           |          |          |          |          |          | 0         |
| c Add lines 7a and 7b  | 0        | 0        | 0        | 0        | 0        | 0         |
| 8 <b>Public support</b> (Subtract line 7c from line 6)   |          |          |          |          |          | 0         |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in)   | (a) 2011 | (b) 2012 | (c) 2013 | (d) 2014 | (e) 2015 | (f) Total                |
|---|----------|----------|----------|----------|----------|--------------------------|
| 9 Amounts from line 6   | 0        | 0        | 0        | 0        | 0        | 0                        |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources  |          |          |          |          |          | 0                        |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975   |          |          |          |          |          | 0                        |
| c Add lines 10a and 10b   | 0        | 0        | 0        | 0        | 0        | 0                        |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on  |          |          |          |          |          | 0                        |
| 12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)  |          |          |          |          |          | 0                        |
| 13 <b>Total support.</b> (Add lines 9, 10c, 11, and 12)   | 0        | 0        | 0        | 0        | 0        | 0                        |
| 14 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here |          |          |          |          |          | <input type="checkbox"/> |

**Section C. Computation of Public Support Percentage**

|   |    |       |
|---|----|-------|
| 15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f)) | 15 | 0.00% |
| 16 Public support percentage from 2014 Schedule A, Part III, line 15                      | 16 | 0.00% |

**Section D. Computation of Investment Income Percentage**

|   |    |                          |
|---|----|--------------------------|
| 17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))  | 17 | 0.00%                    |
| 18 Investment income percentage from 2014 Schedule A, Part III, line 17   | 18 | 0.00%                    |
| 19a 33 1/3% support tests—2015. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization         |    | <input type="checkbox"/> |
| b 33 1/3% support tests—2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization |    | <input type="checkbox"/> |
| 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions   |    | <input type="checkbox"/> |

**Part IV Supporting Organizations**

(Complete only if you checked a box in line 11 on 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.)

**Section A. All Supporting Organizations**

1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.

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 **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (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.

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 **Part VI** when and how the organization made the determination.

c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.

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.

b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.

c 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 **Part VI** 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.

5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, 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).

b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?

c Substitutions only. Was the substitution the result of an event beyond the organization's control?

6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) 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**.

7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete **Part I** of Schedule L (Form 990 or 990-EZ).

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 or 990-EZ).

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 **Part VI**.

b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.

c Did a disqualified person (as defined in line 9a) 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**.

10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.

b 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.)

|     | Yes | No |
|-----|-----|----|
| 1   |     |    |
| 2   |     |    |
| 3a  |     |    |
| 3b  |     |    |
| 3c  |     |    |
| 4a  |     |    |
| 4b  |     |    |
| 4c  |     |    |
| 5a  |     |    |
| 5b  |     |    |
| 5c  |     |    |
| 6   |     |    |
| 7   |     |    |
| 8   |     |    |
| 9a  |     |    |
| 9b  |     |    |
| 9c  |     |    |
| 10a |     |    |
| 10b |     |    |

**Part IV Supporting Organizations (continued)**

**11** Has the organization accepted a gift or contribution from any of the following persons?

- A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?
- A family member of a person described in (a) above?
- 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**.

| Yes | No |
|-----|----|
| 11a |    |
| 11b |    |
| 11c |    |

**Section B. Type I Supporting Organizations**

**1** Did the directors, trustees, or membership of one or more supported organizations have the power to 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 **Part VI** how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, 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.

**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, supervised, or controlled the supporting organization.

| Yes | No |
|-----|----|
| 1   |    |
| 2   |    |

**Section C. Type II Supporting Organizations**

**1** Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in **Part VI** how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).

| Yes | No |
|-----|----|
| 1   |    |

**Section D. All Type III Supporting Organizations**

**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, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?

**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).

**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.

| Yes | No |
|-----|----|
| 1   |    |
| 2   |    |
| 3   |    |

**Section E. Type III Functionally-Integrated Supporting Organizations**

**1** Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):

- The organization satisfied the Activities Test. Complete line 2 below.
- The organization is the parent of each of its supported organizations. Complete line 3 below.
- The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions).

**2 Activities Test Answer (a) and (b) below.**

- 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 those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- 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 reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.

**3 Parent of Supported Organizations. Answer (a) and (b) below.**

- Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in **Part VI**.
- Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in **Part VI** the role played by the organization in this regard.

| Yes | No |
|-----|----|
| 2a  |    |
| 2b  |    |
| 3a  |    |
| 3b  |    |

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

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<br>(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        | 0              | 0                              |
| 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) | 6        |                |                                |
| 7 Other expenses (see instructions)  | 7        |                |                                |
| <b>8 Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)   | <b>8</b> | 0              | 0                              |
| Section B - Minimum Asset Amount   |          | (A) Prior Year | (B) Current Year<br>(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 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       | 0              | 0                              |
| 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        | 0              | 0                              |
| 4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).  | 4        | 0              | 0                              |
| 5 Net value of non-exempt-use assets (subtract line 4 from line 3)   | 5        | 0              | 0                              |
| 6 Multiply line 5 by .035  | 6        | 0              | 0                              |
| 7 Recoveries of prior-year distributions   | 7        | 0              | 0                              |
| <b>8 Minimum Asset Amount</b> (add line 7 to line 6)   | <b>8</b> | 0              | 0                              |
| Section C - Distributable Amount   |          | Current Year   |                                |
| 1 Adjusted net income for prior year (from Section A, line 8, Column A)  | 1        |                | 0                              |
| 2 Enter 85% of line 1  | 2        |                | 0                              |
| 3 Minimum asset amount for prior year (from Section B, line 8, Column A)   | 3        |                | 0                              |
| 4 Enter greater of line 2 or line 3  | 4        |                | 0                              |
| 5 Income tax imposed in prior year   | 5        |                |                                |
| <b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)   | 6        |                | 0                              |
| 7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).                                |          |                |                                |

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)**

| <b>Section D - Distributions</b> |  | <b>Current Year</b> |
|----------------------------------|--|---------------------|
| 1                                | Amounts paid to supported organizations to accomplish exempt purposes  |                     |
| 2                                | Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity      |                     |
| 3                                | Administrative expenses paid to accomplish exempt purposes of supported organizations  |                     |
| 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.   |                     |
| 7                                | <b>Total annual distributions.</b> Add lines 1 through 6.  | 0                   |
| 8                                | Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. |                     |
| 9                                | Distributable amount for 2015 from Section C, line 6   | 0                   |
| 10                               | Line 8 amount divided by Line 9 amount   | 0.000               |

| <b>Section E - Distribution Allocations (see instructions)</b> |   | <b>(i)<br/>Excess Distributions</b> | <b>(ii)<br/>Underdistributions<br/>Pre-2015</b> | <b>(iii)<br/>Distributable<br/>Amount for 2015</b> |
|--|---|-------------------------------------|---|--|
| 1  | Distributable amount for 2015 from Section C, line 6  |                                     |   | 0  |
| 2  | Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)  |                                     |   |  |
| 3  | Excess distributions carryover, if any, to 2015.  |                                     |   |  |
| a  |   |                                     |   |  |
| b  |   |                                     |   |  |
| c  |   |                                     |   |  |
| d  | From 2013 . . . . .   |                                     |   |  |
| e  | From 2014. . . . .  |                                     |   |  |
| f  | <b>Total of lines 3a through e</b>  | 0                                   |   |  |
| g  | Applied to underdistributions of prior years  |                                     |   | 0  |
| h  | Applied to 2015 distributable amount  |                                     |   | 0  |
| i  | Carryover from 2010 not applied (see instructions)  |                                     |   |  |
| j  | Remainder. Subtract lines 3g, 3h, and 3i from 3f.   | 0                                   |   |  |
| 4  | Distributions for 2015 from Section D, line 7: \$   | 0                                   |   |  |
| a  | Applied to underdistributions of prior years  |                                     |   | 0  |
| b  | Applied to 2015 distributable amount  |                                     |   | 0  |
| c  | Remainder. Subtract lines 4a and 4b from 4.   | 0                                   |   |  |
| 5  | Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions). |                                     |   | 0  |
| 6  | Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).                        |                                     |   | 0  |
| 7  | <b>Excess distributions carryover to 2016.</b> Add lines 3j and 4c.   | 0                                   |   |  |
| 8  | Breakdown of line 7:  |                                     |   |  |
| a  |   |                                     |   |  |
| b  |   |                                     |   |  |
| c  | Excess from 2013 . . . . .  | 0                                   |   |  |
| d  | Excess from 2014 . . . . .  | 0                                   |   |  |
| e  | Excess from 2015 . . . . .  | 0                                   |   |  |

## Part VI

**Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

**SCHEDULE D**  
**(Form 990)**Department of the Treasury  
Internal Revenue Service**Supplemental Financial Statements**

OMB No 1545-0047

**2015**Open to Public  
Inspection► Complete if the organization answered "Yes" on Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

Name of the organization

Employer identification number

ORGANIZATION FOR INTERNATIONAL DEVELOPMENT, INC.

13-3673284

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.**

Complete if the organization answered "Yes" on 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) . . . . .   |                         |   |
| 3 Aggregate value of grants from (during year) . . . . .  |                         |   |
| 4 Aggregate value at end of year . . . . .  |                         |   |
| 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . .  |                         | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? . . . . . |                         | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

**Part II Conservation Easements.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

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

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

|  | Held at the End of the Tax Year                          |
|--|--|
| 2a Total number of conservation easements . . . . .  |  |
| 2b Total acreage restricted by conservation easements . . . . .  |  |
| 2c Number of conservation easements on a certified historic structure included in (a) . . . . .  |  |
| 2d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register . . . . .  |  |
| 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► . . . . .  |  |
| 4 Number of states where property subject to conservation easement is located ► . . . . .  |  |
| 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? . . . . .   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► . . . . .  |  |
| 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$ . . . . .   |  |
| 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? . . . . .  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. |  |

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

|      |   |
|------|---|
| 1a   | If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. |
| b    | If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:  |
| (i)  | Revenue included on Form 990, Part VIII, line 1 . . . . . ► \$ . . . . .  |
| (ii) | Assets included in Form 990, Part X . . . . . ► \$ . . . . .  |
| 2    | If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:  |
| a    | Revenue included on Form 990, Part VIII, line 1 . . . . . ► \$ . . . . .  |
| b    | Assets included in Form 990, Part X . . . . . ► \$ . . . . .  |

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

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

|  |  |
|--|--|
| a <input type="checkbox"/> Public exhibition                   | d <input type="checkbox"/> Loan or exchange programs |
| b <input type="checkbox"/> Scholarly research                  | e <input type="checkbox"/> Other _____               |
| c <input type="checkbox"/> Preservation for future generations |  |

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

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

**Part IV Escrow and Custodial Arrangements.**

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

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

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

|    | Amount |
|----|--------|
| 1c |        |
| 1d |        |
| 1e |        |
| 1f | 0      |

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  X  No

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

**Part V Endowment Funds.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

|  | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance                     |                  |                |                    |                      |                     |
| b Contributions                                  |                  |                |                    |                      |                     |
| c Net investment earnings, gains, and losses     |                  |                |                    |                      |                     |
| d Grants or scholarships                         |                  |                |                    |                      |                     |
| e Other expenditures for facilities and programs |                  |                |                    |                      |                     |
| f Administrative expenses                        |                  |                |                    |                      |                     |
| g End of year balance                            | 0                | 0              | 0                  | 0                    | 0                   |

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

a Board designated or quasi-endowment ► %

b Permanent endowment ► %

c Temporarily restricted endowment ► %

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

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

| Yes    | No |
|--------|----|
| 3a(i)  |    |
| 3a(ii) |    |
| 3b     |    |

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

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

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

| Description of property  | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--------------------------|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land                  | 0                                    | 0                               | 0                            | 0              |
| b Buildings              | 0                                    | 0                               | 0                            | 0              |
| c Leasehold improvements | 0                                    | 0                               | 0                            | 0              |
| d Equipment              | 0                                    | 0                               | 0                            | 0              |
| e Other                  | 0                                    | 0                               | 0                            | 0              |

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) ►

**Part VII****Investments—Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

| (a) Description of security or category<br>(including name of security)  | (b) Book value | (c) Method of valuation<br>Cost or end-of-year market value |
|--|----------------|---|
| (1) Financial derivatives  | 0              |   |
| (2) Closely-held equity interests  | 0              |   |
| (3) Other  |                |   |
| (A)  |                |   |
| (B)  |                |   |
| (C)  |                |   |
| (D)  |                |   |
| (E)  |                |   |
| (F)  |                |   |
| (G)  |                |   |
| (H)  |                |   |
| <b>Total. (Column (b) must equal Form 990, Part X, col. (B) line 12)</b> | <b>0</b>       |   |

**Part VIII****Investments—Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

| (a) Description of investment  | (b) Book value | (c) Method of valuation<br>Cost or end-of-year market value |
|--|----------------|---|
| (1)  |                |   |
| (2)  |                |   |
| (3)  |                |   |
| (4)  |                |   |
| (5)  |                |   |
| (6)  |                |   |
| (7)  |                |   |
| (8)  |                |   |
| (9)  |                |   |
| <b>Total. (Column (b) must equal Form 990, Part X, col. (B) line 13)</b> | <b>0</b>       |   |

**Part IX****Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

| (a) Description   | (b) Book value |
|---|----------------|
| (1)   |                |
| (2)   |                |
| (3)   |                |
| (4)   |                |
| (5)   |                |
| (6)   |                |
| (7)   |                |
| (8)   |                |
| (9)   |                |
| <b>Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)</b> | <b>0</b>       |

**Part X****Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

| 1.   | (a) Description of liability | (b) Book value |
|--|------------------------------|----------------|
| (1) Federal income taxes   |                              |                |
| (2)  |                              |                |
| (3)  |                              |                |
| (4)  |                              |                |
| (5)  |                              |                |
| (6)  |                              |                |
| (7)  |                              |                |
| (8)  |                              |                |
| (9)  |                              |                |
| <b>Total. (Column (b) must equal Form 990, Part X, col. (B) line 25)</b> | <b>0</b>                     |                |

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

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

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

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

|   |  |    |   |
|---|--|----|---|
| 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:                          |    |   |
| a | Donated services and use of facilities . . . . .   | 2a |   |
| b | Prior year adjustments . . . . .   | 2b |   |
| c | Other losses . . . . .   | 2c |   |
| d | Other (Describe in Part XIII.) . . . . .   | 2d |   |
| e | Add lines 2a through 2d . . . . .  | 2e | 0 |
| 3 | Subtract line 2e from line 1 . . . . .   | 3  | 0 |
| 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 |   |
| c | Add lines 4a and 4b . . . . .  | 4c | 0 |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) . . . . . | 5  | 0 |

**Part XIII Supplemental Information.**

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

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Part XIII **Supplemental Information (continued)**

**SCHEDULE G**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No 1545-0047

**2015**

Open to Public  
Inspection

Name of the organization

ORGANIZATION FOR INTERNATIONAL DEVELOPMENT, INC.

Employer identification number

13-3673284

► Attach to Form 990 or Form 990-EZ.

► Information about Schedule G (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**Part I Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17  
Form 990-EZ filers are not required to complete this part.

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

|   |  |
|---|--|
| a <input type="checkbox"/> Mail solicitations               | e <input type="checkbox"/> Solicitation of non-government grants |
| b <input type="checkbox"/> Internet and email solicitations | f <input type="checkbox"/> Solicitation of government grants     |
| c <input type="checkbox"/> Phone solicitations              | g <input checked="" type="checkbox"/> Special fundraising events |
| d <input type="checkbox"/> In-person solicitations          |  |

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

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

| (i) Name and address of individual or entity (fundraiser) | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? |    | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col (i) | (vi) Amount paid to (or retained by) organization |
|---|---------------|--|----|-----------------------------------|--|---|
| 1   |               | Yes  | No | 0                                 | 0  | 0   |
|   |               |  |    |                                   |  |   |
| 2   |               |  |    | 0                                 | 0  | 0   |
| 3   |               |  |    | 0                                 | 0  | 0   |
| 4   |               |  |    | 0                                 | 0  | 0   |
| 5   |               |  |    | 0                                 | 0  | 0   |
| 6   |               |  |    | 0                                 | 0  | 0   |
| 7   |               |  |    | 0                                 | 0  | 0   |
| 8   |               |  |    | 0                                 | 0  | 0   |
| 9   |               |  |    | 0                                 | 0  | 0   |
| 10  |               |  |    | 0                                 | 0  | 0   |
| <b>Total</b>  |               |  |    | 0                                 | 0  | 0   |

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

NEW YORK

**Part II**

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

|         |   | (a) Event #1<br>(event type) | (b) Event #2<br>(event type) | (c) Other events<br>(total number) | (d) Total events<br>(add col (a) through col (c)) |
|---------|---|------------------------------|------------------------------|------------------------------------|---|
|         |   |                              |                              |                                    |   |
| Revenue | 1 Gross receipts . . . . .  |                              |                              | 0                                  | 0   |
|         | 2 Less: Contributions . . . . .   |                              |                              | 0                                  | 0   |
|         | 3 Gross income (line 1 minus line 2) . . . . .                            |                              |                              | 0                                  | 0   |
|         | 4 Cash prizes . . . . .   |                              |                              | 0                                  | 0   |
|         | 5 Noncash prizes . . . . .  |                              |                              | 0                                  | 0   |
|         | 6 Rent/facility costs . . . . .   |                              |                              | 0                                  | 0   |
|         | 7 Food and beverages . . . . .  |                              |                              | 0                                  | 0   |
|         | 8 Entertainment . . . . .   |                              |                              | 0                                  | 0   |
|         | 9 Other direct expenses . . . . .   |                              |                              | 0                                  | 0   |
|         | 10 Direct expense summary. Add lines 4 through 9 in column (d) . . . . .  |                              |                              |                                    | ► ( 0 )   |
|         | 11 Net income summary. Subtract line 10 from line 3, column (d) . . . . . |                              |                              |                                    | ► 0   |

**Part III**

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

|         |  | (a) Bingo   | (b) Pull tabs/instant bingo/progressive bingo                       | (c) Other gaming  | (d) Total gaming (add col (a) through col (c)) |
|---------|--|---|---|---|--|
|         |  |   |   |   |  |
| Revenue | 1 Gross revenue . . . . .  |   |   |   | 0  |
|         | 2 Cash prizes . . . . .  |   |   |   | 0  |
|         | 3 Noncash prizes . . . . .   |   |   |   | 0  |
|         | 4 Rent/facility costs . . . . .  |   |   |   | 0  |
|         | 5 Other direct expenses . . . . .  |   |   |   | 0  |
|         | 6 Volunteer labor . . . . .  | <input type="checkbox"/> Yes . . . %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes . . . %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes . . . %<br><input type="checkbox"/> No |  |
|         | 7 Direct expense summary. Add lines 2 through 5 in column (d) . . . . .        |   |   |   | ► ( 0 )  |
|         | 8 Net gaming income summary. Subtract line 7 from line 1, column (d) . . . . . |   |   |   | ► 0  |

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

a Is the organization licensed to conduct gaming activities in each of these states? . . . . .  Yes  No  
 b If "No," explain: \_\_\_\_\_  
 \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? . . .  Yes  No  
 b If "Yes," explain: \_\_\_\_\_  
 \_\_\_\_\_

11 Does the organization conduct gaming activities with nonmembers?  Yes  No

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

13 Indicate the percentage of gaming activity conducted in:

|     |   |
|-----|---|
| 13a | % |
| 13b | % |

a The organization's facility . . . . .

b An outside facility . . . . .

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

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

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

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ \_\_\_\_\_ 0 and the amount of gaming revenue retained by the third party ► \$ \_\_\_\_\_ 0 .

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

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

16 Gaming manager information:

Name ► \_\_\_\_\_

Gaming manager compensation ► \$ \_\_\_\_\_ 0

Description of services provided ► \_\_\_\_\_

Director/officer  Employee  Independent contractor

17 Mandatory distributions:

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

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ \_\_\_\_\_ 0

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

► Complete if the organization answered "Yes" on Form 990, Part IV, question 20.

► Attach to Form 990.

► Information about Schedule H (Form 990) and its Instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

ORGANIZATION FOR INTERNATIONAL DEVELOPMENT, INC.

Employer Identification number

13-3673284

**Part I Financial Assistance and Certain Other Community Benefits at Cost**

1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a . . . . .  
**1a**  Yes  No  
**1b**

1b If "Yes," was it a written policy? . . . . .  
**1b**

2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year.  
 Applied uniformly to all hospital facilities  Applied uniformly to most hospital facilities  
 Generally tailored to individual hospital facilities

3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.

a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care:  
 100%  150%  200%  Other \_\_\_\_\_ %  
**3a**  Yes  No

b Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care:  
 200%  250%  300%  350%  400%  Other \_\_\_\_\_ %  
**3b**  Yes  No

c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.

4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"? . . . . .  
**4**  Yes  No

5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?  
**5a**  Yes  No

b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?  
**5b**  Yes  No

c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?  
**5c**  Yes  No

6a Did the organization prepare a community benefit report during the tax year?  
**6a**  Yes  No

b If "Yes," did the organization make it available to the public?  
**6b**  Yes  No

Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.

**7 Financial Assistance and Certain Other Community Benefits at Cost**

| Financial Assistance and Means-Tested Government Programs                                   | (a) Number of activities or programs (optional) | (b) Persons served (optional) | (c) Total community benefit expense | (d) Direct offsetting revenue | (e) Net community benefit expense | (f) Percent of total expense |
|---|---|-------------------------------|-------------------------------------|-------------------------------|-----------------------------------|------------------------------|
| a Financial Assistance at cost (from Worksheet 1)   |   |                               | 0                                   | 0                             | 0                                 | 0.00%                        |
| b Medicaid (from Worksheet 3, column a)   |   |                               | 0                                   | 0                             | 0                                 | 0.00%                        |
| c Costs of other means-tested government programs (from Worksheet 3, column b)              |   |                               | 0                                   | 0                             | 0                                 | 0.00%                        |
| d Total Financial Assistance and Means-Tested Government Programs                           | 0   | 0                             | 0                                   | 0                             | 0                                 | 0.00%                        |
| <b>Other Benefits</b>   |   |                               |                                     |                               |                                   |                              |
| e Community health improvement services and community benefit operations (from Worksheet 4) |   |                               | 0                                   | 0                             | 0                                 | 0.00%                        |
| f Health professions education (from Worksheet 5)   |   |                               | 0                                   | 0                             | 0                                 | 0.00%                        |
| g Subsidized health services (from Worksheet 6)   |   |                               | 0                                   | 0                             | 0                                 | 0.00%                        |
| h Research (from Worksheet 7)   |   |                               | 0                                   | 0                             | 0                                 | 0.00%                        |
| i Cash and in-kind contributions for community benefit (from Worksheet 8)                   |   |                               | 0                                   | 0                             | 0                                 | 0.00%                        |
| j Total. Other Benefits   | 0   | 0                             | 0                                   | 0                             | 0                                 | 0.00%                        |
| k Total. Add lines 7d and 7j  | 0   | 0                             | 0                                   | 0                             | 0                                 | 0.00%                        |

**Part II Community Building Activities** Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

|   | (a) Number of activities or programs (optional) | (b) Persons served (optional) | (c) Total community building expense | (d) Direct offsetting revenue | (e) Net community building expense | (f) Percent of total expense |
|---|---|-------------------------------|--------------------------------------|-------------------------------|------------------------------------|------------------------------|
| 1 Physical improvements and housing                         |   |                               |                                      |                               | 0                                  | 0.00%                        |
| 2 Economic development                                      |   |                               |                                      |                               | 0                                  | 0.00%                        |
| 3 Community support   |   |                               |                                      |                               | 0                                  | 0.00%                        |
| 4 Environmental improvements                                |   |                               |                                      |                               | 0                                  | 0.00%                        |
| 5 Leadership development and training for community members |   |                               |                                      |                               | 0                                  | 0.00%                        |
| 6 Coalition building  |   |                               |                                      |                               | 0                                  | 0.00%                        |
| 7 Community health improvement advocacy                     |   |                               |                                      |                               | 0                                  | 0.00%                        |
| 8 Workforce development                                     |   |                               |                                      |                               | 0                                  | 0.00%                        |
| 9 Other   |   |                               |                                      |                               | 0                                  | 0.00%                        |
| 10 Total  | 0   | 0                             | 0                                    | 0                             | 0                                  | 0.00%                        |

**Part III Bad Debt, Medicare, & Collection Practices**

**Section A. Bad Debt Expense**

1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15? **1** **X**

2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount. **2**

3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit. **3**

4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.

**Section B. Medicare**

5 Enter total revenue received from Medicare (including DSH and IME). **5**

6 Enter Medicare allowable costs of care relating to payments on line 5. **6** **0**

7 Subtract line 6 from line 5. This is the surplus (or shortfall). **7** **0**

8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used:

Cost accounting system  Cost to charge ratio  Other

**Section C. Collection Practices**

9a Did the organization have a written debt collection policy during the tax year? **9a** **X**

b If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI. **9b**

**Part IV Management Companies and Joint Ventures** (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

| (a) Name of entity | (b) Description of primary activity of entity | (c) Organization's profit % or stock ownership % | (d) Officers, directors, trustees, or key employees' profit % or stock ownership % | (e) Physicians' profit % or stock ownership % |
|--------------------|---|--|--|---|
| 1                  |   |  |  |   |
| 2                  |   |  |  |   |
| 3                  |   |  |  |   |
| 4                  |   |  |  |   |
| 5                  |   |  |  |   |
| 6                  |   |  |  |   |
| 7                  |   |  |  |   |
| 8                  |   |  |  |   |
| 9                  |   |  |  |   |
| 10                 |   |  |  |   |
| 11                 |   |  |  |   |
| 12                 |   |  |  |   |
| 13                 |   |  |  |   |

**Part V Facility Information****Section A. Hospital Facilities**

(list in order of size, from largest to smallest—see instructions)

How many hospital facilities did the organization operate during the tax year? 0

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

| 1  | Licensed hospital | Other (describe) | Facility reporting group |             |                   |                          |
|----|-------------------|------------------|--------------------------|-------------|-------------------|--------------------------|
|    |                   |                  | ER-other                 | ER-24 hours | Research facility | Critical access hospital |
| 2  |                   |                  |                          |             |                   |                          |
| 3  |                   |                  |                          |             |                   |                          |
| 4  |                   |                  |                          |             |                   |                          |
| 5  |                   |                  |                          |             |                   |                          |
| 6  |                   |                  |                          |             |                   |                          |
| 7  |                   |                  |                          |             |                   |                          |
| 8  |                   |                  |                          |             |                   |                          |
| 9  |                   |                  |                          |             |                   |                          |
| 10 |                   |                  |                          |             |                   |                          |

**Part V Facility Information (continued)****Section B. Facility Policies and Practices**

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_**Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):** \_\_\_\_\_**Community Health Needs Assessment**

1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year? **1** \_\_\_\_\_

2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C **2** \_\_\_\_\_

3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 **3** \_\_\_\_\_

If "Yes," indicate what the CHNA report describes (check all that apply).

a  A definition of the community served by the hospital facility

b  Demographics of the community

c  Existing health care facilities and resources within the community that are available to respond to the health needs of the community

d  How data was obtained

e  The significant health needs of the community

f  Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups

g  The process for identifying and prioritizing community health needs and services to meet the community health needs

h  The process for consulting with persons representing the community's interests

i  Information gaps that limit the hospital facility's ability to assess the community's health needs

j  Other (describe in Section C)

4 Indicate the tax year the hospital facility last conducted a CHNA **20** \_\_\_\_\_

5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted. **5** \_\_\_\_\_

6 a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C **6a** \_\_\_\_\_

b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C **6b** \_\_\_\_\_

7 Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply): **7** \_\_\_\_\_

a  Hospital facility's website (list url): \_\_\_\_\_

b  Other website (list url): \_\_\_\_\_

c  Made a paper copy available for public inspection without charge at the hospital facility

d  Other (describe in Section C)

8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11 **8** \_\_\_\_\_

9 Indicate the tax year the hospital facility last adopted an implementation strategy **20** \_\_\_\_\_

10 Is the hospital facility's most recently adopted implementation strategy posted on a website? **10** \_\_\_\_\_

a If "Yes," (list url): \_\_\_\_\_

b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? **10b** \_\_\_\_\_

11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed

12 a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? **12a** \_\_\_\_\_

b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax? **12b** \_\_\_\_\_

c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? **\$** \_\_\_\_\_

**Part V Facility Information (continued)****Financial Assistance Policy (FAP)****Name of hospital facility or letter of facility reporting group**

|   | Yes | No |
|---|-----|----|
| 13 Did the hospital facility have in place during the tax year a written financial assistance policy that:<br>Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?<br>If "Yes," indicate the eligibility criteria explained in the FAP: | 13  |    |
| a <input type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>0.00 %</u> and FPG family income limit for eligibility for discounted care of <u>0.00 %</u>   |     |    |
| b <input type="checkbox"/> Income level other than FPG (describe in Section C)  |     |    |
| c <input type="checkbox"/> Asset level  |     |    |
| d <input type="checkbox"/> Medical indigency  |     |    |
| e <input type="checkbox"/> Insurance status   |     |    |
| f <input type="checkbox"/> Underinsurance status  |     |    |
| g <input type="checkbox"/> Residency  |     |    |
| h <input type="checkbox"/> Other (describe in Section C)  |     |    |
| 14 Explained the basis for calculating amounts charged to patients?   | 14  |    |
| 15 Explained the method for applying for financial assistance?<br>If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):                                     | 15  |    |
| a <input type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application   |     |    |
| b <input type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application   |     |    |
| c <input type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process   |     |    |
| d <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications   |     |    |
| e <input type="checkbox"/> Other (describe in Section C)  |     |    |
| 16 Included measures to publicize the policy within the community served by the hospital facility?<br>If "Yes," indicate how the hospital facility publicized the policy (check all that apply):  | 16  |    |
| a <input type="checkbox"/> The FAP was widely available on a website (list url): _____  |     |    |
| b <input type="checkbox"/> The FAP application form was widely available on a website (list url): _____   |     |    |
| c <input type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): _____  |     |    |
| d <input type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)   |     |    |
| e <input type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)  |     |    |
| f <input type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)   |     |    |
| g <input type="checkbox"/> Notice of availability of the FAP was conspicuously displayed throughout the hospital facility   |     |    |
| h <input type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP  |     |    |
| i <input type="checkbox"/> Other (describe in Section C)  |     |    |

**Billing and Collections**

|   |    |  |
|---|----|--|
| 17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment? | 17 |  |
| 18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:                       |    |  |
| a <input type="checkbox"/> Reporting to credit agency(ies)  |    |  |
| b <input type="checkbox"/> Selling an individual's debt to another party  |    |  |
| c <input type="checkbox"/> Actions that require a legal or judicial process   |    |  |
| d <input type="checkbox"/> Other similar actions (describe in Section C)  |    |  |
| e <input type="checkbox"/> None of these actions or other similar actions were permitted  |    |  |

## Part V Facility Information (continued)

## Name of hospital facility or letter of facility reporting group \_\_\_\_\_

|  | Yes | No |
|--|-----|----|
| 19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? . . . . .<br>If "Yes," check all actions in which the hospital facility or a third party engaged: | 19  |    |
| a <input type="checkbox"/> Reporting to credit agency(ies)   |     |    |
| b <input type="checkbox"/> Selling an individual's debt to another party   |     |    |
| c <input type="checkbox"/> Actions that require a legal or judicial process  |     |    |
| d <input type="checkbox"/> Other similar actions (describe in Section C)   |     |    |
| 20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):   |     |    |
| a <input type="checkbox"/> Notified individuals of the financial assistance policy on admission  |     |    |
| b <input type="checkbox"/> Notified individuals of the financial assistance policy prior to discharge  |     |    |
| c <input type="checkbox"/> Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills   |     |    |
| d <input type="checkbox"/> Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy  |     |    |
| e <input type="checkbox"/> Other (describe in Section C)   |     |    |
| f <input type="checkbox"/> None of these efforts were made   |     |    |

## Policy Relating to Emergency Medical Care

|  |    |  |  |
|--|----|--|--|
| 21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? . . . . .<br>If "No," indicate why: | 21 |  |  |
| a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions   |    |  |  |
| b <input type="checkbox"/> The hospital facility's policy was not in writing   |    |  |  |
| c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)   |    |  |  |
| d <input type="checkbox"/> Other (describe in Section C)   |    |  |  |

## Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)

|  |    |  |  |
|--|----|--|--|
| 22 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care:  |    |  |  |
| a <input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged   |    |  |  |
| b <input type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged   |    |  |  |
| c <input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged  |    |  |  |
| d <input type="checkbox"/> Other (describe in Section C)   |    |  |  |
| 23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? . . . . .<br>If "Yes," explain in Section C. | 23 |  |  |
| 24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?<br>If "Yes," explain in Section C.   | 24 |  |  |

**Part V Facility Information (continued)**

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

**Part V Facility Information (continued)****Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**  
(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? 0

| Name and address | Type of Facility (describe) |
|------------------|-----------------------------|
| 1                |                             |
| 2                |                             |
| 3                |                             |
| 4                |                             |
| 5                |                             |
| 6                |                             |
| 7                |                             |
| 8                |                             |
| 9                |                             |
| 10               |                             |

**Part VI Supplemental Information**

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

**SCHEDULE L**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Transactions With Interested Persons**

OMB No 1545-0047

**2015**

Open To Public  
Inspection

Name of the organization

ORGANIZATION FOR INTERNATIONAL DEVELOPMENT, INC.

Employer identification number

13-3673284

**Part I Excess Benefit Transactions** (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only).

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

| 1   | (a) Name of disqualified person | (b) Relationship between disqualified person and organization | (c) Description of transaction |    | (d) Corrected? |  |
|-----|---------------------------------|---|--------------------------------|----|----------------|--|
|     |                                 |   | Yes                            | No |                |  |
| (1) |                                 |   |                                |    |                |  |
| (2) |                                 |   |                                |    |                |  |
| (3) |                                 |   |                                |    |                |  |
| (4) |                                 |   |                                |    |                |  |
| (5) |                                 |   |                                |    |                |  |
| (6) |                                 |   |                                |    |                |  |

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 . . . . . ► \$ \_\_\_\_\_

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ► \$ \_\_\_\_\_

**Part II Loans to and/or From Interested Persons.**

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

| (a) Name of interested person | (b) Relationship with organization | (c) Purpose of loan | (d) Loan to or from the organization? | (e) Original principal amount | (f) Balance due | (g) In default? | (h) Approved by board or committee? |      | (i) Written agreement? |    |
|-------------------------------|------------------------------------|---------------------|---------------------------------------|-------------------------------|-----------------|-----------------|-------------------------------------|------|------------------------|----|
|                               |                                    |                     |                                       |                               |                 |                 | To                                  | From | Yes                    | No |
| (1)                           |                                    |                     |                                       |                               |                 |                 |                                     |      |                        |    |
| (2)                           |                                    |                     |                                       |                               |                 |                 |                                     |      |                        |    |
| (3)                           |                                    |                     |                                       |                               |                 |                 |                                     |      |                        |    |
| (4)                           |                                    |                     |                                       |                               |                 |                 |                                     |      |                        |    |
| (5)                           |                                    |                     |                                       |                               |                 |                 |                                     |      |                        |    |
| (6)                           |                                    |                     |                                       |                               |                 |                 |                                     |      |                        |    |
| (7)                           |                                    |                     |                                       |                               |                 |                 |                                     |      |                        |    |
| (8)                           |                                    |                     |                                       |                               |                 |                 |                                     |      |                        |    |
| (9)                           |                                    |                     |                                       |                               |                 |                 |                                     |      |                        |    |
| (10)                          |                                    |                     |                                       |                               |                 |                 |                                     |      |                        |    |
| <b>Total</b>                  |                                    |                     |                                       |                               |                 |                 | ► \$                                | 0    |                        |    |

**Part III Grants or Assistance Benefiting Interested Persons.**

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

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of assistance | (d) Type of assistance | (e) Purpose of assistance |
|-------------------------------|---|--------------------------|------------------------|---------------------------|
| (1)                           |   |                          |                        |                           |
| (2)                           |   |                          |                        |                           |
| (3)                           |   |                          |                        |                           |
| (4)                           |   |                          |                        |                           |
| (5)                           |   |                          |                        |                           |
| (6)                           |   |                          |                        |                           |
| (7)                           |   |                          |                        |                           |
| (8)                           |   |                          |                        |                           |
| (9)                           |   |                          |                        |                           |
| (10)                          |   |                          |                        |                           |

**Part IV****Business Transactions Involving Interested Persons.**

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

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | (e) Sharing of organization's revenues? |    |
|-------------------------------|---|---------------------------|--------------------------------|---|----|
|                               |   |                           |                                | Yes                                     | No |
| (1)                           |   |                           |                                |   |    |
| (2)                           |   |                           |                                |   |    |
| (3)                           |   |                           |                                |   |    |
| (4)                           |   |                           |                                |   |    |
| (5)                           |   |                           |                                |   |    |
| (6)                           |   |                           |                                |   |    |
| (7)                           |   |                           |                                |   |    |
| (8)                           |   |                           |                                |   |    |
| (9)                           |   |                           |                                |   |    |
| (10)                          |   |                           |                                |   |    |

**Part V****Supplemental Information**

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