Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Tra

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.

	P Do not cite 300ial 300ality hambers on this form as it may be made public
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vice 1	Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public

A		2017 cale	ndar year, or tax year beginning January 1 , 2017, and end	ing Dece	mber 31	, 20 17
_			C Name of organization Integrated Community Development International	ing Dooc		er identification number
B		f applicable.	Doing business as Water For Good		Employ	32 0112278
		change			 	
님	Name c	•	Number and street (or P O box if mail is not delivered to street address)	suite	E Telephor	
\vdash	Initial re	turn	795W 400N		 	574-306-2810
\sqcup	Final retu	ım/terminated	City or town, state or province, country, and ZIP or foreign postal code			
\sqcup		ed return	Warsaw, IN 46582		G Gross re	eceipts \$
Ш	Applicat	tion pending	F Name and address of principal officer	H(a) Is this a	group return for	subordinates? 🔲 Yes 💆 No
			Richard Klopp PO Box 643 Zionsville, IN 46077			s included? Ves No
<u>1</u>	Tax-exe	mpt status	2 501(c)(3)	<u>/</u> ク」 ば"	No," attach a	list (see instructions)
<u>J_</u>	Website	e: ► ww	w waterforgood org	H(c) Grou	p exemption	number >
K			Corporation ☐ Trust ☐ Association ☐ Other ► ☐ L Year of form	ation. 2004	M State	of legal domicile. IN
P	art I	Summ				
	1		escribe the organization's mission or most significant activities: The			
ခွ	ĺ		Central Africa through collaborative effort at the community level by equipping			
Governance	}	sustainab	le transformational solutions ICDI attacks poverty through training and equipp	ing local staff	o provide o	lear water
Je I	2	Check th	is box $ ightharpoonup \square$ if the organization discontinued its operations or disposed	of more tha	n 25% of	its net assets.
é	3	Number	of voting members of the governing body (Part VI, line 1a)		. 3	12
9	4	Number	of independent voting members of the governing body (Part VI, line 1b	o) <i>.</i>	. 4	12
ties	5	Total nur	nber of individuals employed in calendar year 2017 (Part V, line 2a)		. 5	10
Activities &	6	Total nur	nber of volunteers (estimate if necessary)		. 6	8
Ac	7a	Total unr	elated business revenue from Part VIII, column (C), line 12		. 7a	
	Ь	Net unre	ated business taxable income from Form 990-T, line 34		. 7b	
			tions and grants (Part VIII, line 1h). RECEIVED	Prior \	/ear	Current Year
Revenue	8	Contribu	1,729,008	3,792,853		
	9	Program	service revenue (Part VIII, line 2g)	14,917	56,826	
eve	10	Investme	nt income (Part VIII, column (A), lin会 3, 4 and 7d) [企]		2,598	99,801
Œ	11		renue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c; and 14e).		36,893	41,335
	12		enue—add lines 8 through 11 (must equal Pars VI) Ecolumn (A), tine 12)		1,783,416	3,990,815
	13		nd similar amounts paid (Part IX, column (A), lines 1-3)			
	14		paid to or for members (Part IX, column (A), line 4)			
G	15		other compensation, employee benefits (Part IX, column (A), lines 5-10)		693,336	812,176
Expenses	16a		onal fundraising fees (Part IX, column (A), line 11e)			
be 1	b		draising expenses (Part IX, column (D), line 25) ► 434,812]
УЩ	17		penses (Part IX, column (A), lines 11a-11d, 11f-24e)	ļ	1,137,846	1,269,348
0	18		penses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,831,182	2,081,524
2	19	-	less expenses. Subtract line 18 from line 12		-47,766	1,909,291
356	+			Beginning of C	urrent Year	End of Year
Sets or	20	Total ass	ets (Part X, line 16)		1,231,354	2,665,410
Pag &	04		olities (Part X, line 26)		528,669	79,181
Net 7	22		ts or fund balances. Subtract line 21 from line 20		702,685	2,586,229
P	art II		ture Block	·		L
Ur	der pena	 _	ry, I declare that Lhave examined this return, including accompanying schedules and sta	tements, and to	the best of i	my knowledge and belief, it is
			lete. Declaration of preparer (other than officer) is based on all information of which prepared			
			W/ 14/2		Mary	11. 4218
Sig	gn	Sign	ature of officer		ate	·
He		1	Curtis DeRoos - Controller			
		Туре	e or print name and title			
		Print/Ty	pe preparer's name Preparer's signature	Date	Charat	PTIN
Pa					Check self-em	_
	epare				m's EIN ▶	. · .
US	se On	עי עי ——	address >		none no	
Ma	v the I		s this return with the preparer shown above? (see instructions)			Yes No
				No 11282Y		Form 990 (2017)

Part	
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: The vision of ICDL is to reduce the trend of persentent povertive Control Africa through cellaborative affect at the community level.
	The vision of ICDI is to reduce the trend of persistent poverty in Central Africa through collaborative effort at the community level by equipping and empowering people to create sustainable transformational solutions
	by equipping and empowering people to create sustainable transformational solutions
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,
	the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 984,855 including grants of \$) (Revenue \$ 47,042)
	WASH (clean water, sanitation, hygiene) ICDI's central African assets, infrastructure and strategic planning uniquely establish it as a
	key implementer of deep well water drilling in the Central African Republic (CAR) Two fully operational "down-
	hammer drilling" rigs, all the necessary supporting equipment and staff, together with a sophisticated suppport services infrastructure
	ICDI is well placed to address the WASH needs that exist in central Africa, especially in the CAR
	In cale indar year 2017, ICDI drilled 10 new deep water wells and repaired 14 water wells and pump pads. It support MAD in construction of
	21 new wells in 2017 7 latrine facilities were also constructed at well sites
4b	(Code:) (Expenses \$ 317,269 including grants of \$) (Revenue \$ 9,352)
	Pump Maintenance The goal is to visit each pump in the program at least three times during the year and perform regular maintenance
	to ensure a constant uptime 1,123 pumps were reached during 1,949 visits in 2016 162 pumps were returned to a functional state
	during 31 maintenance trips to the rural communities of Central Africa
40	(Code:) (Expenses \$ 88,976 including grants of \$) (Revenue \$ 423)
4c	(Code:) (Expenses \$ 88.976 including grants of \$) (Revenue \$ 423) Radio: ICDI broadcasts on a shortwave frequence which is heard over the western part of the country
	Programing is focused on reinforcing the hygiene mseeage, general community advancement, and interviews
	1 Togramming is tocased on remindering the rhydrene misecage, general community advancement, and interviews
	Other management of the state o
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ 17,675 including grants of \$) (Revenue \$)

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

Form 99	0 (2017)	_		Page 4
Part	Checklist of Required Schedules (continued)			
00	Did the experimetion and the contract of the c		Yes	No
20 a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H </i>	20a 20b	 -	1
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		~
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J			7
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	23 24a		
b c	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		~
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		~
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26	•	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		4
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		3574	, (c)
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		1
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	,	·
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,		ļ	1
32	Part I	31	-	1
33	complete Schedule N, Part II	32	-	*
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	-	V
35a	or IV, and Part V, line 1	34 35a		1
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		1
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	27		1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note . All Form 990 filers are required to complete Schedule O.	37		

Part				
	Check if Schedule O contains a response or note to any line in this Part V	• •	Yes	 No
4.	Established and barrandold in Day 0 of Farm 1000 Fator 0 if a to a disable		Tes	NO
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
C	reportable gaming (gambling) winnings to prize winners?	1c	1	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	IC	~	
Lu	Statements, filed for the calendar year ending with or within the year covered by this return 2a 10			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		
U	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)	20	•	_
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a	✓	
b	If "Yes," enter the name of the foreign country: Central African Republic, Dem Republic of Congo, Cameroon			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7_	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		<u> </u>	
•-	and services provided to the payor?	7a	1	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	✓	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		_ر
d	If "Yes," indicate the number of Forms 8282 filed during the year	76		4
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		1
f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		V
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		1
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		1
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			•
	sponsoring organization have excess business holdings at any time during the year?	8		1
9	Sponsoring organizations maintaining donor advised funds.			-
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		4
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		1
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b		!	}
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders			1
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	40		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
L	Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which			
þ				
_	the organization is licensed to issue qualified health plans			
C 140	Did the organization receive any payments for indoor tanning services during the tax year?	140		-
14a	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14a 14b		1
<u>b</u>	in res, has it lied a rotti report these payments: If two, provide an explanation in Schedule O.	עדו		

Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or change	s in Schedule O. S	ee ins	tructi	ons.
Sacti	Check if Schedule O contains a response or note to any line in this Part VI on A. Governing Body and Management		<u></u>	<u></u>	
Secu	on A. Governing Body and Management			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	1a 12			
ь 2	Enter the number of voting members included in line 1a, above, who are independent. Did any officer, director, trustee, or key employee have a family relationship or a business any other officer, director, trustee, or key employee?	•	2	,	•
3	Did the organization delegate control over management duties customarily performed by or supervision of officers, directors, or trustees, or key employees to a management company or other		3		1
4 5 6 7a	Did the organization make any significant changes to its governing documents since the prior Form 9 Did the organization become aware during the year of a significant diversion of the organization Did the organization have members or stockholders?	on's assets?	4 5 6	4	V V
b	Are any governance decisions of the organization reserved to (or subject to approva stockholders, or persons other than the governing body?		7b	1	
8	Did the organization contemporaneously document the meetings held or written actions un the year by the following:	ndertaken during	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ja ,	
a b 9	The governing body?	ot be reached at	8a 8b	1	
Secti	on B. Policies (This Section B requests information about policies not required by the			ode.)	
		3		Yes	No
10a b	Did the organization have local chapters, branches, or affiliates?		10a 10b		1
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body befo		11a	1	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	_		-	
12a b	Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give		12a 12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the describe in Schedule O how this was done	policy? If "Yes,"	12c	1	
13 14 15	Did the organization have a written whistleblower policy?	and approval by	13 14	1	
a b	The organization's CEO, Executive Director, or top management official		15a 15b	1	
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or sim with a taxable entity during the year?	ilar arrangement	16a		
b	If "Yes," did the organization follow a written policy or procedure requiring the organizatio participation in joint venture arrangements under applicable federal tax law, and take steps organization's exempt status with respect to such arrangements?	to safeguard the	16b	,	
	on C. Disclosure				
17 18	List the states with which a copy of this Form 990 is required to be filed IN, OR, MA, OH, Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, a available for public inspection. Indicate how you made these available. Check all that apply.	and 990-T (Section	501	(c)(3)s	only)
19	Own website Another's website Upon request Other (explain in Science) Describe in Schedule O whether (and if so, how) the organization made its governing docume financial statements available to the public during the tax year.		erest	policy	, and
20	State the name, address, and telephone number of the person who possesses the organizati	on's books and re	cords	:▶	

		•	
-orm	990	(2017)	

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

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

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

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

Check this box if neither the organization in	or any relate	d org	<u>aniz</u>		_	ompe	nsa	ted any curren	t officer, director	, or trustee.
					C)			{	}	
(A)	(B)	/do n	ant of		ition	e than d	000	(D)	(E)	(F)
Name and Title	Average					ıs both		Reportable	Reportable	Estimated
	hours per week (list any	office	er and	_	_	or/trus	tee)	compensation from	compensation from related	amount of other
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Dan Stanek	-					-				
(1) Dan Stanek Board member		1						}		
(2) Jay Parks		_ <u> </u>	<u> </u>	 	-	 	一			
Board Treasurer		•		{		Į.		ļ		
(3) Todd Colpron		- <u>`</u> -		<u> </u>	 		\vdash	ļ ————		
Board member		1								
(4) Dru Dodson		<u> </u>		┢		\vdash	\vdash			
Board member		1		ĺ]	1]	
(5) Melinda Woda					1					
Board member		1		<u>L</u>	L	<u> </u>				
(6) Emily Kennerk			ł	_		_				
Board member		1				<u> </u>		<u> </u>		
(7) Rick Severance			}	}		1	{		{	
Board member		1	<u> </u>	<u> </u>	_	ļ	_			
(8) Doug Brennan		ļ		ĺ	ļ				,	
Board president		1	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	ļ		
(9) Luke Wright							ĺ	Ī		
Board member		/	<u> </u>	<u> </u>	<u> </u>	ļ	<u> </u>		LI	
(10) Ed Miller	}				1	1			}	
Board member		-	}	}_	├	<u> </u>	├	ļ	<u> </u>	
(11) Valerie Mowery					}	}	1	1	1	
Board member		~	┼	├-	-	 	┼_	 	 	
(12) Jim Anthony Board member					}	}	1		!	
		~	+	+-	┼	┼	+-	ļ	 	
(13) Richard Klopp CEO		{		ما				90,000		
		 	┼─	~	+	├	+	90,000		
(14) Jon Allen		1		مرا				71,750		
		<u>l_</u> _	<u>l</u>	V		<u></u>		11,750	<u> </u>	

Part	VII Section A. Officers, Directors, Trust	ees, Key E	mploy	ees			lighes	st C	ompensated E	mployees (conti	nued)	,	
	(A) Name and title	(B) Average hours per week (list any	box,	unles	s pe d a d	ition more	than out the state of the state	an tee)	(D) Reportable compensation from	(E) Reportable compensation from related	on from amount of d other compensation		
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)			on ed
(15) Found	Jim Hocking er					~			60,000				
(16)													
(17)							_						
(18)													
(19)													
(20)											_		
(21)													
(22)													
(23)									-				
(24)													
(25)													
1b c	Sub-total	VII, Sectio						>	221,750				
2	Total number of individuals (including but reportable compensation from the organic	not limited						e) w	<u> </u>	<u> </u>	00 of		
3	Did the organization list any former of	ficer, direc						emp	oloyee, or high	est compensat	<u> </u>	Ye	
4	employee on line 1a? If "Yes," complete a For any individual listed on line 1a, is the organization and related organizations	sum of re	portal	ble (con	nper	nsatio				he 🗀	3	•
_	individual								<i></i>			4	1
	Did any person listed on line 1a receive of for services rendered to the organization									eation or individ		5	1
Section 1	on B. Independent Contractors Complete this table for your five highest compensation from the organization. Repyear.												tax
	(A) Name and business add	lress							(B) Description of s	ervices		(C) ensation	
					_				-				
	Takal mumban of independent of the					1! ••							
2	Total number of independent contractor) tr	iose listed ab	ove) wno			

Part	VIII	Statement of Reve	enue		-			rage o
		Check if Schedule C		ponse or note to	any line in this l	Part VIII		
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512-514
nts	1a	Federated campaigns	s 1a				•	
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues .	1b					
S, C	С	Fundraising events .	1c					
E E	d	Related organizations						
S, ill	е	Government grants (con		161,802				
tio 's	f	All other contributions, g						
혈美		and similar amounts not inc	cluded above 1f	3,618,301				
E D	g	Noncash contributions include		12,750				
	h	Total. Add lines 1a-1	<u>f</u>		3,792,853			
Program Service Revenue				Business Code				
Ş.	2a	Pump Maintenance and	l repair	221310	9,352	9,352		
ě.	b	Radio broadcast		515112	432	432		-
Š	С	New well drilling		221310	47,042	47,042		
Ser	d							
E a	е							
- Bo	f	All other program ser						
<u>~</u>	<u>g</u>	Total. Add lines 2a-2	<u>f</u>	<u> ▶</u>	56,826			
	3	Investment income						
		and other similar amo	•	L	1,386	1,386		
	4	Income from investmen	•	'				
	5	Royalties	(ı) Real	>		-		
	•	0		(ii) Personal		i		
	6a	Gross rents	21,092 16,992					
	b	Less: rental expenses						
	C	Rental income or (loss)	4,100		4.100	4 100		
	d 7a	Net rental income or or Gross amount from sales of	(IOSS)	>	4,100	4,100		
	/a	assets other than inventory	2,223,535	(ii) Other				
	b	Less: cost or other basis	2,223,333					
	U	and sales expenses .	2,125,120					
	С	Gain or (loss)	98,415					
	d	Net gain or (loss) .	00,110	<u></u> ▶	98,415	98.415		-
	•	Het gain or (1033) .			30,110	30,110		
Other Revenue	8a	Gross income from fu events (not including \$						
er Re		of contributions reported See Part IV, line 18 .		39,910				
₹		Less: direct expenses						ļ
		Net income or (loss) f		events . >	28,858			ļ
	9a	Gross income from ga						
		See Part IV, line 19 .		-				
		Less: direct expenses						
	C	Net income or (loss) f		vities ▶				
	10a	Gross sales of in returns and allowance						
	b	Less: cost of goods s						<u> </u>
	C						<u></u>	<u> </u>
		Miscellaneous P	Revenue	Business Code				ļ .
	11a			900099	1,079	1,079		
	b	Used electronics		900099	1,845	1,845	700.	
	С							<u> </u>
	d	All other revenue .		900099	5,453	5,453		<u> </u>
	е	Total. Add lines 11a-		,	8,377			
	12	Total revenue. See in	nstructions	▶	3,990,815	132,759		

Form 990 (2017)

Part IX Statement of Functional Expenses

	Check if Schedule O contains a respons			· · · · · · ·	<u> U</u>
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	17,675	17,675		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	221,750	71,750	90,000	60,000
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	422,760	227,086	25,998	169,676
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	24,589	6,826	7,332	10,431
9	Other employee benefits	85,403	28,116	13,744	43,543
10	Payroll taxes	57,674	35,881	3,814	17,979
11	Fees for services (non-employees):				
а	Management	41,269	24,410		16,859
b	Legal	20	20		*
C	Accounting	37,219		37,219	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	348		348	
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	40.440	10.050	70	4 700
40	- · · · <u>-</u> · · · <u>-</u>	18,116 32,131	16,250	76	1,790
12 13	Advertising and promotion	133,800	111,543	21,090	32,091 1,167
14	Office expenses	72,955	43,683	5,302	23,970
15	Royalties	72,000	40,000	3,002	20,070
16	Occupancy	22,526	11,078	11,328	120
17	Travel	200,310	133,571	16,800	49,939
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .	14,729	5,304	3,181	6,244
20	Interest	19,268	18,480	788	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .	216,297	215,488	809	
23	Insurance	17,104	9,961	7,143	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
_	Water Well Drilling supplies	271,493	271,493		
a b	Water Pump repair supplies	108,872	108,872		
C		100,072	100,072		
d					
e	All other expenses	45,216	51,248	-7,035	1,003
25	Total functional expenses. Add lines 1 through 24e	2,081,524	1,408,775	237,937	434,812
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)				

Form 990 (2017)

Part X Balance Sheet

		Check if Schedule O contains a response or	note	to any line in this Par	t X		
					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			212,210	1	1,607,124
	2	Savings and temporary cash investments		2			
	3	Pledges and grants receivable, net				3	
Ø	4	Accounts receivable, net			9,928	4	10,573
	5	Loans and other receivables from current and					
		trustees, key employees, and highest co					
						5	8,300
	6	Loans and other receivables from other disqualified pers 4958(f)(1)), persons described in section 4958(c)(3)(B), ar sponsoring organizations of section 501(c)(9) volunorganizations (see instructions). Complete Part II of Sche	nd contr itary ei	ibuting employers and mployees' beneficiary		6	
Assets	7	Notes and loans receivable, net			112,500	7	79,407
As	8	Inventories for sale or use			22,602	8	173,197
	9	Prepaid expenses and deferred charges		[9	117,473
	10a	Land, buildings, and equipment: cost or					
		other basis. Complete Part VI of Schedule D	10a	1,778,555			
	b	Less: accumulated depreciation	10b	1,154,578	838,015	10c	623,977
	11	Investments—publicly traded securities		[11	
	12	Investments—other securities. See Part IV, line		<u>-</u>	27,443	12	38,500
	13	Investments-program-related. See Part IV, line		F		13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			8,656	 -	6,859
	16	Total assets. Add lines 1 through 15 (must equa			1,231,354	16	2,665,410
	17	Accounts payable and accrued expenses			19,596	-	33,939
	18	Grants payable			·	18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete		F		21	
Liabilities	22	Loans and other payables to current and for					
Ħ		trustees, key employees, highest compen disqualified persons. Complete Part II of Schedu				-	
jak	00			F		22	
_	23 24	Secured mortgages and notes payable to unrela		· -	408,424	23 24	900
i		Unsecured notes and loans payable to unrelated Other liabilities (including federal income tax,			400,424	24	
	25	parties, and other liabilities not included on lines					
		of Schedule D			100,649	25	44,343
	26	Total liabilities. Add lines 17 through 25		<u>\</u>	528 669	26	79,182
		Organizations that follow SFAS 117 (ASC 958), che	ck here ▶ 🗸 and			
es		complete lines 27 through 29, and lines 33 and		<u> </u>			
2	27	Unrestricted net assets			526,346	27	2,464,907
ä	28	Temporarily restricted net assets			176,339		121,321
P	29	Permanently restricted net assets			·	29	
or Fund Balances		Organizations that do not follow SFAS 117 (ASC 9			· · · · · · · · · · · · · · · · · · ·		
Ĕ		complete lines 30 through 34.	••	_			
ş	30	Capital stock or trust principal, or current funds				30	 J
Net Assets	31	Paid-in or capital surplus, or land, building, or ed				31	-
As	32	Retained earnings, endowment, accumulated in				32	
é	33	Total net assets or fund balances			702,685	33	2,586,228
_	34	Total liabilities and net assets/fund balances			1,231,354	34	2,665,410

Form 9	90 (2017)			Pe	age 12
Par	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				. 🗹
1	Total revenue (must equal Part VIII, column (A), line 12)	1		3,990	0,815
2	Total expenses (must equal Part IX, column (A), line 25)	2		2,08	1,524
3	Revenue less expenses. Subtract line 2 from line 1	3		1,909	9,291
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	_	702	2,685
5	Net unrealized gains (losses) on investments	5		-;	3,164
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8		-28	8,912
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		2,586	6,228
Part	Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII	<u></u>			
1	Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," expected to the control of	olain in		Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compreviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis		2a		•
h	Were the organization's financial statements audited by an independent accountant?		2b	1	
J	If "Yes," check a box below to indicate whether the financial statements for the year were audite separate basis, consolidated basis, or both.	d on a	20	•	
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	orciaht			├──
G	of the audit, review, or compilation of its financial statements and selection of an independent account	•	2c	, l	
	If the organization changed either its oversight process or selection process during the tax year, ex		20	~	\vdash
	Schedule O	piani ni			

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

За

3b

Form **990** (2017)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charatable trust. ▶ Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization Integrated Community Development International Employer identification number 32 0112278

9		a commany bevelopment internat	1011a1			_		
Pai	ţΙ	Reason for Public Char	ity Status (All	organizations must	complet	te this p	art.) See instructio	ns.
he o	orga	anization is not a private foundat	tion because it is	s: (For lines 1 through	12, chec	k only or	ne box.)	
1		A church, convention of church	es, or association	on of churches descri	bed in s e	ction 17	O(b)(1)(A)(i).	<i>()</i> /
2	_	A school described in section						
3	_	A hospital or a cooperative hos		•			• •	
4		A medical research organizatio						iii). Enter the
•	_	hospital's name, city, and state	•	,				,
5		An organization operated for t		college or university	owned o	r operate	d by a government	al unit described in
	_	section 170(b)(1)(A)(iv). (Comp		concess or aniversity	Owned O	· operate	a by a government	ar armit described in
6		A federal, state, or local govern	•	mantal unit docaribad	n sectio	n 170/h\	(1)(8)64	
7		An organization that normally						the general public
•	1	described in section 170(b)(1)			port ironi	a govern	illiental unit of hon	i trie general public
_	_				5 . A 11 \			
8	늗	A community trust described in			•			
9	╙	An agricultural research organi						
		or university or a non-land-gramuniversity:	it college of agri	iculture (see instructio	ons). Ente	r the nan	ne, city, and state of	the college or
40	_	An organization that normally r		- than 001-0/ -f.ta a				
10	<u> </u>	receipts from activities related	to its exempt fu	e man 33'/370 OF ITS SU nctions—subject to co	apport iro	eptions	and (2) no more that	1 331/3% of its
		support from gross investment	income and unr	elated business taxal	ole incom	ie (less se	ection 511 tax) from	businesses
	_	acquired by the organization at						
11	_	An organization organized and	•	•	-			
12	L	An organization organized and						
		of one or more publicly suppo						
		Check the box in lines 12a throi	-	• • • • •		•	•	· · · · · · · · · · · · · · · · · · ·
а		☐ Type I. A supporting organ						
		the supported organization					he directors or trust	ees of the
		supporting organization. Yo	ou must comple	ete Part IV, Sections	A and B.			
b	,	☐ Type II. A supporting organ						
		control or management of t				persons	that control or man	age the supported
		organization(s). You must o	complete Part I	V, Sections A and C.	•			
C		☐ Type III functionally integ						ally integrated with,
		its supported organization(s) (see instructio	ns). You must comp l	lete Part	IV, Secti	ons A, D, and E.	
d		☐ Type III non-functionally i	ntegrated. A su	pporting organization	operated	in conn	ection with its suppo	rted organization(s)
		that is not functionally integ	rated. The orga	nızation generally mu	st satisfy	a distribu	ition requirement an	d an attentiveness
		requirement (see instruction	ns). You must c	omplete Part IV, Sec	tions A a	and D, ar	nd Part V.	
е	!	☐ Check this box if the organ	ization received	a written determination	on from th	ne IRS th	at it is a Type I, Type	ell, Type III
		functionally integrated, or T						. ,,
f	E	Enter the number of supported o	rganizations .					[
g		Provide the following information						
	(i)	Name of supported organization	(ii) EIN	(iii) Type of organization		organization	(v) Amount of monetary	(vi) Amount of
				(described on lines 1–10 above (see instructions))		ur governing ment?	support (see	other support (see instructions)
				above (see instructions))	4000	One	instructions)	instructions)
					Yes	No		
A)								
<u></u>								
B)								
٠,					_			
C)								
-,								
D)								
•					<u> </u>	<u> </u>		
E)			İ					
				<u> </u>		<u> </u>	<u></u>	

Schedule A (Form 990 or 990-EZ) 2017 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) 2013 **(b)** 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . 2,723,774 2.259.585 2.247.119 1.729.008 3.792.853 12,752,339 revenues levied for the organization's benefit and either paid to or expended on its behalf . . . The value of services or facilities furnished by a governmental unit to the organization without charge 2,723,774 Total. Add lines 1 through 3. . . . 2.259.585 2,247,119 1,729,008 3.792.853 12,752,339 The portion of total contributions by person each (other than a governmental unıt publicly or supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 3,319,577 Public support. Subtract line 5 from line 4 9,432,762 Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2013 **(b)** 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total Amounts from line 4 2,723,774 2,259,585 2,247,119 1,729,008 3,792,853 12,752,339 7 8 Gross income from interest, dividends, payments received on securities loans. rents, royalties, and income from similar sources 1.080 1,538 1.631 2.598 1.386 8,233 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 68,289 100,331 74,606 51,810 196,576 491,612 13,252,184 **Total support.** Add lines 7 through 10 11 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		<u></u> >	
ecti	on C. Computation of Public Support Percentage			
14	Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14	71	%
15	Public support percentage from 2016 Schedule A, Part II, line 14	15	86	%
16a	331/3% support test-2017. If the organization did not check the box on line 13, and line 14 is 33	31/3%	or more, check this	
	box and stop here. The organization qualifies as a publicly supported organization			
b	331/3% support test-2016. If the organization did not check a box on line 13 or 16a, and line 15	ıs 33°	1/3% or more, check	
	this box and stop here. The organization qualifies as a publicly supported organization			
1 7a				
b	10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 1 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization supported organization	this b	oox and stop here. ualifies as a publicly	
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, chec	k this	box and see	
	instructions			

-art							/
	(Complete only if you checked th						under Part II.
4:	If the organization fails to qualify	under the te	sts listed belo	ow, please co	omplete Part	11.)	
	on A. Public Support	() 00/10			1 10 0010		1/10=11
	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
_	sold or services performed, or facilities						
	furnished in any activity that is related to the						
_	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to			i			
	or expended on its behalf		ļ		<i>y</i>		
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5	·					
7a	Amounts included on lines 1, 2, and 3		-	/			
-	received from disqualified persons .		/	r			
b	Amounts included on lines 2 and 3		/				
	received from other than disqualified			1			
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b		/				
В	Public support. (Subtract line 7c from		/	 	 	 -	
•	line 6.)						
o ti	on B. Total Support		.1	1	<u> </u>	<u></u> _	<u> </u>
	dar year (or fiscal year beginning in)	(a),2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6	(a)/2013	(b) 2014	(6) 2015	(4) 2010	(e) 2011	(i) iotai
				 			-
0a	Gross income from interest, dividends, payments received on securities loans, rents,						
	royalties, and income from similar sources.						
L	_			-			
D	Unrelated business taxable income (less	ı		ļ			
	section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b		<u> </u>	ļ	<u> </u>		<u> </u>
1	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on						
2	Other income. Do not include gain or			ļ			
	loss from the sale of capital assets						
	(Explain in Part VI.)						
3	Total support! (Add lines 9, 10c, 11,						
	and 12.) . /						
4	First five years. If the Form 990 is for the	ne organizatio	n's first, secon	d, third, fourtl	n, or fifth tax y	ear as a sect	tion 501(c)(3)
	organization, check this box and stop he	re					▶ 🗆
ecti	on C. Computation of Public Suppor	rt Percentag	e				
5	Public support percentage for 2017 (line 8	B, column (f) d	ivided by line 1	13, column (f))		15	%
6	Public support percentage from 2016 Sch		•			16	%
	on D. Computation of Investment In						
7	Investment income percentage for 2017 (ov line 13. colu	mn (fl)	17	%
8	Investment income percentage from 2016			•	, ,,	18	%
9a	/331/3% support tests—2017. If the organ						
	17 is not more than 331/3%, check this box						
b [/]	331/3% support tests-2016. If the organiz	=	-	•		-	_
7	line 18 is not more than 331/3%, check this						
м	Private foundation. If the organization di		_				

Part IV

Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A. D. and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

	Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete P	<u>art V.</u>	<u>.)</u>			
Secti	on A. All Supporting Organizations					
			Yes	No		
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in 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			1 1		
	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).	2				
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a				
þ	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.	3b				
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c				
4 a	Was any supported organization not organized in the United States ("foreign supported organization")? If	30		$\vdash \lnot$		
	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a				
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion					
	despite being controlled or supervised by or in connection with its supported organizations.	4b	<u> </u>	<u> </u>		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in 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,"	4c				
	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;	ļ				
(iii) the authority under the organization's organizing document authorizing such action; and (iv) how				 		
	was accomplished (such as by amendment to the organizing document).	5a	<u> </u>	├		
þ	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?	-				
^		5b 5c		├		
6	Substitutions only. Was the substitution the result of an event beyond the organization's control? Did the organization provide support (whether in the form of grants or the provision of services or facilities) to	- SC				
·	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	ļ				
	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6	-			
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor	 	 			
•	(defined in 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).	7		 		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		-		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more					
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		-		
b						
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b	ļ	<u> </u>		
С	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.	9c	-	-		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section	<u> </u>	1	1		
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated					
	supporting organizations)? If "Yes," answer 10b below.	10a				
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to		<u> </u>	<u> </u>		

determine whether the organization had excess business holdings.)

10b

Schlede	NO A (1 OITH 350 OF 350 EE) 2011			aye 🗸
Part	IV Supporting Organizations (continued)			
		r—	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	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?	11a	 	
h	A family member of a person described in (a) above?	11b	 	 -
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	 	_
	ion B. Type I Supporting Organizations	1		
			Yes	No
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			1
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	 	
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.	2		
Sect	ion C. Type II Supporting Organizations			
			Yes	No
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).	1		
Sect	ion D. All Type III Supporting Organizations	<u> </u>	L	<u> </u>
<u> </u>	197 III Type III oupporting organizatione		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (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? 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).		<u> </u>	<u> </u>
2				
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
Sect	ion E. Type III Functionally Integrated Supporting Organizations		L	J
				-1
1 a b c	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see 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.			·
2	Activities Test. Answer (a) and (b) below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		1.55	
	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.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2h		
3	Parent of Supported Organizations. Answer (a) and (b) below.	2b	 	+-
a a	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? <i>Provide details in Part VI.</i>	3a		
b	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.	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 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.				
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)	
1 Net short-term capital gain	1			
2 Recoveries of prior-year distributions	2			
3 Other gross income (see instructions)	3			
4 Add lines 1 through 3.	4			
5 Depreciation and depletion	5			
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6			
7 Other expenses (see instructions)	7			
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8			
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)	
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):				
a Average monthly value of securities	1a			
b Average monthly cash balances	1b			
c Fair market value of other non-exempt-use assets	1c			
d Total (add lines 1a, 1b, and 1c)	1d			
e Discount claimed for blockage or other factors (explain in detail in Part VI):				
2 Acquisition indebtedness applicable to non-exempt-use assets	2			
3 Subtract line 2 from line 1d.	3			
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4			
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6 Multiply line 5 by .035.	6			
7 Recoveries of prior-year distributions	7			
8 Minimum Asset Amount (add line 7 to line 6)	8			
Section C - Distributable Amount			Current Year	
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		-	
2 Enter 85% of line 1.	2			
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3			
4 Enter greater of line 2 or line 3.	4			
5 Income tax imposed in prior year	5			
6 Distributable Amount. Subtract line 5 from line 4, unless subject to				
emergency temporary reduction (see instructions).	6			
7 Check here if the current year is the organization's first as a non-functional instructions).	y int	egrated Type III support	ting organization (see	

	e À (Form 990 or 990-EZ) 2017			Page 7
Part) Supporting Organi	zations (continued)	
	on D - Distributions			Current Year
	Amounts paid to supported organizations to accomplish e			
2	Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity	empt purposes of suppo	orted	
			-instinus	
3_	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	<u> </u>
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			<u> </u>
6_	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to whic (provide details in Part VI). See instructions.	h the organization is res	sponsive	
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Se	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6	,		
2	Underdistributions, if any, for years prior to 2017 (reasonable cause required—explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017			
a				
b	From 2013			
С	From 2014			
d	From 2015		!	
е	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
i_	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D, line 7: \$		h	
a	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2013			
b	Excess from 2014			
	Excess from 2015			
d	Excess from 2016			
е	Excess from 2017			

Page	5
rage	С

B, lines 1 and 2; 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.)					
other income includes fee from villages for maintenance and repair activity, other well drilling payments, and rental of equipment for well or pump					
related activities					

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part

SCHEDULE D (Form 990)

Supplemental Financial Statements

► 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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury Internal Revenue Service Name of the organization

2017 Open to Public Inspection

Employer identification number

OMB No 1545-0047

Integra	ted Community Development International	32 0112278		
Par			ds or Accounts.	
	Complete if the organization answered			
_		(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	advenue in vuiting that the appets h		
5	funds are the organization's property, subject to the			
6		•		
U	Did the organization inform all grantees, donors, a only for charitable purposes and not for the bene			
	conferring impermissible private benefit?			
Pari	Conservation Easements.		· · · · · · · · · · · · · · · · · · ·	
	Complete if the organization answered	"Yes" on Form 990, Part IV, line 7,		
1	Purpose(s) of conservation easements held by the			
	Preservation of land for public use (e.g., recrea		f a historically important land area	
	Protection of natural habitat	•	f a certified historic structure	
	☐ Preservation of open space			
2	Complete lines 2a through 2d if the organization he	eld a qualified conservation contribution	on in the form of a conservation	
	easement on the last day of the tax year.		Held at the End of the Tax Year	
а				
b	Total acreage restricted by conservation easement			
C	Number of conservation easements on a certified I			
d	Number of conservation easements included in		l i	
_	-			
3	Number of conservation easements modified, transtax year ►	sterred, released, extinguished, or terr	ninated by the organization during the	
4	Number of states where property subject to conse	mintion conservat is located		
5	Does the organization have a written policy re		pection handling of	
•	violations, and enforcement of the conservation ea	asements it holds?	· · · · · · · · · · · · Ves · No	
6	Staff and volunteer hours devoted to monitoring, inspec			
-	>	g, manager netaring control		
7	Amount of expenses incurred in monitoring, inspectir	ng, handling of violations, and enforcing	conservation easements during the year	
	▶ \$		· .	
8	Does each conservation easement reported on line			
	and section 170(h)(4)(B)(II)?			
9	In Part XIII, describe how the organization reports			
	balance sheet, and include, if applicable, the text of		ancial statements that describes the	
	organization's accounting for conservation easeme			
Part		•		
10	Complete if the organization answered If the organization elected, as permitted under SF			
Ia	works of art, historical treasures, or other similar			
	public service, provide, in Part XIII, the text of the t			
b	If the organization elected, as permitted under S			
	works of art, historical treasures, or other similar			
	public service, provide the following amounts relat			
	(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 S	, , ,		
а	Revenue included on Form 990, Part VIII, line 1 .			
b	Assets included in Form 990, Part X			

Page	2
rayo	_

Part	III Organizations Maintaining	Collections of Ar	t, Historical T	reasures, o	r Other Similar As	ssets (co	ntinu	ıed)
3	Using the organization's acquisition, a collection items (check all that apply):	accession, and other	er records, chec	k any of the f	ollowing that are a s	significan	t use	of its
а	☐ Public exhibition		d 🗌 Loan	or exchange p	orograms			
b	☐ Scholarly research		e 🗌 Other					
C	☐ Preservation for future generations							
4	Provide a description of the organizat XIII.	ion's collections and	d explain how th	ney further the	e organization's exe	mpt purp	ose in	ı Part
5	During the year, did the organization assets to be sold to raise funds rather						es 🗆] No
Part		-						
	Complete if the organization 990, Part X, line 21.						ı For	m
1a	Is the organization an agent, trustee, included on Form 990, Part X?						es 🗆] No
b	If "Yes," explain the arrangement in Pa	art XIII and complete	e the following ta	able:	A	mount		
c	Beginning balance				1c			
d	Additions during the year				1d			
e	Distributions during the year				1e			
f	Ending balance				1f			
2a	Did the organization include an amour] No
b	If "Yes," explain the arrangement in Pa	art XIII. Check here i	f the explanation	n has been pro	ovided on Part XIII .			<u>] </u>
Par								
	Complete if the organization							
		(a) Current year	(b) Pnor year	(c) Two years b				
1a	Beginning of year balance	27,443	22,913		157 11,28			5,836
b	Contributions	6,292	2,940	5,	959 6,81	9		4,440
С	Net investment earnings, gains, and losses	4,550	1,889	-	945 27	О		1,130
d	Grants or scholarships							
e	Other expenditures for facilities and programs							
f	Administrative expenses	423	299		258 21			123
g	End of year balance	38,500	27,443	22,	913 18,15	7	1	1,283
2	Provide the estimated percentage of t	he current year end	balance (line 1g	, column (a)) h	neld as:			
а	Board designated or quasi-endowmer		%					
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	e possession of the	organization that	at are held an	d administered for t	he		
	organization by:						Yes	No
	(i) unrelated organizations					3a(i)		<u> </u>
	(ii) related organizations					3a(ii)		
b	If "Yes" on line 3a(II), are the related of	•	•			3b	نــــــا	
4_	Describe in Part XIII the intended uses		's endowment fu	unds.				
Part								
	Complete if the organization	answered "Yes"	<u>on Form 990, F</u>	Part IV, line 1	1a. See Form 990	<u>, Part X,</u>	line_	10.
	Description of property	(a) Cost or othe (investmen	1 ' '	or other basis ther)	(c) Accumulated depreciation	(d) Boo	ok value	
1a	Land			49,000				9,000
b	Buildings			220,762	123,854			6,908
С	Leasehold improvements			24,130	5,527			8,603
d	Equipment			1,484,662	1,025,196		459	9,466
e Total.	Other	nust equal Form 990), Part X, columr	n (B), line 10c.) >		623	3,977
			· · · · · · · · · · · · · · · · · · ·					

Part VII	Investments - Other Securities.					· · · · · · · · · · · · · · · · · · ·
	Complete if the organization answ	vered "Yes" on Fo	rm 99	0, Part IV, line	11b. See Forn	n 990, Part X, line 12.
	(a) Description of security or category (including name of security)		(b) Book value	• • •	thod of valuation d-of-year market value
(1) Financial						
	neld equity interests					
(3) Other		•••••		_		
(A)			<u> </u>			
(B)			<u> </u>			
(C)						
(D) (E)		•••••	 		·	
(F)			-			
(G)			-			
(H)			-			
	b) must equal Form 990, Part X, col. (B) line 12.) ▶		 			
Part VIII	Investments—Program Related	<u> </u>	1			
T di C VIII	Complete if the organization answ		rm 99	0 Part IV line	11c See Forn	n 990 Part X line 13
-	(a) Description of investment	100 01110		Book value		ethod of valuation.
	(a) accompliant of invocations		(, Book value		d-of-year market value
(1)						
(2)					-	
(3)						
(4)	-					
(5)		".T				
(6)						,
(7)						
(8)						
(9)						· - · · · · · · · · · · · · · · · · · ·
	b) must equal Form 990, Part X, col. (B) line 13.) ▶					
Part IX	Other Assets.					
	Complete if the organization answ		rm 99	0, Part IV, line	11d. See Forn	
	(a) Description				(b) Book value
_(1)		,-				<u> </u>
(2)					_	
(3)					· · · · · · · · · · · · · · · · · · ·	
(4)						
(5)						
(6)		. 194	-			
<u>(7)</u>						
(8)					-	\
(9)	mn (b) must equal Form 990, Part X, co	ol. (B) line 15.)				
Part X	Other Liabilities.	51. (B) 1111C 10.)	• •	<u>· · · · · · · · · · · · · · · · · · · </u>	· · · · · · · · · · · · · · · · · · ·	<u> </u>
Tarex	Complete if the organization answ	vered "Yes" on Fo	rm 99	0 Part IV line	11e or 11f Se	e Form 990 Part X
	line 25.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1111 00	o, i ait iv, iii i	7 1 10 01 111. 00	, c i oiiii 000, i ait /,
1.	(a) Description of liability	(b) Book value				
(1) Federal ır						
(2) Contract	grants for future well and project work	4	14,343			
(3)		***-				
(4)		****				
(5)						
(6)						
(7)	-	-				
(8)						
(9)						
	b) must equal Form 990, Part X, col. (B) line 25.) ▶			<u></u>		
2. Liability for	uncertain tax positions. In Part XIII, provi	de the text of the footr	note to	the organization	's financial statem	ents 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			•	Retu	rn.
	Complete if the organization answered "Yes" on Form 990, I			1 4 1	4,022,024
1	Total revenue, gains, and other support per audited financial statements			1	4,022,024
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	2a	3,164		
a b	Net unrealized gains (losses) on investments	2b	5,107	1	
				1	
c d	Recoveries of prior year grants	2d	 	} }	
e	Add lines 2a through 2d			2e	3,164
3	Subtract line 2e from line 1			3	4,018,860
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		<i>.</i>		, ,,,,,,
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)		-28,045	1 1	
c	Add lines 4a and 4b		}	4c	-28,045
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			5	3,990,815
Part				r Ret	turn.
	Complete if the organization answered "Yes" on Form 990, I		•		
1	Total expenses and losses per audited financial statements			1	2,109,571
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	ļ		
b	Prior year adjustments	2b		1	
С	Other losses	2c		1	
d	Other (Describe in Part XIII.)	2d	28,047		
е	Add lines 2a through 2d			2e	28,047
3	Subtract line 2e from line 1			3	2,081,524
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			;	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
C	Add lines 4a and 4b			4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin	e 18.)	'	5	2,081,524
Part					
	le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and				
	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part ule D, Part V, Line 3ai - The endowment funds have been set aside to allow the crea	•	•		
	uie D, Fait V, Line Sai - The endownient funds have been set aside to allow the crea		a Operating Agency Fur		NOSCIUSKO
Comm	unity Foundation A separate Designated Endowment Fund has a balance of 9,494	Thes	a funde are not to be ren	orted s	se an accet on ICDI's
	unity roundation. A separate besignated Endowment rund has a balance of 5,454	11163	e iunos are not to be rep		
financi	al statements as they are not controlled by ICDI or the Board of Directors				
	an statements as they are not controlled by lobb of the board of bhoctors				
Sched	ule D, Part V, Line 4 - The funds are intended to stay in the account and reinvest the	ıntere	st on the investment		
Sched	ule D, Part X, Line 2 - ICDI Receives contract grants for the completion of water well	projec	ets If a contract is paid i	n a the	current year and then
	<u>-</u>		· '		
work c	ompleted in the next, the funds are held as a deposit. The funds are not included as	reven	nue but as a liability for fu	iture w	ork
Sched	ule D, Part XI, Line 4b - Event and rental expenses moved in the 990 to net against a	associ	ated revenue		
Sched	ule D, Part XII, Line 2d - Event and rental expenses moved in the 990 to net against	assoc	lated revenue		

Schedule D (Fo	om 990) 2017	Page 5
Part XIII	Supplemental Information (continued)	
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	•	

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection Employer identification number

	of the organization ated Community Development Inte	ernational					entification number 0112278
Par	General Information Form 990, Part IV, line		es Outside	the United States. Comp	olete if the organi	zation ans	wered "Yes" on
1	For grantmakers. Does the assistance, the grantees' eli grants or assistance?	gibility for the	e grants or as				
2	For grantmakers. Describe assistance outside the Unite		the organizati	on's procedures for monit	coring the use o	of its grant	s and other
3	Activities per Region. (The fo	ollowing Part	I, line 3 table o	can be duplicated if addition	nal space is need	ted.)	
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity liste a program se describe specifi service(s) in the	ervice, c type of	(f) Total expenditures for and investments in the region
(1)	Sub-Saharan Africa - CAR	2	35	program services	Sch F, Part 5		908,058
(2)							
(3)							_
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)		_					
(14)	· · · · · · · · · · · · · · · · · · ·				,		
(15)							<u></u>
(16)							
(17)							
3a	Sub-total						
b	Total from continuation sheets to Part I						
C	Totals (add lines 3a and 3b)	L	l				

Page 2

Schedule F (Form 990) 2017

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

	organization	section and EIN (if applicable)	•	grant	cash grant	cash	noncash	of noncash assistance	valuation
(1)						disbursement	assistance		(book, FMV, appraisal, other)
(2)									
			7						
<u>(3</u>									
(4)									
(2)									
9									
(2)									
(8)									
6									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)								i	

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

3 Enter total number of other organizations or entities

Schedule F (Form 990) 2017

Schedule F (Form 990) 2017

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. (h) Method of valuation (book, FMV, appraisal, other) (g) Description of noncash assistance (f) Amount of noncash assistance (e) Manner of cash disbursement (d) Amount of cash grant (c) Number of recipients (b) Region (a) Type of grant or assistance Part III (OE) E (12) (13) 14 (15)(16) (18) Ξ <u>8</u> ල <u>4</u> (2) 9 \mathbb{E} <u>®</u> (17) 9

Schedule F (Form 990) 2017

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Page	4

Sçhedu	lle F (Form 990) 2017		Page 4
Part	IV Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	☐ Yes	☑ No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	☐ Yes	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)	☐ Yes	☑ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	☐ Yes	☑ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	☐ Yes	☑ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	☐ Yes	☑ No

Pal	# \	77	

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

The majority of ICDI's functions are performed in the Central African Republic ICDI provides clean water, pump repair, and Radio broadcasting
The accomplishment of such programs can be found in the introductory section of the 990

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for the latest instructions.

	of the organization	_	-			Employer identifi					
	rated Community Development Interna						0112278				
Pai	Fundraising Activities. Form 990-EZ filers are in				vered "Yes" on F	form 990, Part IV,	line 17.				
1	Indicate whether the organization				owing activities. C	heck all that apply.					
а	✓ Mail solicitations		e 🖫	Solicitat	ion of non-governi	ment grants					
b	Internet and email solicitations f 🐱 Solicitation of government grants										
С	c ☐ Phone solicitations g ☑ Special fundraising events										
d											
2a											
	or key employees listed in Form		-		-	_					
b	If "Yes," list the 10 highest paid compensated at least \$5,000 by	the organization	entities (tuni	araisers) pi	ursuant to agreem	ents under which ti	ne fundraiser is to be				
	compensated at least 40,000 b	y the organization)II.								
		T	<u> </u>		T	(v) Amount paid to					
	(i) Name and address of individual	(ii) Activity		draiser have or control of	(iv) Gross receipts	(or retained by)	(vi) Amount paid to (or retained by)				
_	or entity (fundraiser)		contri	outions?	from activity	fundraiser listed in col. (i)	`organization'				
			Yes	No	1						
1											
2		 									
3		-	<u> </u>								
4											
5											
6	····					-					
7											
8											
9			-				-				
10											
	.,_	.		1		<u> </u>					
Tota				▶							
3	List all states in which the orga	anization is regis	stered or lic	ensed to s	solicit contribution	s or has been notifi	ed it is exempt from				
	registration or licensing.						•				
					·						
• • • • • •											

			(a) Event #1 Tour de Brew	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through		
			(event type)	(event type)	(total number)	col (c))		
Revenue	1	Gross receipts	39,910			39,910		
œ	2	Less: Contributions Gross income (line 1 minus line 2)						
	4	Cash prizes						
	5	Noncash prizes	3,312			3,312		
Direct Expenses	6	Rent/facility costs						
EX	7	Food and beverages	3,024			3,024		
Direc	8	Entertainment						
Į	9	Other direct expenses .	4,716			4,716		
					_	11,052		
	10 11	Direct expense summary. Ad Net income summary. Subtra						
Pai	10 11 11	Net income summary. Subtra Gaming. Complete if the	act line 10 from line 3, co e organization answer	olumn (d)		28,858		
	11	Net income summary. Subtra	act line 10 from line 3, co e organization answer	olumn (d) ed "Yes" on Form 99		28,858 r reported more		
	11	Net income summary. Subtra Gaming. Complete if the	act line 10 from line 3, co e organization answer	olumn (d)		28,858		
	11 71 III	Net income summary. Subtra Gaming. Complete if the than \$15,000 on Form 9	act line 10 from line 3, co e organization answer 90-EZ, line 6a.	olumn (d)	▶ 0, Part IV, line 19, or	28,858 r reported more		
	11	Net income summary. Subtra Gaming. Complete if the	act line 10 from line 3, co e organization answer 90-EZ, line 6a.	olumn (d)	▶ 0, Part IV, line 19, or	28,858 r reported more		
Revenue	11 71 III	Net income summary. Subtra Gaming. Complete if the than \$15,000 on Form 9	act line 10 from line 3, co e organization answer 90-EZ, line 6a.	olumn (d)	▶ 0, Part IV, line 19, or	28,858 r reported more (d) Total gaming (add		
Expenses Revenue	11 rt III	Net income summary. Subtra Gaming. Complete if the than \$15,000 on Form 99 Gross revenue	act line 10 from line 3, co e organization answer 90-EZ, line 6a.	olumn (d)	▶ 0, Part IV, line 19, or	28,858 r reported more (d) Total gaming (add		
Expenses Revenue	11 rt III 1	Net income summary. Subtra Gaming. Complete if the than \$15,000 on Form 98 Gross revenue	act line 10 from line 3, co e organization answer 90-EZ, line 6a.	olumn (d)	▶ 0, Part IV, line 19, or	28,858 r reported more (d) Total gaming (add		
Expenses Revenue	1 2 3	Net income summary. Subtra Gaming. Complete if the than \$15,000 on Form 9: Gross revenue Cash prizes Noncash prizes	act line 10 from line 3, co e organization answer 90-EZ, line 6a. (a) Bingo	olumn (d) red "Yes" on Form 99 (b) Pull tabs/instant bingo/progressive bingo		28,858 r reported more (d) Total gaming (add col (a) through col (c))		
Expenses Revenue	11 11 1 2 3 4	Net income summary. Subtra Gaming. Complete if the than \$15,000 on Form 98 Gross revenue Cash prizes Noncash prizes Rent/facility costs	act line 10 from line 3, co e organization answer 90-EZ, line 6a.	olumn (d)	▶ 0, Part IV, line 19, or	28,858 r reported more (d) Total gaming (add col (a) through col (c))		
Expenses Revenue	11 1 1 2 3 4 5	Rent/facility costs	act line 10 from line 3, core organization answer 90-EZ, line 6a. (a) Bingo	olumn (d) red "Yes" on Form 99 (b) Pull tabs/instant bingo/progressive bingo Yes % No	O, Part IV, line 19, or	28,858 r reported more (d) Total gaming (add col (a) through col (c))		
Expenses Revenue	11 1 2 3 4 5	Rent/facility costs	act line 10 from line 3, come organization answer 90-EZ, line 6a. (a) Bingo Yes% No Id lines 2 through 5 in come	olumn (d)	O, Part IV, line 19, or (c) Other gaming Yes% No	28,858 r reported more (d) Total gaming (add col (a) through col (c))		
Direct Expenses Revenue	11 1 2 3 4 5 6 7 8	Rent/facility costs Other direct expenses Direct expense summary. Subtra Gaming. Complete if the than \$15,000 on Form 98	Tyes	olumn (d)	O, Part IV, line 19, or (c) Other gaming Yes% No	28,858 r reported more (d) Total gaming (add col (a) through col (c))		
Direct Expenses Revenue	11 1 2 3 4 5 6 7 8	Rent/facility costs	Tyes % No Hold lines 2 through 5 in conducts garonduct gaming activities	column (d)		28,858 reported more (d) Total gaming (add col (a) through col (c))		
Direct Expenses Revenue	11 1 2 3 4 5 6 7 8	Net income summary. Subtra Gaming. Complete if the than \$15,000 on Form 98 Gross revenue	Tyes	olumn (d)		28,858 reported more (d) Total gaming (add col (a) through col (c))		

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

ichedu	le G (Form 990 or 990-E2) 2017 Page 3
11 12	Does the organization conduct gaming activities with nonmembers?
	formed to administer charitable gaming?
13	Indicate the percentage of gaming activity conducted in:
a	The organization's 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?
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$
С	If "Yes," enter name and address of the third party: Name ▶
	Address
16	Gaming manager information:
10	Name N
	Name >
	Gaming manager compensation ► \$
	Description of services provided ►
	□ Director/officer □ Employee □ Independent contractor
17 a	Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?
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 > \$
Part	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.

(5) (6) (7) (8) (9) (10)

SCHEDULE L
(Form 990 or 990-EZ)

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28b, or 28b, or 28c, or 50cm 990 FZ, Part V, line 38c, or 40b, or 28c, or 40b,
OMB No. 1545-0047

	ment of the Treasury Revenue Service	▶ Go+	Attach to Form 990 or Form 990-EZ. b Attach to Form 990 or Form 990-EZ. io to www.irs.gov/Form990 for instructions and the latest information.							Open To Public Inspection				
- Co to William Signary Orinido for Monado and the factor Monado						ver identification number								
Integrated Community Development International							32 0112278							
Par								1(c)(29) organiza ia or 25b, or For				V, line	40b.	
1	(a) Norma of discussivities		(b) Relationship be	etween d	lisqualified	person and		(a) December					(d) Cor	rected?
	(a) Name of disqualified	person		organıza ———	tion			(c) Description					Yes	No
(1)														
(2)													ļ	
(3)														
(4)														
(5)													 	
(6)	Enter the amount	of tox in a resident	٠	- : :			أأدامانة	ind navages du	المسمدة	h - 1/0			l	L
2	Enter the amount under section 495				-	5	•		_	-				
•										٠.,	S	<u></u>		
3	Enter the amount	ortax, ir any, on	iline 2, above,	reimbi	ursea by	r the organi	zatioi	1			7	` ——		
Pari	l canada an	d/or From Inter	rested Dersey											
	Complete if t		answered "Ye	s" on f				38a or Form 99	0, Pa	ırt IV,	line 2	6; or 1	f the	
(a) N	lame of interested person	(b) Relationship with organization	(c) Purpose of loan	fro	oan to or m the nization?	(e) Origin principal arr		(f) Balance due	(g) In c	default?		proved pard or nittee?		ritten ement?
				То	From	<u> </u>			Yes	No	Yes	No	Yes	No
_(1)	H2O solutions	Founder	RDC drilling		/	8	3,300	8,300		1	1		1	L
(2)									ļ	ļ			ļ	ļ
(3)	 			<u> </u>					<u> </u>	<u> </u>		<u> </u>	<u> </u>	<u> </u>
(4)				<u> </u>		 			↓	ļ		ļ	ļ	
(5)					<u> </u>	ļ						<u> </u>	<u> </u>	├
(6)				<u> </u>	<u> </u>				<u> </u>	├─-			<u> </u>	├
(7)			<u> </u>	 	<u> </u>	 			↓	ऻ—–	 		<u> </u>	⊢ —
(8)			_	 		 			├	├	 	├	-	
(9)			 		-	 			├	├—	-	├	ļ	
(10)		-L	<u> </u>	L	J	L		\$	-	<u> </u>	<u> </u>	Щ	 	<u></u>
Total Part	III Grants or As	ssistance Bene he organization	fiting Interest	ed Pe	rsons.			<u>· </u>	<u> </u>		<u> </u>		<u> </u>	
(a) Name of interested person (b) Relationship between intere person and the organization			rested				(d) Type of assistance	stance (e) Purpose of			ose of a	assistance		
(1)														
(2)														
(2)														
(4)			<u> </u>											

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)						<u> </u>				
(2)		 	<u> </u>		+					
(4)		 	 							
(5)		ļ ————————————————————————————————————	 			<u> </u>				
(6)										
(7)			ļ			ļ				
(8)			ļ			 				
(9) (10)		 	 			 				
Part V	Supplemental Information Provide additional information for	or responses to questions	s on Schedule L (see	instructions).		<u>. </u>				
					=					
		·								

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Name of the organization

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

20**17**

Open to Public Inspection

Employer identification number

Integrated Community Development International 32 0112278 990 - Part VI, question 11 The 990 is prepared by the controller and reviewed by the Finance Member of the Board and then by the entire Board 990 - Part VI, question 19 The organization summarizes the annual financial results and mails it to donors 990 - Part VI question 15 Senior executive salaries have been established based on salary surveys of comparably sized NGOs, and discussions with with and review by the executive committee of the Board of Directors Salary scales, including minimums, maximums, and possible annual increases, for most positions have been developed and approved by board members 990 - Part V question 4d During 2017, A new program for Enterprise Development was started to assit Central African businesses 990 - Part XI question 8 During 2016, a non-interest bearing loan for the DRC property purchase was started. This adjustment recognizes the assumed interest on the note