

All Copy

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047

2018

Open to Public Inspection

A For the **2018** calendar year, or tax year beginning **10/01, 2018**, and ending **09/30, 2019**

B Check if applicable:

<input type="checkbox"/>	Address change
<input type="checkbox"/>	Name change
<input type="checkbox"/>	Initial return
<input type="checkbox"/>	Terminated
<input type="checkbox"/>	Amended return
<input type="checkbox"/>	Application pending

C Name of organization: **INTERCHURCH MEDICAL ASSISTANCE, INC.**
 Doing Business As: **IMA WORLD HEALTH**
 Number and street (or P.O. box if mail is not delivered to street address): **1730 M STREET, NW** Room/suite: **1100**
 City or town, state or province, country, and ZIP or foreign postal code: **WASHINGTON, DC 20036**

D Employer identification number: **52-2112460**

E Telephone number: **(202) 888-6200**

F Name and address of principal officer: **JOANN THEYS**
SAME AS C ABOVE

G Gross receipts \$: **75,422,536.**

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. (see instructions)

I Tax-exempt status: 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ **WWW.IMAWORLDDHEALTH.ORG**

K Form of organization: Corporation Trust Association Other ▶ **L** Year of formation: **1960** **M** State of legal domicile: **MD**

H(c) Group exemption number ▶

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO ADVANCE HEALTH AND HEALING FOR VULNERABLE AND MARGINALIZED PEOPLE IN THE DEVELOPING WORLD.
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.
	3 Number of voting members of the governing body (Part VI, line 1a) 3 15.
	4 Number of independent voting members of the governing body (Part VI, line 1b) 4 15.
	5 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 5 84.
	6 Total number of volunteers (estimate if necessary) 6 15.
	7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0.
7b Net unrelated business taxable income from Form 990-T, line 34 7b 0.	
Revenue	8 Contributions and grants (Part VIII, line 1h) 14,621,235. 73,776,479.
	9 Program service revenue (Part VIII, line 2g) 0. 1,167,574.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 8,409. 48,714.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 25,580. 429,769.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 14,655,224. 75,422,536.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 3,523,969. 19,478,576.
Expenses	14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 4,728,370. 19,976,595.
	16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 102,311.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 6,544,897. 38,759,258.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 14,797,236. 78,214,429.
19 Revenue less expenses. Subtract line 18 from line 12 -142,012. -2,791,893.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16) 30,574,411. 30,995,464.
	21 Total liabilities (Part X, line 26) 22,640,097. 25,841,078.
	22 Net assets or fund balances. Subtract line 21 from line 20 7,934,314. 5,154,386.

Part II Signature Block

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

Sign Here

Signature of officer: **JOANN THEYS** Date: **SR. VP, FINANCE, CFO**
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: **MARC BERGER** Preparer's signature: *Marc Berger* Date: **8/12/2020** Check if self-employed PTIN: **P01871563**
 Firm's name ▶ **BDO USA, LLP** Firm's EIN ▶ **13-5381590**
 Firm's address ▶ **8401 GREENSBORO DRIVE, #800 MCLEAN, VA 22102** Phone no. **703-893-0600**

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2018)

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: INTERCHURCH MEDICAL ASSISTANCE (IMA) WORLD HEALTH ADVANCES HEALTH AND HEALING FOR VULNERABLE AND MARGINALIZED PEOPLE IN THE DEVELOPING WORLD.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

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 \$ 34,349,790. including grants of \$ 8,974,644.) (Revenue \$ 129,080.) ATTACHMENT 1

4b (Code:) (Expenses \$ 13,826,213. including grants of \$ 6,136,190.) (Revenue \$ 421,479.) ATTACHMENT 2

4c (Code:) (Expenses \$ 7,474,721. including grants of \$ 1,894,286.) (Revenue \$ 0.) ATTACHMENT 3

4d Other program services (Describe in Schedule O.) ATTACHMENT 4 (Expenses \$ 12,855,469. including grants of \$ 2,473,456.) (Revenue \$ 617,015.)

4e Total program service expenses 68,506,193.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i>		X
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? <i>If "Yes," complete Schedule C, Part II.</i>		X
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? <i>If "Yes," complete Schedule C, Part III.</i>		X
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? <i>If "Yes," complete Schedule D, Part I.</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II.</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i>		X
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? <i>If "Yes," complete Schedule D, Part IV.</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i>		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>	X	
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? <i>If "Yes," complete Schedule D, Part VII.</i>		X
c Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i>	X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII.</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?.	X	
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? <i>If "Yes," complete Schedule F, Parts I and IV.</i>	X	
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? <i>If "Yes," complete Schedule F, Parts II and IV.</i>	X	
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? <i>If "Yes," complete Schedule F, Parts III and IV.</i>		X
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? <i>If "Yes," complete Schedule G, Part I</i> (see instructions).		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H.</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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? <i>If "Yes," complete Schedule I, Parts I and II.</i>		X

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 covering various organizational requirements and reporting obligations.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question, Yes, No. Rows 1a-1c regarding Form 1096, W-2G forms, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee reporting, tax returns, business income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (15), 1b (15), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed ATTACHMENT 5
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records

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

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

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 nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DR. WILLIAM J. CRAFT CHAIRPERSON	13.00 0.	X		X				0.	0.	0.
(2) THE REV. TIMOTHY RUNTSCH SECRETARY	5.00 0.	X		X				0.	0.	0.
(3) MS. HILDA (BAMBI) ARELLANO DIRECTOR	6.50 0.	X						0.	0.	0.
(4) DR. LOUISE EVENSON DIRECTOR	9.00 0.	X						0.	0.	0.
(5) MS. JEAN HANSON DIRECTOR	13.00 0.	X						0.	0.	0.
(6) MR. KENNETH JONES DIRECTOR	6.00 0.	X						0.	0.	0.
(7) THE REV. DR. DAVID LOSE DIRECTOR	4.50 0.	X						0.	0.	0.
(8) DR. KATHI TUNHEIM DIRECTOR	2.00 0.	X						0.	0.	0.
(9) DR. GREGG SYLVESTER DIRECTOR	4.00 0.	X		X				0.	0.	0.
(10) MS. MARTINE POLYCARPE DIRECTOR	4.00 0.	X						0.	0.	0.
(11) MS. ABAGAIL NELSON OFFICER AT LARGE	4.00 0.	X		X				0.	0.	0.
(12) MR. TAMRON KEITH DIRECTOR	4.00 0.	X						0.	0.	0.
(13) MR. JEFF JORDAN DIRECTOR	4.00 0.	X						0.	0.	0.
(14) MS. SONYA FUNNA EVELYN DIRECTOR	4.00 0.	X						0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) MR. PHILLIP ATKINS-PATTENSON DIRECTOR	4.00 0.	X					0.	0.	0.	
(16) AMB. DANIEL V. SPECKHARD, RT. PRESIDENT AND CEO	1.00 0.			X			0.	338,570.	68,639.	
(17) MS. JOANN THEYS VP FIN & ADMIN/TREAS	1.00 0.			X			0.	190,366.	21,989.	
(18) MR. TIMOTHY MCCULLY SVP INTERNATIONAL PROGRAMS	1.00 0.			X			0.	189,021.	45,963.	
(19) MS. WENDY ROTHENBERGER VP, PRESIDENT'S OFFICE & HR	1.00 0.			X			0.	181,450.	26,848.	
(20) RICHARD SANTOS OFFICER- PRESIDENT & CEO (FORM	1.00 39.90			X			243,565.	0.	25,441.	
(21) JAMES COX CHIEF OPERATING OFFICER (FORME	1.00 40.20				X		190,647.	0.	25,816.	
(22) LUCAS KING TANZANIA COUNTRY DIRECTOR	1.00 40.10				X		183,835.	0.	6,501.	
(23) ROBERTO FLORES VP & CHIEF INNOVATION OFFICER	1.00 40.00					X	190,619.	0.	1,629.	
(24) SCOTT SHANNON DEPUTY COUNTRY DIRECTOR - DRC	1.00 40.30					X	185,138.	0.	9,917.	
(25) MARY LINEHAN SR. TECHNICAL DIRECTOR	1.00 40.20					X	181,308.	0.	31,693.	
1b Sub-total							0.	0.	0.	
c Total from continuation sheets to Part VII, Section A							1,473,883.	899,407.	297,614.	
d Total (add lines 1b and 1c)							1,473,883.	899,407.	297,614.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **8**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 6		

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

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a						
	b Membership dues	1b	5,000.					
	c Fundraising events	1c						
	d Related organizations	1d						
	e Government grants (contributions)	1e	32,254,471.					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	41,517,008.					
	g Noncash contributions included in lines 1a-1f: \$							
	h Total. Add lines 1a-1f			73,776,479.				
	Program Service Revenue	2a CONTRACT REVENUE			Business Code			
b								
c								
d								
e								
f All other program service revenue								
g Total. Add lines 2a-2f				1,167,574.				
Other Revenue		3 Investment income (including dividends, interest, and other similar amounts).			48,714.			48,714.
	4 Income from investment of tax-exempt bond proceeds			0.				
	5 Royalties			0.				
	6a Gross rents	(i) Real	(ii) Personal					
		b Less: rental expenses						
		c Rental income or (loss)						
	d Net rental income or (loss)			0.				
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other					
		b Less: cost or other basis and sales expenses						
		c Gain or (loss)						
		d Net gain or (loss)			0.			
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a		0.				
		b Less: direct expenses	b	0.				
		c Net income or (loss) from fundraising events			0.			
	9a Gross income from gaming activities. See Part IV, line 19	a		0.				
b Less: direct expenses		b	0.					
c Net income or (loss) from gaming activities				0.				
10a Gross sales of inventory, less returns and allowances	a		0.					
	b Less: cost of goods sold	b	0.					
	c Net income or (loss) from sales of inventory			0.				
Miscellaneous Revenue			Business Code					
11a FOREIGN CURRENCY GAIN			253,214.			253,214.		
b MISCELLANEOUS			176,555.			176,555.		
c								
d All other revenue								
e Total. Add lines 11a-11d			429,769.					
12 Total revenue. See instructions.			75,422,536.	1,167,574.		478,483.		

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	0.			
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0.			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	19,478,576.	19,478,576.		
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	1,148,611.	212,441.	936,170.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	13,031,844.	9,323,361.	3,687,105.	21,378.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	538,620.	267,958.	270,662.	
9 Other employee benefits	4,883,779.	4,399,888.	474,829.	9,062.
10 Payroll taxes	373,741.	362,497.	11,244.	
11 Fees for services (non-employees):				
a Management	0.			
b Legal	430,019.	430,019.		
c Accounting	166,407.	166,407.		
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 17.	0.			
f Investment management fees	0.			
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	4,367,996.	2,751,871.	1,615,779.	346.
12 Advertising and promotion	0.			
13 Office expenses	3,605,921.	3,149,963.	441,923.	14,035.
14 Information technology	0.			
15 Royalties	0.			
16 Occupancy	2,784,874.	1,984,043.	798,533.	2,298.
17 Travel	5,665,012.	4,706,316.	954,032.	4,664.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	0.			
20 Interest	0.			
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	141,772.	141,772.		
23 Insurance	290,391.	139,838.	150,553.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PROGRAM INPUT EXPENSES	15,692,131.	15,684,189.	7,942.	
b MEMBERSHIP FEES	371,032.	219,291.	128,385.	23,356.
c BANK AND MERCHANT FEES	345,720.	321,543.	23,263.	914.
d MISCELLANEOUS EXPENSES	4,897,983.	4,766,220.	105,505.	26,258.
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	78,214,429.	68,506,193.	9,605,925.	102,311.
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	0.			

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	9,474,533.	1	16,324,625.
	2 Savings and temporary cash investments	3,235.	2	0.
	3 Pledges and grants receivable, net	11,377,798.	3	9,337,603.
	4 Accounts receivable, net	0.	4	422,897.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0.	5	0.
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0.	6	0.
	7 Notes and loans receivable, net	0.	7	0.
	8 Inventories for sale or use	0.	8	0.
	9 Prepaid expenses and deferred charges	290,079.	9	339,263.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,513,326.		
	b Less: accumulated depreciation	10b 645,282.	919,072.	10c 868,044.
	11 Investments - publicly traded securities	1,065,862.	11	1,122,033.
	12 Investments - other securities. See Part IV, line 11	0.	12	0.
	13 Investments - program-related. See Part IV, line 11	0.	13	0.
	14 Intangible assets	0.	14	0.
	15 Other assets. See Part IV, line 11	7,443,832.	15	2,580,999.
16 Total assets. Add lines 1 through 15 (must equal line 34)	30,574,411.	16	30,995,464.	
Liabilities	17 Accounts payable and accrued expenses	5,527,871.	17	9,418,752.
	18 Grants payable	0.	18	0.
	19 Deferred revenue	15,704,309.	19	15,132,604.
	20 Tax-exempt bond liabilities	0.	20	0.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	0.
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0.	22	0.
	23 Secured mortgages and notes payable to unrelated third parties	0.	23	0.
	24 Unsecured notes and loans payable to unrelated third parties	0.	24	0.
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	1,407,917.	25	1,289,722.
	26 Total liabilities. Add lines 17 through 25	22,640,097.	26	25,841,078.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	7,570,696.	27	4,791,169.
	28 Temporarily restricted net assets	363,618.	28	363,217.
	29 Permanently restricted net assets	0.	29	0.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	7,934,314.	33	5,154,386.	
34 Total liabilities and net assets/fund balances	30,574,411.	34	30,995,464.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	75,422,536.
2	Total expenses (must equal Part IX, column (A), line 25)	2	78,214,429.
3	Revenue less expenses. Subtract line 2 from line 1	3	-2,791,893.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	7,934,314.
5	Net unrealized gains (losses) on investments	5	11,259.
6	Donated services and use of facilities	6	0.
7	Investment expenses	7	0.
8	Prior period adjustments	8	706.
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	5,154,386.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
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.	X	

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990 or Form 990-EZ.

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

Name of the organization

INTERCHURCH MEDICAL ASSISTANCE, INC.

Employer identification number

52-2112460

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**.
Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

Section A. Public Support

Table with 7 columns: (a) 2014, (b) 2015, (c) 2016, (d) 2017, (e) 2018, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2014, (b) 2015, (c) 2016, (d) 2017, (e) 2018, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities; 10 Other income; 11 Total support; 12 Gross receipts from related activities; 13 First five years.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2018 (99.81%); 15 Public support percentage from 2017 Schedule A, Part II, line 14 (85.67%); 16a 33 1/3% support test - 2018 (checked); 16b 33 1/3% support test - 2017; 17a 10%-facts-and-circumstances test - 2018; 17b 10%-facts-and-circumstances test - 2017; 18 Private foundation.

Part III Support Schedule for Organizations Described in Section 509(a)(2)
 (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.
 If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5.						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b.						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)),	17	%
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .

b 33 1/3% support tests - 2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ►

Part IV 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.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	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?	11 a	
b	A family member of a person described in (a) above?	11 b	
c	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>	11 c	

Section B. Type I Supporting Organizations

		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? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>	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? <i>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.</i>	2	

Section 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)? <i>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).</i>	1	

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (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?	1	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>	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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>	3	

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2	Activities Test. Answer (a) and (b) below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>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.</i>	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? <i>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.</i>	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
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? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>	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-functionally integrated Type III supporting organization (see instructions).

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required - explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
b From 2014			
c From 2015			
d From 2016			
e From 2017			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			

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

ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2014	2015	2016	2017	2018	TOTAL
MISCELLANEOUS	22,445.	29,031.	41,886.	6,302.	456,148.	555,812.
TOTALS	<u>22,445.</u>	<u>29,031.</u>	<u>41,886.</u>	<u>6,302.</u>	<u>456,148.</u>	<u>555,812.</u>

Schedule of Contributors

2018

▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**
 ▶ **Go to www.irs.gov/Form990 for the latest information.**

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

Organization type (check one):

Filers of:

Section:

- Form 990 or 990-EZ 501(c)(3) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization
- Form 990-PF 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization **INTERCHURCH MEDICAL ASSISTANCE, INC.**

Employer identification number
52-2112460

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 32,247,350.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 12,728,838.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 9,618,077.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization INTERCHURCH MEDICAL ASSISTANCE, INC.

Employer identification number

52-2112460

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_____	_____ _____ _____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_____	_____ _____ _____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_____	_____ _____ _____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_____	_____ _____ _____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_____	_____ _____ _____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_____	_____ _____ _____	\$ _____	_____

Name of organization INTERCHURCH MEDICAL ASSISTANCE, INC.

Employer identification number
52-2112460

Part III *Exclusively* religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ► \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Name of the organization

INTERCHURCH MEDICAL ASSISTANCE, INC.

Employer identification number

52-2112460

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements.

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

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year., 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

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

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

Schedule D (Form 990) 2018

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
a Public exhibition
b Scholarly research
c Preservation for future generations
d Loan or exchange programs
e Other
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

Part IV Escrow and Custodial Arrangements.

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?
b If "Yes," explain the arrangement in Part XIII and complete the following table:
Table with columns: Amount, 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

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

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows include: 1a Beginning of year balance, b Contributions, c Net investment earnings, gains, and losses, d Grants or scholarships, e Other expenditures for facilities and programs, f Administrative expenses, g End of year balance.

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

- a Board designated or quasi-endowment %
b Permanent endowment %
c Temporarily restricted endowment %
The percentages on lines 2a, 2b, and 2c should equal 100%.

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

Table with 3 columns: (i) unrelated organizations, (ii) related organizations, b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?
Sub-table with columns: Yes, No. Rows: 3a(i), 3a(ii), 3b

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

Part VI Land, Buildings, and Equipment.

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

Table with 5 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows include: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other, Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) ADVANCE TO SUB-RECIPIENT	1,601,644.
(2) SECURITY DEPOSIT	373,533.
(3) TRAVEL ADVANCE FIELD OFFICE	310,748.
(4) EMPLOYEE ADVANCE FIELD OFFICE	258,295.
(5) VAT RECEIVABLES	19,568.
(6) TRAVEL ADVANCE US	14,946.
(7) INTEREST RECEIVABLE	1,217.
(8) EMPLOYEE ADVANCE US	1,048.
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	2,580,999.

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DEFERRED LEASE INCENTIVE	631,060.
(3) DEFERRED RENT - LONG TERM	556,328.
(4) DEFERRED LEASE INCENTIVE - SHORT TE	102,334.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	1,289,722.

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

Part XIII Supplemental Information (continued)

PART X, LINE 2

INTERCHURCH MEDICAL ASSISTANCE, INC. (D/B/A IMA WORLD HEALTH)(IMA) IS GENERALLY EXEMPT FROM FEDERAL INCOME TAXES UNDER THE PROVISIONS OF SECTION 501(C)(3) OF THE IRC. IN ADDITION, IMA QUALIFIES FOR CHARITABLE CONTRIBUTION DEDUCTIONS AND HAS BEEN CLASSIFIED AS AN ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION. INCOME, WHICH IS NOT RELATED TO EXEMPT PURPOSES, LESS APPLICABLE DEDUCTIONS, IS SUBJECT TO FEDERAL AND STATE CORPORATE INCOME TAXES. IMA HAD NO NET UNRELATED BUSINESS INCOME FOR THE YEARS ENDED SEPTEMBER 30, 2019.

IMA FOLLOWS THE PROVISIONS OF THE FASB ASC 740-10, ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES. INCOME TAX BENEFITS ARE RECOGNIZED FOR INCOME TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN ONLY WHEN IT IS DETERMINED THAT THE INCOME TAX POSITION WILL MORE-LIKELY-THAN-NOT BE SUSTAINED UPON EXAMINATION BY TAXING AUTHORITIES. LWR-IMA FILES TAX RETURNS IN THE U.S. FEDERAL JURISDICTIONS. IMA BELIEVES THAT INCOME TAX FILING POSITIONS WILL BE SUSTAINED UPON EXAMINATION AND DOES NOT ANTICIPATE ANY ADJUSTMENTS THAT WOULD RESULT IN A MATERIAL ADVERSE EFFECT ON IMA'S FINANCIAL POSITION, RESULTS OF ACTIVITIES OR CASH FLOWS. ACCORDINGLY, IMA HAS NOT RECORDED ANY RESERVES OR RELATED ACCRUALS FOR TAXES, INTEREST AND PENALTIES FOR UNCERTAIN INCOME TAX POSITIONS AT SEPTEMBER 30, 2019. IMA IS OPEN TO EXAMINATION BY TAXING AUTHORITIES FROM 2016 FORWARD.

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2018

Open to Public Inspection

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.

Name of the organization

INTERCHURCH MEDICAL ASSISTANCE, INC.

Employer identification number

52-2112460

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

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in 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 listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) SUB-SAHARAN AFRICA	5.	385.	PROGRAM SERVICES	SEE PART V	19,478,576.
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Subtotal	5.	385.			19,478,576.
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)	5.	385.			19,478,576.

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

Schedule F (Form 990) 2018

Part II 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.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SUB-SAHARAN AFRICA	TUSHINDI C-GBV(P815)	306,270.	WIRE			
(2)			SUB-SAHARAN AFRICA	KENYA PROGRAM P390	306,988.	WIRE			
(3)			SUB-SAHARAN AFRICA	HEALTH SYSTE SOUTH SUDAN	138,160.	WIRE			
(4)			SUB-SAHARAN AFRICA	HEALTH SYSTE SOUTH SUDAN	163,290.	WIRE			
(5)			SUB-SAHARAN AFRICA	HEALTH SYSTE SOUTH SUDAN	129,846.	WIRE			
(6)			SUB-SAHARAN AFRICA	STUNTING IN TANZANIA	310,299.	WIRE			
(7)			SUB-SAHARAN AFRICA	STUNTING IN TANZANIA	807,636.	WIRE			
(8)			SUB-SAHARAN AFRICA	HEALTH SYSTE SOUTH SUDAN	21,474.	WIRE			
(9)			SUB-SAHARAN AFRICA	HEALTH SYSTE SOUTH SUDAN	40,038.	WIRE			
(10)			SUB-SAHARAN AFRICA	HEALTH SYSTE SOUTH SUDAN	43,372.	WIRE			
(11)			SUB-SAHARAN AFRICA	KENYA PROGRAM P390	211,376.	WIRE			
(12)			SUB-SAHARAN AFRICA	HEALTH SYSTE SOUTH SUDAN	936,003.	WIRE			
(13)			SUB-SAHARAN AFRICA	HEALTH SYSTE SOUTH SUDAN	46,627.	WIRE			
(14)			SUB-SAHARAN AFRICA	KENYA PROGRAM P390	270,592.	WIRE			
(15)			SUB-SAHARAN AFRICA	HEALTH CARE IN DR CONGO	816,998.	WIRE			
(16)			SUB-SAHARAN AFRICA	HEALTH CARE IN DR CONGO	246,339.	WIRE			

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

3 Enter total number of other organizations or entities ▶ _____

Part II 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.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SUB-SAHARAN AFRICA	HEALTH SYSTE SOUTH SUDAN	49,384.	WIRE			
(2)			SUB-SAHARAN AFRICA	HEALTH SYSTE SOUTH SUDAN	287,709.	WIRE			
(3)			SUB-SAHARAN AFRICA	TUSHINDI C-GBV(P815)	310,334.	WIRE			
(4)			SUB-SAHARAN AFRICA	HEALTH SYSTE SOUTH SUDAN	62,684.	WIRE			
(5)			SUB-SAHARAN AFRICA	COOK STOVES RESEARCH STU	20,000.	WIRE			
(6)			SUB-SAHARAN AFRICA	EBOLA VIRUS IN N KIVU	301,208.	WIRE			
(7)			SUB-SAHARAN AFRICA	HEALTH CARE IN DR CONGO	1,522,383.	WIRE			
(8)			SUB-SAHARAN AFRICA	HEALTH SYSTE SOUTH SUDAN	50,661.	WIRE			
(9)			SUB-SAHARAN AFRICA	TUSHINDI C-GBV(P815)	112,242.	WIRE			
(10)			SUB-SAHARAN AFRICA	HEALTH SYSTE SOUTH SUDAN	146,658.	WIRE			
(11)			SUB-SAHARAN AFRICA	PROJECT DRC (P425)	52,577.	WIRE			
(12)			SUB-SAHARAN AFRICA	PROJECT DRC (P425)	102,373.	WIRE			
(13)			SUB-SAHARAN AFRICA	PROJECT DRC (P425)	549,083.	WIRE			
(14)			SUB-SAHARAN AFRICA	TUSHINDI C-GBV(P815)	545,967.	WIRE			
(15)			SUB-SAHARAN AFRICA	TUSHINDI C-GBV(P815)	390,816.	WIRE			
(16)			SUB-SAHARAN AFRICA	HEALTH SYSTE SOUTH SUDAN	357,551.	WIRE			

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

3 Enter total number of other organizations or entities ▶ _____

Part II **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.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SUB-SAHARAN AFRICA	HEALTH CARE IN DR CONGO	3,698,055.	WIRE			
(2)			SUB-SAHARAN AFRICA	HEALTH SERVI IN KENYA	170,080.	CASH/CHECK			
(3)			SUB-SAHARAN AFRICA	HEALTH SERVI IN KENYA	29,209.	CASH/CHECK			
(4)			SUB-SAHARAN AFRICA	HEALTH SERVI IN KENYA	150,018.	CASH/CHECK			
(5)			SUB-SAHARAN AFRICA	HEALTH SERVI IN KENYA	74,366.	CASH/CHECK			
(6)			SUB-SAHARAN AFRICA	HEALTH SERVI IN KENYA	47,537.	CASH/CHECK			
(7)			SUB-SAHARAN AFRICA	HEALTH SERVI IN KENYA	85,345.	CASH/CHECK			
(8)			SUB-SAHARAN AFRICA	HEALTH SERVI IN KENYA	11,935.	CASH/CHECK			
(9)			SUB-SAHARAN AFRICA	HEALTH SERVI IN KENYA	352,817.	CASH/CHECK			
(10)			SUB-SAHARAN AFRICA	HEALTH SERVI IN KENYA	104,089.	CASH/CHECK			
(11)			SUB-SAHARAN AFRICA	HEALTH SERVI IN KENYA	8,452.	CASH/CHECK			
(12)			SUB-SAHARAN AFRICA	HEALTH SERVI IN KENYA	71,483.	CASH/CHECK			
(13)			SUB-SAHARAN AFRICA	STUNTING IN TANZANIA	17,052.	CASH/CHECK			
(14)			SUB-SAHARAN AFRICA	STUNTING IN TANZANIA	30,734.	CASH/CHECK			
(15)			SUB-SAHARAN AFRICA	STUNTING IN TANZANIA	7,677.	CASH/CHECK			
(16)			SUB-SAHARAN AFRICA	STUNTING IN TANZANIA	7,725.	CASH/CHECK			

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

3 Enter total number of other organizations or entities ▶ _____

Part II **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.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SUB-SAHARAN AFRICA	STUNTING IN TANZANIA	18,858.	CASH/CHECK			
(2)			SUB-SAHARAN AFRICA	STUNTING IN TANZANIA	16,125.	CASH/CHECK			
(3)			SUB-SAHARAN AFRICA	STUNTING IN TANZANIA	9,466.	CASH/CHECK			
(4)			SUB-SAHARAN AFRICA	STUNTING IN TANZANIA	16,960.	CASH/CHECK			
(5)			SUB-SAHARAN AFRICA	STUNTING IN TANZANIA	6,981.	CASH/CHECK			
(6)			SUB-SAHARAN AFRICA	STUNTING IN TANZANIA	11,016.	CASH/CHECK			
(7)			SUB-SAHARAN AFRICA	STUNTING IN TANZANIA	12,278.	CASH/CHECK			
(8)			SUB-SAHARAN AFRICA	STUNTING IN TANZANIA	15,396.	CASH/CHECK			
(9)			SUB-SAHARAN AFRICA	STUNTING IN TANZANIA	32,755.	CASH/CHECK			
(10)			SUB-SAHARAN AFRICA	STUNTING IN TANZANIA	34,239.	CASH/CHECK			
(11)			SUB-SAHARAN AFRICA	STUNTING IN TANZANIA	10,541.	CASH/CHECK			
(12)			SUB-SAHARAN AFRICA	STUNTING IN TANZANIA	43,829.	CASH/CHECK			
(13)			SUB-SAHARAN AFRICA	STUNTING IN TANZANIA	13,607.	CASH/CHECK			
(14)			SUB-SAHARAN AFRICA	STUNTING IN TANZANIA	28,249.	CASH/CHECK			
(15)			SUB-SAHARAN AFRICA	STUNTING IN TANZANIA	49,617.	CASH/CHECK			
(16)			SUB-SAHARAN AFRICA	STUNTING IN TANZANIA	32,035.	CASH/CHECK			

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3 Enter total number of other organizations or entities ▶ _____

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1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SUB-SAHARAN AFRICA	STUNTING IN TANZANIA	43,726.	CASH/CHECK			
(2)			SUB-SAHARAN AFRICA	STUNTING IN TANZANIA	17,103.	CASH/CHECK			
(3)			SUB-SAHARAN AFRICA	STUNTING IN TANZANIA	16,443.	CASH/CHECK			
(4)			SUB-SAHARAN AFRICA	STUNTING IN TANZANIA	36,139.	CASH/CHECK			
(5)			SUB-SAHARAN AFRICA	STUNTING IN TANZANIA	16,413.	CASH/CHECK			
(6)			SUB-SAHARAN AFRICA	STUNTING IN TANZANIA	11,259.	CASH/CHECK			
(7)			SUB-SAHARAN AFRICA	STUNTING IN TANZANIA	16,449.	CASH/CHECK			
(8)			SUB-SAHARAN AFRICA	STUNTING IN TANZANIA	15,402.	CASH/CHECK			
(9)			SUB-SAHARAN AFRICA	STUNTING IN TANZANIA	15,673.	CASH/CHECK			
(10)			SUB-SAHARAN AFRICA	STUNTING IN TANZANIA	5,232.	CASH/CHECK			
(11)			SUB-SAHARAN AFRICA	STUNTING IN TANZANIA	21,859.	CASH/CHECK			
(12)			SUB-SAHARAN AFRICA	STUNTING IN TANZANIA	15,396.	CASH/CHECK			
(13)			SUB-SAHARAN AFRICA	STUNTING IN TANZANIA	21,901.	CASH/CHECK			
(14)			SUB-SAHARAN AFRICA	STUNTING IN TANZANIA	27,261.	CASH/CHECK			
(15)			SUB-SAHARAN AFRICA	STUNTING IN TANZANIA	46,461.	CASH/CHECK			
(16)			SUB-SAHARAN AFRICA	STUNTING IN TANZANIA	16,443.	CASH/CHECK			

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3 Enter total number of other organizations or entities ▶ _____

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1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SUB-SAHARAN AFRICA	STUNTING IN TANZANIA	11,359.	CASH/CHECK			
(2)			SUB-SAHARAN AFRICA	STUNTING IN TANZANIA	24,672.	CASH/CHECK			
(3)			SUB-SAHARAN AFRICA	STUNTING IN TANZANIA	16,650.	CASH/CHECK			
(4)			SUB-SAHARAN AFRICA	STUNTING IN TANZANIA	14,155.	CASH/CHECK			
(5)			SUB-SAHARAN AFRICA	STUNTING IN TANZANIA	14,864.	CASH/CHECK			
(6)			SUB-SAHARAN AFRICA	STUNTING IN TANZANIA	6,810.	CASH/CHECK			
(7)			SUB-SAHARAN AFRICA	STUNTING IN TANZANIA	14,254.	CASH/CHECK			
(8)			SUB-SAHARAN AFRICA	STUNTING IN TANZANIA	21,988.	CASH/CHECK			
(9)			SUB-SAHARAN AFRICA	STUNTING IN TANZANIA	23,127.	CASH/CHECK			
(10)			SUB-SAHARAN AFRICA	STUNTING IN TANZANIA	17,413.	CASH/CHECK			
(11)			SUB-SAHARAN AFRICA	STUNTING IN TANZANIA	14,826.	CASH/CHECK			
(12)			SUB-SAHARAN AFRICA	STUNTING IN TANZANIA	26,087.	CASH/CHECK			
(13)			SUB-SAHARAN AFRICA	STUNTING IN TANZANIA	28,567.	CASH/CHECK			
(14)			SUB-SAHARAN AFRICA	STUNTING IN TANZANIA	15,679.	CASH/CHECK			
(15)			SUB-SAHARAN AFRICA	STUNTING IN TANZANIA	18,684.	CASH/CHECK			
(16)			SUB-SAHARAN AFRICA	STUNTING IN TANZANIA	9,159.	CASH/CHECK			

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3 Enter total number of other organizations or entities ▶ _____

Part II 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.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SUB-SAHARAN AFRICA	STUNTING IN TANZANIA	8,879.	CASH/CHECK			
(2)			SUB-SAHARAN AFRICA	STUNTING IN TANZANIA	10,062.	CASH/CHECK			
(3)			SUB-SAHARAN AFRICA	STUNTING IN TANZANIA	16,863.	CASH/CHECK			
(4)			SUB-SAHARAN AFRICA	STUNTING IN TANZANIA	22,289.	CASH/CHECK			
(5)			SUB-SAHARAN AFRICA	STUNTING IN TANZANIA	42,239.	CASH/CHECK			
(6)			SUB-SAHARAN AFRICA	STUNTING IN TANZANIA	14,014.	CASH/CHECK			
(7)			SUB-SAHARAN AFRICA	STUNTING IN TANZANIA	18,387.	CASH/CHECK			
(8)			SUB-SAHARAN AFRICA	STUNTING IN TANZANIA	15,402.	CASH/CHECK			
(9)			SUB-SAHARAN AFRICA	STUNTING IN TANZANIA	14,239.	CASH/CHECK			
(10)			SUB-SAHARAN AFRICA	STUNTING IN TANZANIA	34,096.	CASH/CHECK			
(11)			SUB-SAHARAN AFRICA	STUNTING IN TANZANIA	25,261.	CASH/CHECK			
(12)			SUB-SAHARAN AFRICA	STUNTING IN TANZANIA	7,725.	CASH/CHECK			
(13)			SUB-SAHARAN AFRICA	STUNTING IN TANZANIA	20,345.	CASH/CHECK			
(14)			SUB-SAHARAN AFRICA	STUNTING IN TANZANIA	6,266.	CASH/CHECK			
(15)			SUB-SAHARAN AFRICA	STUNTING IN TANZANIA	12,680.	CASH/CHECK			
(16)			SUB-SAHARAN AFRICA	STUNTING IN TANZANIA	14,944.	CASH/CHECK			

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Part II 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.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SUB-SAHARAN AFRICA	STUNTING IN TANZANIA	22,019.	CASH/CHECK			
(2)			SUB-SAHARAN AFRICA	STUNTING IN TANZANIA	12,099.	CASH/CHECK			
(3)			SUB-SAHARAN AFRICA	STUNTING IN TANZANIA	7,360.	CASH/CHECK			
(4)			SUB-SAHARAN AFRICA	STUNTING IN TANZANIA	9,042.	CASH/CHECK			
(5)			SUB-SAHARAN AFRICA	STUNTING IN TANZANIA	15,402.	CASH/CHECK			
(6)			SUB-SAHARAN AFRICA	STUNTING IN TANZANIA	30,712.	CASH/CHECK			
(7)			SUB-SAHARAN AFRICA	STUNTING IN TANZANIA	21,988.	CASH/CHECK			
(8)			SUB-SAHARAN AFRICA	STUNTING IN TANZANIA	14,311.	CASH/CHECK			
(9)			SUB-SAHARAN AFRICA	STUNTING IN TANZANIA	15,777.	CASH/CHECK			
(10)			SUB-SAHARAN AFRICA	STUNTING IN TANZANIA	65,538.	CASH/CHECK			
(11)			SUB-SAHARAN AFRICA	STUNTING IN TANZANIA	56,575.	CASH/CHECK			
(12)			SUB-SAHARAN AFRICA	STUNTING IN TANZANIA	35,442.	CASH/CHECK			
(13)			SUB-SAHARAN AFRICA	STUNTING IN TANZANIA	12,377.	CASH/CHECK			
(14)			SUB-SAHARAN AFRICA	STUNTING IN TANZANIA	22,952.	CASH/CHECK			
(15)			SUB-SAHARAN AFRICA	STUNTING IN TANZANIA	64,024.	CASH/CHECK			
(16)			SUB-SAHARAN AFRICA	STUNTING IN TANZANIA	18,630.	CASH/CHECK			

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(1)			SUB-SAHARAN AFRICA	STUNTING IN TANZANIA	12,973.	CASH/CHECK			
(2)			SUB-SAHARAN AFRICA	STUNTING IN TANZANIA	7,345.	CASH/CHECK			
(3)			SUB-SAHARAN AFRICA	STUNTING IN TANZANIA	16,529.	CASH/CHECK			
(4)			SUB-SAHARAN AFRICA	STUNTING IN TANZANIA	16,190.	CASH/CHECK			
(5)			SUB-SAHARAN AFRICA	STUNTING IN TANZANIA	14,377.	CASH/CHECK			
(6)			SUB-SAHARAN AFRICA	STUNTING IN TANZANIA	46,139.	CASH/CHECK			
(7)			SUB-SAHARAN AFRICA	STUNTING IN TANZANIA	35,720.	CASH/CHECK			
(8)			SUB-SAHARAN AFRICA	STUNTING IN TANZANIA	38,784.	CASH/CHECK			
(9)			SUB-SAHARAN AFRICA	STUNTING IN TANZANIA	15,402.	CASH/CHECK			
(10)			SUB-SAHARAN AFRICA	STUNTING IN TANZANIA	48,896.	CASH/CHECK			
(11)			SUB-SAHARAN AFRICA	STUNTING IN TANZANIA	7,246.	CASH/CHECK			
(12)			SUB-SAHARAN AFRICA	STUNTING IN TANZANIA	8,347.	CASH/CHECK			
(13)			SUB-SAHARAN AFRICA	STUNTING IN TANZANIA	10,866.	CASH/CHECK			
(14)			SUB-SAHARAN AFRICA	STUNTING IN TANZANIA	35,572.	CASH/CHECK			
(15)			SUB-SAHARAN AFRICA	STUNTING IN TANZANIA	125,764.	CASH/CHECK			
(16)			SUB-SAHARAN AFRICA	STUNTING IN TANZANIA	17,966.	CASH/CHECK			

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(1)			SUB-SAHARAN AFRICA	STUNTING IN TANZANIA	17,431.	CASH/CHECK			
(2)			SUB-SAHARAN AFRICA	STUNTING IN TANZANIA	8,645.	CASH/CHECK			
(3)			SUB-SAHARAN AFRICA	STUNTING IN TANZANIA	17,043.	CASH/CHECK			
(4)			SUB-SAHARAN AFRICA	STUNTING IN TANZANIA	8,210.	CASH/CHECK			
(5)			SUB-SAHARAN AFRICA	STUNTING IN TANZANIA	14,110.	CASH/CHECK			
(6)			SUB-SAHARAN AFRICA	STUNTING IN TANZANIA	29,031.	CASH/CHECK			
(7)			SUB-SAHARAN AFRICA	STUNTING IN TANZANIA	6,646.	CASH/CHECK			
(8)			SUB-SAHARAN AFRICA	STUNTING IN TANZANIA	11,597.	CASH/CHECK			
(9)			SUB-SAHARAN AFRICA	STUNTING IN TANZANIA	51,245.	CASH/CHECK			
(10)			SUB-SAHARAN AFRICA	STUNTING IN TANZANIA	7,284.	CASH/CHECK			
(11)			SUB-SAHARAN AFRICA	STUNTING IN TANZANIA	11,507.	CASH/CHECK			
(12)			SUB-SAHARAN AFRICA	STUNTING IN TANZANIA	11,009.	CASH/CHECK			
(13)			SUB-SAHARAN AFRICA	STUNTING IN TANZANIA	19,670.	CASH/CHECK			
(14)			SUB-SAHARAN AFRICA	STUNTING IN TANZANIA	7,217.	CASH/CHECK			
(15)			SUB-SAHARAN AFRICA	STUNTING IN TANZANIA	60,765.	CASH/CHECK			
(16)			SUB-SAHARAN AFRICA	STUNTING IN TANZANIA	24,309.	CASH/CHECK			

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(1)			SUB-SAHARAN AFRICA	STUNTING IN TANZANIA	28,297.	CASH/CHECK			
(2)			SUB-SAHARAN AFRICA	STUNTING IN TANZANIA	20,901.	CASH/CHECK			
(3)			SUB-SAHARAN AFRICA	STUNTING IN TANZANIA	12,450.	CASH/CHECK			
(4)			SUB-SAHARAN AFRICA	STUNTING IN TANZANIA	8,990.	CASH/CHECK			
(5)			SUB-SAHARAN AFRICA	STUNTING IN TANZANIA	17,957.	CASH/CHECK			
(6)			SUB-SAHARAN AFRICA	STUNTING IN TANZANIA	21,988.	CASH/CHECK			
(7)			SUB-SAHARAN AFRICA	STUNTING IN TANZANIA	39,133.	CASH/CHECK			
(8)			SUB-SAHARAN AFRICA	STUNTING IN TANZANIA	43,963.	CASH/CHECK			
(9)			SUB-SAHARAN AFRICA	STUNTING IN TANZANIA	12,144.	CASH/CHECK			
(10)			SUB-SAHARAN AFRICA	STUNTING IN TANZANIA	18,511.	CASH/CHECK			
(11)			SUB-SAHARAN AFRICA	STUNTING IN TANZANIA	18,006.	CASH/CHECK			
(12)			SUB-SAHARAN AFRICA	STUNTING IN TANZANIA	12,534.	CASH/CHECK			
(13)			SUB-SAHARAN AFRICA	STUNTING IN TANZANIA	16,443.	CASH/CHECK			
(14)			SUB-SAHARAN AFRICA	STUNTING IN TANZANIA	11,568.	CASH/CHECK			
(15)			SUB-SAHARAN AFRICA	STUNTING IN TANZANIA	49,968.	CASH/CHECK			
(16)			SUB-SAHARAN AFRICA	STUNTING IN TANZANIA	13,539.	CASH/CHECK			

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(1)			SUB-SAHARAN AFRICA	STUNTING IN TANZANIA	14,036.	CASH/CHECK			
(2)			SUB-SAHARAN AFRICA	STUNTING IN TANZANIA	26,595.	CASH/CHECK			
(3)			SUB-SAHARAN AFRICA	STUNTING IN TANZANIA	10,065.	CASH/CHECK			
(4)			SUB-SAHARAN AFRICA	STUNTING IN TANZANIA	9,502.	CASH/CHECK			
(5)			SUB-SAHARAN AFRICA	STUNTING IN TANZANIA	7,659.	CASH/CHECK			
(6)			SUB-SAHARAN AFRICA	STUNTING IN TANZANIA	7,891.	CASH/CHECK			
(7)			SUB-SAHARAN AFRICA	STUNTING IN TANZANIA	17,380.	CASH/CHECK			
(8)			SUB-SAHARAN AFRICA	STUNTING IN TANZANIA	18,886.	CASH/CHECK			
(9)			SUB-SAHARAN AFRICA	STUNTING IN TANZANIA	15,738.	CASH/CHECK			
(10)			SUB-SAHARAN AFRICA	STUNTING IN TANZANIA	19,549.	CASH/CHECK			
(11)			SUB-SAHARAN AFRICA	STUNTING IN TANZANIA	43,173.	CASH/CHECK			
(12)			SUB-SAHARAN AFRICA	STUNTING IN TANZANIA	82,662.	CASH/CHECK			
(13)			SUB-SAHARAN AFRICA	STUNTING IN TANZANIA	30,139.	CASH/CHECK			
(14)			SUB-SAHARAN AFRICA	STUNTING IN TANZANIA	16,449.	CASH/CHECK			
(15)			SUB-SAHARAN AFRICA	STUNTING IN TANZANIA	51,545.	CASH/CHECK			
(16)			SUB-SAHARAN AFRICA	STUNTING IN TANZANIA	16,777.	CASH/CHECK			

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1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SUB-SAHARAN AFRICA	STUNTING IN TANZANIA	15,402.	CASH/CHECK			
(2)			SUB-SAHARAN AFRICA	STUNTING IN TANZANIA	18,411.	CASH/CHECK			
(3)			SUB-SAHARAN AFRICA	STUNTING IN TANZANIA	21,988.	CASH/CHECK			
(4)			SUB-SAHARAN AFRICA	STUNTING IN TANZANIA	10,058.	CASH/CHECK			
(5)			SUB-SAHARAN AFRICA	STUNTING IN TANZANIA	22,197.	CASH/CHECK			
(6)			SUB-SAHARAN AFRICA	STUNTING IN TANZANIA	13,981.	CASH/CHECK			
(7)			SUB-SAHARAN AFRICA	STUNTING IN TANZANIA	37,170.	CASH/CHECK			
(8)			SUB-SAHARAN AFRICA	STUNTING IN TANZANIA	10,372.	CASH/CHECK			
(9)			SUB-SAHARAN AFRICA	STUNTING IN TANZANIA	12,022.	CASH/CHECK			
(10)			SUB-SAHARAN AFRICA	STUNTING IN TANZANIA	16,449.	CASH/CHECK			
(11)			SUB-SAHARAN AFRICA	STUNTING IN TANZANIA	30,718.	CASH/CHECK			
(12)			SUB-SAHARAN AFRICA	STUNTING IN TANZANIA	11,532.	CASH/CHECK			
(13)			SUB-SAHARAN AFRICA	STUNTING IN TANZANIA	17,568.	CASH/CHECK			
(14)			SUB-SAHARAN AFRICA	STUNTING IN TANZANIA	64,559.	CASH/CHECK			
(15)			SUB-SAHARAN AFRICA	STUNTING IN TANZANIA	20,811.	CASH/CHECK			
(16)			SUB-SAHARAN AFRICA	STUNTING IN TANZANIA	22,662.	CASH/CHECK			

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

3 Enter total number of other organizations or entities ▶ _____

Part II 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.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SUB-SAHARAN AFRICA	STUNTING IN TANZANIA	13,645.	CASH/CHECK			
(2)			SUB-SAHARAN AFRICA	STUNTING IN TANZANIA	14,451.	CASH/CHECK			
(3)			SUB-SAHARAN AFRICA	STUNTING IN TANZANIA	8,936.	CASH/CHECK			
(4)			SUB-SAHARAN AFRICA	STUNTING IN TANZANIA	19,368.	CASH/CHECK			
(5)			SUB-SAHARAN AFRICA	STUNTING IN TANZANIA	22,380.	CASH/CHECK			
(6)			SUB-SAHARAN AFRICA	STUNTING IN TANZANIA	20,327.	CASH/CHECK			
(7)			SUB-SAHARAN AFRICA	STUNTING IN TANZANIA	36,890.	CASH/CHECK			
(8)			SUB-SAHARAN AFRICA	STUNTING IN TANZANIA	16,864.	CASH/CHECK			
(9)			SUB-SAHARAN AFRICA	STUNTING IN TANZANIA	6,808.	CASH/CHECK			
(10)			SUB-SAHARAN AFRICA	STUNTING IN TANZANIA	17,105.	CASH/CHECK			
(11)			SUB-SAHARAN AFRICA	STUNTING IN TANZANIA	140,948.	CASH/CHECK			
(12)			SUB-SAHARAN AFRICA	STUNTING IN TANZANIA	5,409.	CASH/CHECK			
(13)			SUB-SAHARAN AFRICA	STUNTING IN TANZANIA	16,449.	CASH/CHECK			
(14)			SUB-SAHARAN AFRICA	STUNTING IN TANZANIA	17,143.	CASH/CHECK			
(15)			SUB-SAHARAN AFRICA	STUNTING IN TANZANIA	12,829.	CASH/CHECK			
(16)			SUB-SAHARAN AFRICA	STUNTING IN TANZANIA	16,449.	CASH/CHECK			

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

3 Enter total number of other organizations or entities ▶ _____

Part II **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.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SUB-SAHARAN AFRICA	STUNTING IN TANZANIA	7,567.	CASH/CHECK			
(2)			SUB-SAHARAN AFRICA	STUNTING IN TANZANIA	21,988.	CASH/CHECK			
(3)			SUB-SAHARAN AFRICA	STUNTING IN TANZANIA	41,772.	CASH/CHECK			
(4)			SUB-SAHARAN AFRICA	STUNTING IN TANZANIA	10,677.	CASH/CHECK			
(5)			SUB-SAHARAN AFRICA	STUNTING IN TANZANIA	16,449.	CASH/CHECK			
(6)			SUB-SAHARAN AFRICA	STUNTING IN TANZANIA	20,979.	CASH/CHECK			
(7)			SUB-SAHARAN AFRICA	STUNTING IN TANZANIA	26,214.	CASH/CHECK			
(8)			SUB-SAHARAN AFRICA	STUNTING IN TANZANIA	15,402.	CASH/CHECK			
(9)			SUB-SAHARAN AFRICA	STUNTING IN TANZANIA	37,197.	CASH/CHECK			
(10)			SUB-SAHARAN AFRICA	STUNTING IN TANZANIA	23,058.	CASH/CHECK			
(11)			SUB-SAHARAN AFRICA	STUNTING IN TANZANIA	25,927.	CASH/CHECK			
(12)			SUB-SAHARAN AFRICA	STUNTING IN TANZANIA	16,621.	CASH/CHECK			
(13)			SUB-SAHARAN AFRICA	STUNTING IN TANZANIA	9,976.	CASH/CHECK			
(14)			SUB-SAHARAN AFRICA	STUNTING IN TANZANIA	13,166.	CASH/CHECK			
(15)			SUB-SAHARAN AFRICA	STUNTING IN TANZANIA	52,635.	CASH/CHECK			
(16)			SUB-SAHARAN AFRICA	STUNTING IN TANZANIA	20,589.	CASH/CHECK			

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

3 Enter total number of other organizations or entities ▶ _____

Part II 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.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SUB-SAHARAN AFRICA	STUNTING IN TANZANIA	9,355.	CASH/CHECK			
(2)			SUB-SAHARAN AFRICA	STUNTING IN TANZANIA	31,956.	CASH/CHECK			
(3)			SUB-SAHARAN AFRICA	STUNTING IN TANZANIA	33,401.	CASH/CHECK			
(4)			SUB-SAHARAN AFRICA	STUNTING IN TANZANIA	22,064.	CASH/CHECK			
(5)			SUB-SAHARAN AFRICA	STUNTING IN TANZANIA	14,821.	CASH/CHECK			
(6)			SUB-SAHARAN AFRICA	STUNTING IN TANZANIA	10,627.	CASH/CHECK			
(7)			SUB-SAHARAN AFRICA	STUNTING IN TANZANIA	18,489.	CASH/CHECK			
(8)			SUB-SAHARAN AFRICA	STUNTING IN TANZANIA	11,885.	CASH/CHECK			
(9)			SUB-SAHARAN AFRICA	STUNTING IN TANZANIA	14,643.	CASH/CHECK			
(10)			SUB-SAHARAN AFRICA	STUNTING IN TANZANIA	12,902.	CASH/CHECK			
(11)			SUB-SAHARAN AFRICA	STUNTING IN TANZANIA	14,271.	CASH/CHECK			
(12)			SUB-SAHARAN AFRICA	STUNTING IN TANZANIA	17,584.	CASH/CHECK			
(13)			SUB-SAHARAN AFRICA	STUNTING IN TANZANIA	7,725.	CASH/CHECK			
(14)			SUB-SAHARAN AFRICA	STUNTING IN TANZANIA	43,967.	CASH/CHECK			
(15)			SUB-SAHARAN AFRICA	STUNTING IN TANZANIA	10,794.	CASH/CHECK			
(16)			SUB-SAHARAN AFRICA	STUNTING IN TANZANIA	17,539.	CASH/CHECK			

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

3 Enter total number of other organizations or entities ▶ _____

Part II **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.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SUB-SAHARAN AFRICA	STUNTING IN TANZANIA	19,328.	CASH/CHECK			
(2)			SUB-SAHARAN AFRICA	STUNTING IN TANZANIA	18,630.	CASH/CHECK			
(3)			SUB-SAHARAN AFRICA	STUNTING IN TANZANIA	7,725.	CASH/CHECK			
(4)			SUB-SAHARAN AFRICA	STUNTING IN TANZANIA	20,658.	CASH/CHECK			
(5)			SUB-SAHARAN AFRICA	STUNTING IN TANZANIA	18,630.	CASH/CHECK			
(6)			SUB-SAHARAN AFRICA	STUNTING IN TANZANIA	5,791.	CASH/CHECK			
(7)			SUB-SAHARAN AFRICA	STUNTING IN TANZANIA	58,674.	CASH/CHECK			
(8)			SUB-SAHARAN AFRICA	STUNTING IN TANZANIA	38,966.	CASH/CHECK			
(9)			SUB-SAHARAN AFRICA	STUNTING IN TANZANIA	38,958.	CASH/CHECK			
(10)			SUB-SAHARAN AFRICA	STUNTING IN TANZANIA	22,051.	CASH/CHECK			
(11)			SUB-SAHARAN AFRICA	STUNTING IN TANZANIA	11,415.	CASH/CHECK			
(12)			SUB-SAHARAN AFRICA	STUNTING IN TANZANIA	42,343.	CASH/CHECK			
(13)			SUB-SAHARAN AFRICA	STUNTING IN TANZANIA	14,358.	CASH/CHECK			
(14)			SUB-SAHARAN AFRICA	STUNTING IN TANZANIA	14,230.	CASH/CHECK			
(15)			SUB-SAHARAN AFRICA	STUNTING IN TANZANIA	15,402.	CASH/CHECK			
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 283.

3 Enter total number of other organizations or entities ▶

Part III **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.

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

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to 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

Part V Supplemental Information

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

SCHEDULE F, PART I, LINE 2:

IMA CONDUCTS REVIEWS OF THE FINANCIAL REPORT FROM THE RECIPIENT'S ORGANIZATIONS ON A MONTHLY OR QUARTERLY BASIS, DEPENDING ON THE REPORTING REQUIREMENTS, ON THE USE OF THE GRANT AS COMPARED TO THE BUDGET AND SCOPE OF WORK. INDEPENDENT AUDIT REPORTS ARE REQUIRED FOR SUB-RECIPIENTS RECEIVING OVER \$750,000 IN FUNDING FROM IMA. FIELD VISITS ARE CONDUCTED AS DEEMED NECESSARY BY EITHER HQ FINANCE/COMPLIANCE PERSONNEL OR IN-COUNTRY FINANCE PERSONNEL.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Name of the organization

INTERCHURCH MEDICAL ASSISTANCE, INC.

Employer identification number

52-2112460

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
 - b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
 - c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
 - b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
 - b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1a		
1b		
2		
3		
4a		X
4b	X	
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2018

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 AMB. DANIEL V. SPECKHAR PRESIDENT AND CEO	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	314,768.	9,270.	14,532.	65,661.	2,978.	407,209.	0.
2 MS. JOANN THEYS VP FIN & ADMIN/TREAS	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	184,406.	5,000.	960.	17,530.	4,459.	212,355.	0.
3 MR. TIMOTHY MCCULLY SVP INTERNATIONAL PROGRAMS	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	184,061.	4,000.	960.	17,400.	28,563.	234,984.	0.
4 MS. WENDY ROTHENBERGER VP, PRESIDENT'S OFFICE & HR	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	170,490.	10,000.	960.	16,542.	10,306.	208,298.	0.
5 RICHARD SANTOS OFFICER- PRESIDENT & CEO (FORM	(i)	232,651.	10,914.	0.	18,586.	6,855.	269,006.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
6 JAMES COX CHIEF OPERATING OFFICER (FORME	(i)	173,683.	16,964.	0.	7,488.	18,328.	216,463.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
7 LUCAS KING TANZANIA COUNTRY DIRECTOR	(i)	114,871.	0.	68,964.	5,801.	700.	190,336.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
8 ROBERTO FLORES VP & CHIEF INNOVATION OFFICER	(i)	184,356.	6,263.	0.	940.	689.	192,248.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
9 SCOTT SHANNON DEPUTY COUNTRY DIRECTOR - DRC	(i)	92,159.	92,775.	204.	8,913.	1,004.	195,055.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
10 MARY LINEHAN SR. TECHNICAL DIRECTOR	(i)	163,632.	0.	17,676.	13,135.	18,558.	213,001.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
11 NINO WILLSEA SR. DIR. CONTRACTS & GRANTS	(i)	143,621.	7,250.	204.	7,776.	2,339.	161,190.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
12 WILLIAM CLEMMER CHIEF OF PARTY - USHINDI	(i)	130,020.	0.	17,676.	11,423.	11,640.	170,759.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Part III Supplemental Information

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

SCHEDULE J, PART I, LINE 4B:

AMB. DANIEL V. SPECKHARD, RT. PARTICIPATED IN A NON-QUALIFIED (SECTION 457(F)) DURING 2018 UNDER WHICH \$35,000 IN DEFERRED COMPENSATION WAS RECORDED.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

INTERCHURCH MEDICAL ASSISTANCE, INC.

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.

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

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Employer identification number

52-2112460

FORM 990, PART III, LINE 4D, PROGRAM SERVICES ACCOMPLISHMENTS:

SOUTH SUDAN:

IMA WORKS TOWARDS FUNDING EMERGENCIES ARISING FROM THE NEEDS OF INTERNALLY DISPLACED PEOPLE (IDPS) AND HOST FAMILIES BY DELIVERING HEALTH SERVICES, CRITICAL NUTRITION RESPONSE TO VICTIMS OF GENDER-BASED VIOLENCE, HEALTH CONSULTANTS, AND SCREENING FOR MALNUTRITION. IMA ACCOMPLISHES THIS THROUGH MOBILE CLINICS IN DESPERATE AND DIFFICULT TO ACCESS LOCATIONS. IMA PARTICIPATES IN IMPLEMENTING A FLAGSHIP HEALTH SYSTEMS STRENGTHENING INITIATIVE THROUGH THE RAPID RESULTS HEALTH PROJECT (RRHP) TO PROVIDE PREVENTIVE AND CURATIVE HEALTH SERVICES. IMA SUPPORTED PROVISION OF REPRODUCTIVE HEALTH AND GENDER BASED SERVICES.

EXPENSES: \$6,070,636 GRANTS: \$384,831 REVENUE: \$617,015.

FORM 990, PART III, LINE 4E, PROGRAM SERVICES ACCOMPLISHMENTS:

HAITI:

IMA IMPLEMENTED USAID'S ENVISION AND ACT TO END NTDS | EAST PROGRAMS IN FY19, WHERE IMA PARTNERS WITH THE HAITI NEGLECTED TROPICAL DISEASES CONTROL PROGRAM (HNTDCP) TO PROVIDE MASS DRUG ADMINISTRATION (MDA) THROUGH COMMUNITY POSTS AND SCHOOLS ACROSS HAITI'S 10 DEPARTMENTS TO TREAT LYMPHATIC FILARIASIS (LF) AND OIL-TRANSMITTED HELMINTHES INFECTION (STH). UNDER ITS MALARIA CONTROL PROGRAM, IMA PARTNERS WITH THE MALARIA

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

ZERO CONSORTIUM TO DISTRIBUTE INSECTICIDE TREATED BED NETS, REACHING OVER 1,800 HOUSEHOLD MEMBERS. UNDER ITS WASH PROGRAM, IMA DISTRIBUTES WATER PURIFICATION TABLETS, MICRONUTRIENTS, IMPROVED WASH INFRASTRUCTURE (LATRINES, HANDWASHING STATIONS), AND TRAINS COMMUNITY HEALTH WORKERS AND RELIGIOUS LEADERS ON WASH KNOWLEDGE AND PRACTICES, WITH AN AIM OF DISTRIBUTING INFORMATION ON HYGIENE, HEALTH AND NUTRITION PRACTICES.

EXPENSES: \$3,188,330 GRANTS: \$16,404 REVENUE: \$0.

PROGRAM SUPPORT AT IMA HEADQUATERS: PROGRAMS STAFF THAT DIRECTLY SUPPORT THE VARIOUS COUNTRY OFFICES AND PROJECTS. WHILE THESE STAFF SIT IN

SUPPORTING THE VARIOUS COUNTRY OFFICES AND THE PROGRAMS AROUND THE WORLD

EXPENSES: \$3,498,764 GRANTS: \$4,825 REVENUE: \$0.

GUATEMALA:

IMA WORKS TOWARDS FUNDING THE CONTROL AND ELIMINATION PROGRAM FOR NEGLECTED TROPICAL DISEASES, PROMOTES WASH PROGRAM, AND DISTRIBUTION OF COOK STOVES.

EXPENSES: \$97,739 GRANTS: \$0. REVENUE: \$0.

Name of the organization INTERCHURCH MEDICAL ASSISTANCE, INC.	Employer identification number 52-2112460
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FORM 990, PART V, LINE 4B, LIST OF FOREIGN COUNTRIES:

DEMOCRATIC REPUBLIC OF CONGO, KENYA, TANZANIA, SOUTH SUDAN, HAITI,
INDONESIA.

FORM 990, PART VI, SECTION A LINE 6:

IMA HAS 13 MEMBERS WHICH ARE NON-PROFIT CHARITABLE ORGANIZATIONS.

FORM 990, PART VI, SECTION A LINE 7A:

IMA HAS MEMBERS WHO MEET ANNUALLY TO ELECT THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION A LINE 7B:

THE MEMBERS MUST APPROVE ANY CHANGES TO THE ARTICLES OF INCORPORATION,
APPROVE NEW BOARD MEMBERS AND RECEIVE REPORTS.

FORM 990, PART VI, SECTION B, LINE 11B:

IMA WORLD HEALTH'S CHIEF FINANCIAL OFFICER PROVIDES A DRAFT COPY OF THE
FEDERAL FORM 990 TO THE FINANCE COMMITTEE OF THE BOARD OF DIRECTORS FOR
QUESTIONS AND COMMENTS PRIOR TO SUBMISSION. ONCE THEIR REVIEW IS
COMPLETE AND THE FINANCE COMMITTEE HAS APPROVED THE DRAFT FORM 990, THE
FEDERAL FORM 990 IS PROVIDED TO THE PRESIDENT AND CEO FOR SIGNATURE. A
COPY OF THE FINAL FEDERAL FORM 990 SUBMISSION IS PROVIDED TO THE BOARD OF
DIRECTORS BEFORE IT IS FILED WITH THE INTERNAL REVENUE SERVICE.

FORM 990, PART VI, SECTION B, LINE 12C:

IMA'S CONFLICT OF INTEREST POLICY (APPLICABLE TO BOARD OF DIRECTORS AND
ALL EMPLOYEES) STATES THAT A CONFLICT OF INTEREST EXISTS WHENEVER THERE
IS A PROPOSED AGENCY TRANSACTION IN WHICH A DIRECTOR, OFFICER, OR STAFF

Name of the organization INTERCHURCH MEDICAL ASSISTANCE, INC.	Employer identification number 52-2112460
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MEMBER HAS ANY ACTUAL OR POTENTIAL INVOLVEMENT, INTEREST, OR RELATIONSHIP, EITHER DIRECTLY OR INDIRECTLY.

A CONFLICT OF INTEREST MAY ALSO EXIST WHEN THE INTERESTS OR CONCERNS OF AN EMPLOYEE, OR SUCH EMPLOYEE'S IMMEDIATE FAMILY, OR ANY PARTY, GROUP OR ORGANIZATION TO WHICH SUCH PERSON HAS ALLEGIANCE, MAY BE SEEN AS COMPETING WITH THE INTERESTS OR CONCERNS OF THE AGENCY.

EACH EMPLOYEE HAS A DUTY TO DISCLOSE TO THE PRESIDENT THE MATERIAL FACTS OF ANY PROPOSED TRANSACTION OF THE AGENCY IN WHICH SUCH PERSON HAS ANY ACTUAL OR POTENTIAL CONFLICT OF INTEREST.

THE REQUIRED DISCLOSURE MUST BE MADE PRIOR TO ANY CONSIDERATION OF SUCH PROPOSED TRANSACTION BY THE AGENCY.

AN EMPLOYEE OR BOARD MEMBER HAVING AN ACTUAL OR PROPOSED CONFLICT OF INTEREST SHALL NOT PARTICIPATE IN THE DELIBERATIONS OR DECISION-MAKING PROCESS OF THE AGENCY REGARDING THE MATTER UNDER CONSIDERATION. HOWEVER, HE OR SHE SHALL PROVIDE THE AGENCY WITH ANY, AND ALL RELEVANT INFORMATION REGARDING THE MATTER.

THE PRESIDENT SHALL TAKE SUCH ADDITIONAL ACTION AS MAY BE REQUIRED TO ENSURE THAT THE CONFLICT OF INTEREST IS RESOLVED AND SHALL MAINTAIN A RECORD.

FORM 990, PART VI, SECTION B, LINE 15A:

DETERMINATION OF PRESIDENT'S COMPENSATION: AN INDEPENDENT COMPENSATION CONSULTANT PERFORMS AN ANALYSIS ANNUALLY USING INDEPENDENT RESEARCH WHICH CONSIDERS THE ORGANIZATION'S CURRENT BUDGET, THE CURRENT SALARY OF THE PRESIDENT, AND THE NUMBER OF YEARS THE PRESIDENT HAS SERVED IN THAT POSITION. THE ANALYSIS IS BASED ON VARIOUS SALARY SURVEYS TO PROVIDE A

Name of the organization INTERCHURCH MEDICAL ASSISTANCE, INC.	Employer identification number 52-2112460
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SALARY RANGE COMPETITIVE WITH OTHER SIMILARLY SITUATED NONPROFITS IN THE GEOGRAPHICAL AREA. THE RESULTING FINDINGS ARE PROVIDED TO THE BOARD OF DIRECTORS' OFFICERS, WHO REVIEWS THE FINDINGS AND MAKES A RECOMMENDATION TO THE FULL BOARD FOR THEIR APPROVAL REGARDING THE PRESIDENT'S COMPENSATION FOR THE COMING YEAR. COMPENSATION OF ALL OTHER STAFF (INCLUDING OTHER OFFICERS): SALARY ADJUSTMENTS FOR ALL IMA STAFF ARE GUIDED BY A SALARY ADMINISTRATION POLICY DEVELOPED BY IMA. THE OBJECTIVE OF THIS POLICY IS TO ENSURE THAT SALARIES ARE COMMENSURATE WITH COMPARABLE ORGANIZATIONS IN THE COMPETITIVE LABOR MARKET AND THAT SALARY GRADES REFLECT THE RELATIVE INTERNAL RESPONSIBILITY, ACCOUNTABILITY AND KNOW-HOW OF ALL POSITIONS ACROSS THE ORGANIZATION. AN INTERNAL COMMITTEE EVALUATES EVERY JOB DESCRIPTION TO DETERMINE THE APPROPRIATE SALARY RANGE FOR ALL POSITIONS; SALARY RANGES ARE INTENDED TO REINFORCE CAREER GROWTH, CONSIDER MARKET VALUES, AND ARE MANAGED IN AN EQUITABLE MANNER CONSISTENT WITH ORGANIZATIONAL VALUES.

FORM 990, PART VI, SECTION B, LINE 15B:

THE EXECUTIVE/PERSONNEL COMMITTEE OF THE BOARD OF DIRECTORS OVERSEES ALL COMPENSATION MATTERS ON BEHALF OF THE BOARD OF DIRECTORS. THE EXECUTIVE COMMITTEE REVIEWS COMPENSATION BENCHMARKING ANALYSES FOR ALL STAFF POSITIONS AND APPROVES COMPENSATION OF THE PRESIDENT AND CEO AND OTHER SENIOR MANAGEMENT POSITION. COMPENSATION IS REVIEWED BY THE EXECUTIVE COMMITTEE AT THE SPRING BOARD OF DIRECTORS MEETING EACH YEAR AND THE APPROVED COMPENSATION FIGURES ARE INCLUDED IN IMA'S ANNUAL BUDGET THAT IS PROVIDED TO THE BOARD OF DIRECTORS FOR APPROVAL.

Name of the organization INTERCHURCH MEDICAL ASSISTANCE, INC.	Employer identification number 52-2112460
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FORM 990, PART VI, SECTION C, LINE 19:

IMA'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST. THE FEDERAL FORM 990 AND AUDITED FINANCIAL STATEMENTS ARE ALSO POSTED ON IMA'S WEBSITE.

ATTACHMENT 1

FORM 990, PART III - PROGRAM SERVICE, LINE 4A

DEMOCRATIC REPUBLIC OF CONGO:

IMA WORLD HEALTH WORKS WITH THE MINISTRY OF HEALTH TO SUPPORT DRC'S NATIONAL HEALTH DEVELOPMENT PLAN BY EXPANDING ACCESS TO AND COVERAGE OF PRIMARY HEALTH CARE SERVICES FOR PEOPLE LIVING IN 52 HEALTH CARE FOR MORE THAN 8 MILLION PEOPLE. IMA RESPONDED TO THE DEADLIEST EBOLA OUTBREAK IN THE DRC'S HISTORY THIS YEAR, STRENGTHENING THE HEALTH SYSTEM IN TRAINING, RESOURCES AND FACILITIES. IMA WORLD HEALTH ALSO RESPONDS TO THE SIGNIFICANT CHALLENGE OF SEXUAL AND GENDER-BASED VIOLENCE THROUGH COMMUNITY-LED PROGRAMS THAT IDENTIFY CASES OF ABUSE, PROVIDE AVENUES FOR SAFETY AND JUSTICE, AND BUILD RESILIENCE FOR SURVIVORS. IMA'S PROGRAMS IN DRC REACHED 16.4 MILLION INDIVIDUALS IN FY19.

ATTACHMENT 2

FORM 990, PART III - PROGRAM SERVICE, LINE 4B

TANZANIA:

Name of the organization INTERCHURCH MEDICAL ASSISTANCE, INC.	Employer identification number 52-2112460
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ATTACHMENT 2 (CONT'D)

SINCE 2015, IMA WORLD HEALTH HAS OVERSEEN SCREENING AND SURGERY FOR INDIVIDUALS IN RURAL TANZANIA SUFFERING FROM TRICHIASIS TRACHOMATOUS, A SIDE EFFECT OF MULTIPLE OR SEVERE BOUTS OF THE NEGLECTED TROPICAL DISEASE TRACHOMA THAT CAN CAUSE PERMANENT BLINDNESS IF LEFT UNTREATED. TO BEAT TANZANIA'S CHRONIC MALNUTRITION CHALLENGES, IMA WORKS WITH THE UK GOVERNMENT AND TANZANIA'S MINISTRY OF HEALTH TO IMPROVE FEEDING, NUTRITION AND HYGIENE PRACTICES. IMA WORKED IN FIVE REGIONS WITH HIGH RATES OF CHILD MALNUTRITION, REACHING MILLIONS AND REDUCING STUNTING PREVALENCE. IMA ALSO SUPPORTS TANZANIA'S EFFORT TO ENSURE SCREENING AND TREATMENT FOR PREVENTABLE AND TREATABLE CANCERS. THE COMBINED EFFORT REACHED 18.8 MILLION INDIVIDUALS ACROSS TANZANIA IN FY19.

ATTACHMENT 3

FORM 990, PART III - PROGRAM SERVICE, LINE 4C

KENYA:

IMA WORLD HEALTH JOINS NAIROBI CITY COUNTY TO STRENGTHEN INSTITUTIONAL AND MANAGEMENT CAPACITY TO DELIVER QUALITY HEALTH CARE AND HYGIENE SERVICES FOR THE COUNTY'S MOST VULNERABLE RESIDENTS. WITH US GOVERNMENT FUNDING, IMA LEADS A CONSORTIUM OF PARTNERS TO INCREASE ACCESS TO AND USE OF QUALITY HIV SERVICES; IMPROVE ACCESS TO AND USE OF MATERNAL, NEONATAL AND CHILD HEALTH

Name of the organization INTERCHURCH MEDICAL ASSISTANCE, INC.	Employer identification number 52-2112460
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ATTACHMENT 3 (CONT'D)

SERVICES; PROVIDE ACCESS TO FAMILY PLANNING AND REPRODUCTIVE HEALTH SERVICES; IMPROVE WATER, SANITATION AND HYGIENE AT HEALTH FACILITIES; AND ENHANCE NUTRITION SERVICES. THE EFFORT REACHED 3 MILLION PEOPLE IN FY19.

ATTACHMENT 4FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES

<u>DESCRIPTION</u>	<u>GRANTS</u>	<u>EXPENSES</u>	<u>REVENUE</u>
SOUTH SUDAN:	2,473,456.	6,070,636.	617,015.
HAITI:	0.	3,188,330.	0.
PROGRAM SUPPORT:	0.	3,498,764.	0.
GUATEMALA:	0.	97,739.	0.
TOTALS	<u>2,473,456.</u>	<u>12,855,469.</u>	<u>617,015.</u>

ATTACHMENT 5FORM 990, PART VI, LINE 17 - STATES

AL, AK, AR, CA, CO,
FL, GA, HI, IL, KS, KY, ME, MD, MA,
MN, MS, MO, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA,
RI, SC, TN, UT, VA, WA, WV, WI,

ATTACHMENT 6990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
DEVELOPMENT MEDIA INTL ASSOC. 78 LIVERPOOL ROAD	MEDIA CAMPAIGN	479,940.

Name of the organization INTERCHURCH MEDICAL ASSISTANCE, INC.	Employer identification number 52-2112460
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ATTACHMENT 6 (CONT'D)

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
LONDON UNITED KINGDOM N10QD		
IMPRESA LEGAL GROUP 3033 WILSON BLVD. ARLINGTON, VA 22201	LEGAL SERVICES	203,786.

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2018

**Open to Public
Inspection**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**

▶ **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

INTERCHURCH MEDICAL ASSISTANCE, INC.

Employer identification number

52-2112460

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) ADVENTIST DEVELOPMENT AND RELIEF AGENCY 12501 OLD COL PIKE SILVER SPRINGS, MD 20904 52-1314847	RELIGIOUS ORG	MD	501(C)(3)	LINE 7	N/A		X
(2) AMERICAN BAPTIST CHURCHES, USA INT'L P.O. BOX 851 VALLEY FORGE, PA 19482 13-5563018	CHURCH	PA	501(C)(3)	LINE 1	N/A		X
(3) CHURCH OF THE BRETHERN, INC. 1451 DUNDEE AVENUE ELGIN, IL 60120 36-2167026	CHURCH	IL	501(C)(3)	LINE 1	N/A		X
(4) CHRISTIAN CHURCH (DISCIPLES OF CHRIST) P.O. BOX 1986 INDIANAPOLIS, IN 46206 35-1291382	CHURCH	IN	501(C)(3)	LINE 1	N/A		X
(5) EPISCOPAL RELIEF & DEVELOPMENT 815 SECOND AVE NEW YORK, NY 10017 73-1635264	RELIGIOUS ORG		501(C)(3)	LINE 7	N/A		X
(6) LUTHERAN WORLD RELIEF, INC 700 LIGHT STREET BALTIMORE, MD 21230 13-2574963	RELIGIOUS ORG		501(C)(3)	LINE 7	N/A		X
(7) MENNONITE CENTRAL COMMITTEE P.O. BOX 500 AKRON, PA 17501 23-6002702	CHURCH	PA	501(C)(3)	LINE 1	N/A		X

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

Schedule R (Form 990) 2018

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2018

**Open to Public
Inspection**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**

▶ **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

INTERCHURCH MEDICAL ASSISTANCE, INC.

Employer identification number

52-2112460

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) PRESBYTERIAN CHURCH 100 WITHERSPOON STREET LOUISVILLE, KY 40202 23-639330	CHURCH	KY	501(C)(3)	LINE 1	N/A		X
(2) UNITED CHURCH OF CHRIST 400 PROSPECT AVENUE CLEVELAND, OH 44115 34-1927041	CHURCH	OH	501(C)(3)	LINE 1	N/A		X
(3) THE UNITED METHODIST CHURCH 475 RIVERSIDE DRIVE NEW YORK, NY 10115 13-5562279	CHURCH	NY	501(C)(3)	LINE 1	N/A		X
(4) IMA INNOVATIONS 1730 M STREET, NW, SUITE 1100 WASHINGTON, DC 20036 82-4219629	SEE PART VII	DC	501(C)(3)	LINE 7	IMA, INC.	X	
(5)							
(6)							
(7)							

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

Schedule R (Form 990) 2018

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

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

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

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

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)	X	
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	X	
o Sharing of paid employees with related organization(s)	X	
p Reimbursement paid to related organization(s) for expenses	X	
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

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

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

Part VI **Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

Part VII Supplemental InformationProvide additional information for responses to questions on Schedule R. See instructions.

SCHEDULE R PART II, COLUMN A, FULL NAME OF RELATED ORGANIZATION:

ADVENTIST DEVELOPMENT AND RELIEF AGENCY INTERNATIONAL

AMERICAN BAPTIST CHURCHES, USA INTERNATIONAL MINISTRIES

CHURCH OF THE BRETHREN, INC

GLOBAL MINISTRIES OF THE CHRISTIAN CHURCH(DISCIPLES OF CHRIST)DIVISION OF

OVERSEAS MINISTRIES

EPISCOPAL RELIEF & DEVELOPMENT

LUTHERAN WORLD RELIEF, INC.

MENNONITE CENTRAL COMMITTEE

PRESBYTERIAN CHURCH (USA) INTERNATIONAL HEALTH MINISTRIES OFFICE

UNITED CHURCH OF CHRIST

THE UNITED METHODIST CHURCH, GENERAL BOARD OF GLOBAL MINISTRIES

IMA INNOVATIONS

SCHEDULE R PART II, COLUMN B, PRIMARY ACTIVITY:

IMA INNOVATIONS: INNOVATING PUBLIC HEALTH AND ALLIED PROGRAMS.