Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ 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 tax year beginning JUN 1, 2013 and ending MAY 31,

A F	or the	$_{2}$ 2013 calendar year, or tax year beginning $$ JUN $$ $$ 1 , $$ $$ $$ $$ $$ 2 $$ $$ $$ and ending	<u>M</u> ĂY 31,	2014	
B	heck if pplicable	C Name of organization	D Employer	identific	cation number
	Addres	INTERNATIONAL CARE MINISTRIES			
	Name change	Doing Business As			886289
	return Termir ated	7430 BIIBRIDAN I BACE	uite E Telephone		r )349-2045
	Ameno return	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipt	ts \$	4,107,892.
	Applic tion	HA PHAIA, MD 20040	H(a) Is this a	group re	eturn
	pendir	F Name and address of principal officer:DAVID SUTHERLAND			? Yes X No
		7498 SHERIDAN PLACE, LA PLATA, MD 20646			ncluded? Yes No
1 7	ax-exe	empt status: X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or	527 If "No,"	attach a	list. (see instructions)
J١	Vebsit	e: WWW.CAREMIN.COM	H(c) Group e	exemptio	n number 🕨
K F	orm of	organization: X Corporation			State of legal domicile: WA
Pa	art I	Summary			
Ф	1	Briefly describe the organization's mission or most significant activities: TO FREE	THE POORE	ST O	F THE POOR
Activities & Governance		IN THE PHILIPPINES FROM PHYSICAL, EMOTIONAL	AND SPIRI	TUAL	BONDAGE.
ű	2	Check this box 🕨 🔲 if the organization discontinued its operations or disposed of r	more than 25% of	its net as	ssets.
ove	3	Number of voting members of the governing body (Part VI, line 1a)		з	3
Ğ		Number of independent voting members of the governing body (Part VI, line 1b)			3
Se		Total number of individuals employed in calendar year 2013 (Part V, line 2a)			0
Ĭ		Total number of volunteers (estimate if necessary)			4
Ę		Total unrelated business revenue from Part VIII, column (C), line 12			0.
۹	1	Net unrelated business taxable income from Form 990-T, line 34			0.
			Prior Year		Current Year
ø)	8	Contributions and grants (Part VIII, line 1h)	2,344,	537.	4,107,892.
Ď		Program service revenue (Part VIII, line 2g)		0.	0.
Revenue	l	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.
ď		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
	l	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,344,	537.	4,107,892.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,205,	585.	3,807,357.
	1	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
ý		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
<u>b</u> e	l	Total fundraising expenses (Part IX, column (D), line 25)			
ш	1	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	8,	048.	44,771.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,213,		
	19	Revenue less expenses. Subtract line 18 from line 12		904.	
Net Assets or Fund Balances			Beginning of Curre		End of Year
lanc	20	Total assets (Part X, line 16)	154,		410,477.
Ass	21	Total liabilities (Part X, line 26)	119,		390,418.
럂	22	Net assets or fund balances. Subtract line 21 from line 20	34,	963.	20,059.
Pa	rt II	Signature Block			
Und	er pena	lties of perjury, I declare that I have examined this return, including accompanying schedules and st	atements, and to the	best of my	y knowledge and belief, it is
true	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which prep	arer has any knowle	dge.	
Sig	n	Signature of officer	Date		
Her		DAVID SUTHERLAND, PRESIDENT			
		Type or print name and title			
		Print/Type preparer's name Preparer's signature	Date	Check	PTIN
Paid	i	RACHELLE A. BENBOW, CPA		if self-employe	P00193404
Pre	arer	Firm's name VOLDAL WARTELLE & CO., P.S.	Firm's	s EIN 🛌	91-1007261
Use	Only	Firm's address 10510 NORTHUP WAY, SUITE 300			
	-	KIRKLAND, WA 98033	Phon	e no. <b>42</b>	5-250-0051
May	the IF	RS discuss this return with the preparer shown above? (see instructions)			X Yes No.

Pai	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	TO FREE THE POOREST OF THE POOR IN THE PHILIPPINES FROM PHYSICAL,
	EMOTIONAL AND SPIRITUAL BONDAGE.
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
•	If "Yes," describe these new services on Schedule O.  Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes X No
3	J J J J J J J J J J J J J J J J J J J
4	If "Yes," describe these changes on Schedule O.  Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
4	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.
 4а	(Code: ) (Expenses \$ 3,807,357. including grants of \$ 3,807,357.) (Revenue \$ 4,107,892.)
	DONATIONS OF CASH AND GOODS TO SUPPORT THREE STRATEGIC TRAINING
	PROGRAMS BENEFITING OVER 150,000 PEOPLE IN 850 COMMUNITIES IN TEN
	REGIONS OF THE PHILIPPINES. THE PROGRAMS INCLUDE VALUES, HEALTH,
	LIVELIHOOD, EDUCATIONAL AND FEEDING ASSISTANCE.
4b	(Code:) (Expenses \$
4c	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )
	/ (astalog grante of V
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses ► 3,807,357.

# Form 990 (2013) INTERNATIONA Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?  If "Yes," complete Schedule A	1	х	
2	If "Yes," complete Schedule A		X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
-	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		Х
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		37	
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	40.		х
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13 14a	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  Did the organization maintain an office, employees, or agents outside of the United States?	13 14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	144		
D	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<b>20</b> b		

# Form 990 (2013) INTERNATIONAL CARE Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	05-		х
h	disqualified person during the year? If "Yes," complete Schedule L, Part I  Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	25a		21
b	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schodula I Part I	25b		х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	200		
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so,			
	complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			.,
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	Х	Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Λ	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	20		х
31	contributions? If "Yes," complete Schedule M  Did the organization liquidate, terminate, or dissolve and cease operations?	30		22
31	If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	<u> </u>		
<b>0</b> _	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			,
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			v
00	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	00	Х	
	Note. All Form 990 filers are required to complete Schedule O	38	47	

Form **990** (2013)

### Form 990 (2013) INTERNATIONAL CARE MINISTRIES Part V Statements Regarding Other IRS Filings and Tax Compliance

<ul> <li>1a Enter the number reported in Box 3 of Form 1096. Enter -0- i</li> <li>b Enter the number of Forms W-2G included in line 1a. Enter -0</li> <li>c Did the organization comply with backup withholding rules for</li> </ul>	l- if not applicable or reportable payments to vendors and re	1a 0 1b 0		Yes	No			
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0	l- if not applicable or reportable payments to vendors and re	1b 0						
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0	l- if not applicable or reportable payments to vendors and re	<u> </u>						
c Did the organization comply with backup withholding rules for								
		eportable gaming						
(gambling) winnings to prize winners?			1c					
2a Enter the number of employees reported on Form W-3, Trans	smittal of Wage and Tax Statements,							
filed for the calendar year ending with or within the year cover	ered by this return	2a 0						
<b>b</b> If at least one is reported on line 2a, did the organization file	all required federal employment tax retur	rns?	2b					
Note. If the sum of lines 1a and 2a is greater than 250, you r	may be required to e-file (see instructions	s)						
3a Did the organization have unrelated business gross income	of \$1,000 or more during the year?		За		Х			
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No," to line	e 3b, provide an explanation in Schedule	0	3b					
4a At any time during the calendar year, did the organization ha	ve an interest in, or a signature or other	authority over, a						
financial account in a foreign country (such as a bank accou	nt, securities account, or other financial	account)?	4a		X			
<b>b</b> If "Yes," enter the name of the foreign country: ▶								
See instructions for filing requirements for Form TD F 90-22.	1, Report of Foreign Bank and Financial <i>i</i>	Accounts.						
5a Was the organization a party to a prohibited tax shelter trans	saction at any time during the tax year?		5a		X			
<b>b</b> Did any taxable party notify the organization that it was or is			5b		X			
c If "Yes," to line 5a or 5b, did the organization file Form 8886-			5с					
6a Does the organization have annual gross receipts that are no	ormally greater than \$100,000, and did th	ne organization solicit						
any contributions that were not tax deductible as charitable			6a		X			
<b>b</b> If "Yes," did the organization include with every solicitation a	n express statement that such contribut	tions or gifts						
			6b					
7 Organizations that may receive deductible contributions	• •				37			
a Did the organization receive a payment in excess of \$75 made partly			7a		X			
<b>b</b> If "Yes," did the organization notify the donor of the value of			7b					
c Did the organization sell, exchange, or otherwise dispose of		as required	_		v			
to file Form 8282?			7c		<u>X</u>			
d If "Yes," indicate the number of Forms 8282 filed during the		7d			Х			
e Did the organization receive any funds, directly or indirectly,			7e 7f		X			
f Did the organization, during the year, pay premiums, directly								
g If the organization received a contribution of qualified intelled			7g					
<ul> <li>h If the organization received a contribution of cars, boats, airg</li> <li>Sponsoring organizations maintaining donor advised funds and se</li> </ul>			7h					
organization, or a donor advised fund maintained by a sponsoring of			8					
9 Sponsoring organizations maintaining donor advised fun		any time during the year:	•					
a Did the organization make any taxable distributions under se			9a					
b Did the organization make a distribution to a donor, donor ac			9b					
10 Section 501(c)(7) organizations. Enter:	avisor, or related persorr:		35					
a Initiation fees and capital contributions included on Part VIII,	line 12	10a						
b Gross receipts, included on Form 990, Part VIII, line 12, for p		10b						
11 Section 501(c)(12) organizations. Enter:	able dec et elab lacilities	100						
a Gross income from members or shareholders		11a						
<b>b</b> Gross income from other sources (Do not net amounts due of								
		11b						
12a Section 4947(a)(1) non-exempt charitable trusts. Is the or			12a					
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year								
13 Section 501(c)(29) qualified nonprofit health insurance issuers.								
a Is the organization licensed to issue qualified health plans in more than one state?								
Note. See the instructions for additional information the organization must report on Schedule O.								
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the								
organization is licensed to issue qualified health plans		13b						
c Enter the amount of reserves on hand		13c						
14a Did the organization receive any payments for indoor tanning			14a		X			
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If	"No," provide an explanation in Schedule	e O	14b					

Form 990 (2013) INTERNATIONAL CARE MINISTRIES 91–1886289 Page
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.		00,000	
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	4		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b	4		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			v
_	officer, director, trustee, or key employee?	2		_X_
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			Х
4	of officers, directors, or trustees, or key employees to a management company or other person?	4		X
4 5	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?  Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6		6		X
	Did the organization have members or stockholders?  Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	-		
<i>,</i> u		7a		Х
b	more members of the governing body?  Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
~	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	X	
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	37	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	40	v	
	Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12a 12b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	120	21	
C	to Oak and to Oak and the second are	12c	Х	
13		13	X	
14	Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		Х
	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		_X_
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
20.5	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure  List the states with which a copy of this Form 990 is required to be filed ► NONE			
17 18	List the states with which a copy of this Form 990 is required to be filed NONE  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) is	availah	مار	
10	for public inspection. Indicate how you made these available. Check all that apply.	avaiial	10	
	Own website			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, an	d finar	ncial	
	statements available to the public during the tax year.		. 5.01	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization.	tion:	•	
	ALICE PASTERNAK - (240)349-2045			
	7498 SHERIDAN PLACE, LA PLATA, MD 20646			

### 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

Х

#### 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	/D\	(C)					,oat	/D)	/E)	(E)
(A)	(B)			ر) Pos	رر ition	1		(D)	(E)	(F)
Name and Title	Average	(do	not c	heck	more	than	one	Reportable	Reportable	Estimated
	hours per					n is both an tor/trustee)		compensation	compensation from related	amount of other
	week	or	-					from the	organizations	
	(list any hours for	irect						organization	(W-2/1099-MISC)	compensation from the
	related	ord	e e			sated		(W-2/1099-MISC)	(***2/1099*****130)	organization
	organizations	ruste	trus		8	npen		(88-2/1099-181130)		and related
	below	ual t	tiona		oldı	t cor	L			organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) DAVID SUTHERLAND	3.00	-	=	0		工业	Œ			
PRESIDENT	3.00	x		Х				0.	0.	0.
	0.50	<u> </u>		^				0.	0.	0.
(2) RANDY WILCOX	0.50	<b>,</b> ,		٦,						0
VICE-PRESIDENT	0.50	Х		Х				0.	0.	0.
(3) BRUCE HALDORS	0.50								_	_
SECRETARY, TREASURER		Х		Х				0.	0.	0.
(4) DANIEL STULL	0.50									
SECRETARY, TREASURER		X		X				0.	0.	0.
		1								
		ł								
		ł								
		1								
		1								
		1								
		ł								
				$ldsymbol{ld}}}}}}$						
		]								
		L	L	L	L	L	L			
		1			l					
		1	1	l		1	1			

Part VII   Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, an	d Hi	ighe	st C	Compensated Employe	es (continued)				
(A) Name and title	(A) (B)			lal lal 1				(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensatic from related organization (W-2/1099-MIS	on d is	am comp fro orga and	(F) timater ount of other pensation the anization I relate nization	of tion tion on ed
	line)	Indivi	Instit	Officer	Key er	Highest compensated employee	Former						
		_											
1b Sub-total c Total from continuation sheets to Part V								0.		0.			0.
d Total (add lines 1b and 1c)							<u> </u>	0.		0.			0.
2 Total number of individuals (including but r compensation from the organization ▶	ot limited to th	ose	liste	ed al	bove	e) wł	no r	eceived more than \$100	0,000 of reportab	le			(
												Yes	No
3 Did the organization list any <b>former</b> officer, line 1a? If "Yes," complete Schedule J for s								highest compensated e			3		х
4 For any individual listed on line 1a, is the su	ım of reportab	le co	omp	ensa	atior	n and	d ot	her compensation from	the organization				
<ul><li>and related organizations greater than \$15</li><li>Did any person listed on line 1a receive or a</li></ul>											4		X
rendered to the organization? If "Yes," com	plete Schedul	e J f	or s	uch	pers	son .					5		X
Section B. Independent Contractors  1 Complete this table for your five highest co	mpensated in	depe	ende	ent c	onti	racto	ors t	that received more than	\$100,000 of cor	npens	ation fr	rom	
the organization. Report compensation for	the calendar y	ear	endi	ng v	vith	or w	rithir T		year.				
(A) Name and business	address	N	INC	3				( <b>B</b> ) Description of s	services	C	(C comper		ı
-							-						
2 Total number of independent contractors (	ncluding but n	ot li	mite	d to		_	stec	d above) who received n	nore than				
\$100,000 of compensation from the organi	zation				(	0					Form (	200 (2	012

91-1886289

Га	IL VII	Check if Schedule O cont		or note to any lir	ne in this Part VIII			
		SHOOK II SONGAAL S SONK		er nete te any m	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	b c d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contribut All other contributions, gifts, gran similar amounts not included about Noncash contributions included in lines Total. Add lines 1a-1f	1b 1c 1d ions) 1e ts, and ve 1f 4, 1a-1f: \$ 3,	107,892.	4,107,892.			
Program Service Revenue	2 a b c d e f		enue	Business Code				
	3 4 5	Investment income (including other similar amounts) Income from investment of tax Royalties	x-exempt bond	proceeds				
	b	Gross rents Less: rental expenses Rental income or (loss)	(i) Real	(ii) Personal				
	7 a	Net rental income or (loss) Gross amount from sales of assets other than inventory Less: cost or other basis	(i) Securities	(ii) Other				
nue	d	and sales expenses Gain or (loss) Net gain or (loss) Gross income from fundraising including \$	g events (not	<b>&gt;</b>				
Other Revenue		contributions reported on line Part IV, line 18 Less: direct expenses Net income or (loss) from func	1c). See a					
	9 a b	Gross income from gaming ac Part IV, line 19 Less: direct expenses Net income or (loss) from gam	tivities. See a					
	10 a b	Gross sales of inventory, less and allowances Less: cost of goods sold Net income or (loss) from sale	returns a					
	11 a b	Miscellaneous Revenu	e	Business Code				
		All other revenue  Total. Add lines 11a-11d			/ 107 802	0	0	

#### 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 (A)
Total expenses **(D)** Fundraising (B) Do not include amounts reported on lines 6b. Management and general expenses Program service 7b, 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 Grants and other assistance to individuals in the United States. See Part IV, line 22 3 Grants and other assistance to governments. organizations, and individuals outside the 3,807,357. 3,807,357. United States. See Part IV, lines 15 and 16 Benefits paid to or for members ..... Compensation of current officers, directors. trustees, and key employees ..... Compensation not included above, to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 Payroll taxes 10 Fees for services (non-employees): Management 6,120.6,120. Legal 26,098. 26,098. Accounting C Lobbying Professional fundraising services. See Part IV. line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) 12 Advertising and promotion 13 Office expenses Information technology 14 15 Royalties Occupancy 16 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings ..... 19 20 21 Payments to affiliates 22 Depreciation, depletion, and amortization ..... 23 Other expenses. Itemize expenses not covered 24 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.) 7,031. 7,031. BANK CHARGES MISC EXPENSES 5,434. 5,434. 88. POSTAGE AND DELIVERY 88. С d е All other expenses 3,852,128. 3,807,357. 44,771. 0. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

#### Part X | Balance Sheet Check if Schedule O contains a response or note to any line in this Part X ... (A) Beginning of year End of year 34,963. 20,059. 1 Cash - non-interest-bearing 1 Savings and temporary cash investments 2 2 3 Pledges and grants receivable, net 3 4 Accounts receivable, net 4 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 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 instr). Complete Part II of Sch L ..... 6 7 7 Notes and loans receivable, net 8 Inventories for sale or use 8 Prepaid expenses and deferred charges 9 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D \_\_\_\_\_\_ 10a b Less: accumulated depreciation 10b 10c Investments - publicly traded securities 11 11 Investments - other securities. See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 14 14 Intangible assets 119,750. 390,418. Other assets. See Part IV, line 11 15 15 154,713. 410,477. 16 16 Total assets. Add lines 1 through 15 (must equal line 34) Accounts payable and accrued expenses 17 17 18 Grants payable 18 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 Loans and other payables to current and former officers, directors, trustees, 22 Liabilities key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties \_\_\_\_\_ 24 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of 119,750. 390,418. 25 119,750. 390,418. 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 27 Temporarily restricted net assets 28 28 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ X and complete lines 30 through 34. Capital stock or trust principal, or current funds О. 0. 30 0. 0. 31 31 Paid-in or capital surplus, or land, building, or equipment fund 34,963. 20,059. Retained earnings, endowment, accumulated income, or other funds 32 32 34,963. 20,059. 33 Total net assets or fund balances 33 154,713. 410,477. 34 34 Total liabilities and net assets/fund balances

Form 990 (2013)

Pa	Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI				X			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	<u>4,10</u>	7,8	<u>92.</u>			
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,852,128					
3	Revenue less expenses. Subtract line 2 from line 1	3	255,76					
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3	4,9	63.			
5	Net unrealized gains (losses) on investments							
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-27	0,6	<u>68.</u>			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,							
	column (B))	10	2	0,0	59.			
Pa	rt XII Financial Statements and Reporting	•						
	Check if Schedule O contains a response or note to any line in this Part XII				X			
	· · · · · · · · · · · · · · · · · · ·			Yes	No			
1	Accounting method used to prepare the Form 990: X Cash Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	• O.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a						
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?		2b	Х				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	te basis,						
	consolidated basis, or both:							
	X Separate basis Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,						
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X				
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.						
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit						
	Act and OMB Circular A-133?		3a		X			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit						
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b					

Form **990** (2013)

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section
4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public . Inspection

Department of the Treasury Internal Revenue Service Name of the organization

TNTERNATIONAL CARE MINISTRIES

Employer identification number 91-1886289

Pa	rt I	Reason		ity Status (All organiz			e this parl	:.) See inst	tructions.		1 1000	200	
Γhe	organ			because it is: (For lines									
1			•	s, or association of chur	•	•	•	•	).				
2		A school des	cribed in <b>section 17</b>	<b>'0(b)(1)(A)(ii).</b> (Attach Sc	hedule E.)								
3				tal service organization		in <b>section</b>	170(b)(1)	(A)(iii).					
4		A medical res	search organization	operated in conjunction	with a hos	pital desc	ribed in <b>se</b>	ction 170	(b)(1)(A)(ii	i). Enter	the hospita	al's nam	ne,
		city, and state	e:										
5		An organizati	on operated for the	benefit of a college or ur	niversity ov	wned or op	perated by	a govern	mental uni	t describ	ed in		
		section 170	( <b>b)(1)(A)(iv).</b> (Comple	ete Part II.)									
6		A federal, sta	te, or local governm	ent or governmental uni	t described	d in <b>sectio</b>	n 170(b)(1	I)(A)(v).					
7	X	An organizati	on that normally rec	eives a substantial part	of its supp	ort from a	governme	ental unit c	or from the	general	public des	cribed i	in
		section 170(	<b>b)(1)(A)(vi).</b> (Comple	te Part II.)									
8	Щ	A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)											
9		An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from											
		activities rela	ted to its exempt fur	nctions - subject to certa	ain excepti	ons, and (	2) no more	than 33 1	1/3% of its	support	t from gross	s invest	tment
		income and u	ınrelated business t	axable income (less sect	tion 511 ta	x) from bu	sinesses a	acquired b	y the orga	nization	after June	30, 197	75.
		See section	<b>509(a)(2).</b> (Complete	e Part III.)									
10	Н	-	-	perated exclusively to te	=	•			•				
11		•		perated exclusively for the						•	•		or
				ations described in secti				2). See <b>se</b> o	ction 509(a	<b>a)(3).</b> Ch	eck the bo	x that	
				organization and compl		-			. — -				
		a		•	ype III - Fu	•	-				n-functiona	,	•
е				at the organization is not									ın
£			-	han one or more publicly		-				9(a)(1) Or	Section 50	9(a)(2).	
f				ten determination from t									
~		•	rganization, check th	nis box organization accepted ar									. –
g				lirectly controls, either al							,	Yes	No
				upported organization?								_	110
		•	• .	n described in (i) above?									_
				person described in (i) of									
h				about the supported or							[1:3(	<u> </u>	
			g		9	(-)-							
(i)	Name	of supported	(ii) EIN	(iii) Type of organization	(iv) Is the o	rganization	(v) Did you	ı notify the	(vi) ls	the	(vii) Amour	nt of mo	netary
(.,		inization	(, =	(described on lines 1-9	in col. (i) lis		organizat		organizatio (i) organiz	on in col. ed in the	l ' '	pport	i i o tai y
				above or IRC section (see instructions))	governing	document?	(i) of your	support?	U.S	.?			
				(see mstructions))	Yes	No	Yes	No	Yes	No			
									-				
											l		

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

Schedule A (Form 990 or 990-EZ) 2013

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	149,695.	453,075.	964,444.	2344537.	4107892.	8019643.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge	4.40 605	450 055	064 444	0044505	44.00000	0010610
4	Total. Add lines 1 through 3	149,695.	453,075.	964,444.	2344537.	4107892.	8019643.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						225 422
	column (f)						337,103.
	Public support. Subtract line 5 from line 4.						7682540.
	ction B. Total Support					1	
	ndar year (or fiscal year beginning in)	(a) 2009 149, 695.	(b) 2010 453, 075.	(c) 2011	(d) 2012 2344537.	(e) 2013 4107892.	(f) Total 8019643.
_	Amounts from line 4	149,695.	453,075.	964,444.	2344557.	410/892.	8019643.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
40	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV.)						8019643.
	Total support. Add lines 7 through 10	-t- (in-tt				12	0019043.
	Gross receipts from related activities, First five years. If the Form 990 is for			d fourth or fifth to			
13	organization, check this box and stop	-			-		ightharpoonup
Sec	ction C. Computation of Publ						
	Public support percentage for 2013 (I			column (f))		14	95.80 %
	Public support percentage from 2012					15	89.94 %
	33 1/3% support test - 2013. If the o					nore, check this bo	
	stop here. The organization qualifies	-					
b	33 1/3% support test - 2012. If the c						
	and <b>stop here.</b> The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac	-					
	meets the "facts-and-circumstances"				=	-	
b	10% -facts-and-circumstances tes						
	more, and if the organization meets the	-					
	organization meets the "facts-and-circ		•		•		
18	Private foundation. If the organization		•	•	,		

Schedule A (Form 990 or 990-EZ) 2013

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

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

Se	ction A. Public Support	clow, piedoc com	pioto i urt ii.j				
_	endar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Gifts, grants, contributions, and	,	<b>'</b>	, , , , , , , , , , , , , , , , , , ,			, , , , , , , , , , , , , , , , , , ,
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, 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 bus-						
	iness under section 513						
4							
7	ization's benefit and either paid to						
	or expended on its behalf						
_							
Э	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
•	***						
	Total. Add lines 1 through 5						
/ 8	Amounts included on lines 1, 2, and						
L	3 received from disqualified persons						
r.	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						
	Add lines 7a and 7b						
	Public support (Subtract line 7c from line 6.)						
_	ction B. Total Support			ı	1	1	
	endar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Amounts from line 6						
108	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	the organization'	s first, second, thir	d, fourth, or fifth t	tax year as a sectio	on 501(c)(3) organiz	zation,
	check this box and stop here						<b>&gt;</b>
Se	ction C. Computation of Publ	ic Support Pe	ercentage				
15	Public support percentage for 2013 (	ine 8, column (f) c	livided by line 13,	column (f))		15	%
	Public support percentage from 2012					16	%
Se	ction D. Computation of Inves	stment Incom	e Percentage				
17	Investment income percentage for 20	<b>113</b> (line 10c, colu	mn (f) divided by lii	ne 13, column (f))		17	%
18	Investment income percentage from 2	<b>2012</b> Schedule A,	Part III, line 17			18	%
19a	a 33 1/3% support tests - 2013. If the	organization did	not check the box	on line 14, and lin	e 15 is more than 3	33 1/3%, and line	17 is not
	more than 33 1/3%, check this box a	nd <b>stop here.</b> The	e organization qua	ifies as a publicly	supported organiz	ation	▶□
k	33 1/3% support tests - 2012. If the	organization did	not check a box or	line 14 or line 19	a, and line 16 is mo	ore than 33 1/3%,	and
	line 18 is not more than 33 1/3%, che	eck this box and <b>s</b>	t <b>op here.</b> The orga	anization qualifies	as a publicly supp	orted organization	▶□
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see in:	structions	<b>&gt;</b>

Schedule A	(Form 990 or 990-EZ) 2013	3 INTERNATIONAL	CARE	MINISTRIES	91-1886289 Page 4
Part IV	Supplemental Info	mation. Provide the expla	nations red	quired by Part II, line 10; I	Part II, line 17a or 17b; and Part III, line 12.
	Also complete this part for	or any additional information.	(See instr	uctions).	

#### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

### **Supplemental Financial Statements**

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

Attach to Form 990.

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

2013
Open to Public Inspection

Name of the organization

INTERNATIONAL CARE MINISTRIES

Employer identification number 91-1886289

Pai	rt I	Organizations Maintaining Donor Advised		s or Accounts.Complete if the
		organization answered "Yes" to Form 990, Part IV, line		(le) Friede and other accounts
			(a) Donor advised funds	(b) Funds and other accounts
1		number at end of year		
2		gate contributions to (during year)		
3		gate grants from (during year)		
4	-	gate value at end of year		
5		e organization inform all donors and donor advisors in w	•	
		e organization's property, subject to the organization's e		
6		e organization inform all grantees, donors, and donor ad		
		aritable purposes and not for the benefit of the donor or		
_	imper	missible private benefit?		
Pai		Conservation Easements. Complete if the orga		Part IV, line 7.
1		se(s) of conservation easements held by the organization	· — · · · · · · · · · · · · · · · · · ·	
		Preservation of land for public use (e.g., recreation or ed	· —	storically important land area
	Щ	Protection of natural habitat	Preservation of a cert	tified historic structure
		Preservation of open space		
2	Comp	lete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the form	of a conservation easement on the last
	day of	the tax year.		
				Held at the End of the Tax Year
а		number of conservation easements		
b		acreage restricted by conservation easements		
С	Numb	er of conservation easements on a certified historic struc	cture included in (a)	2c
d		er of conservation easements included in (c) acquired af	•	
	listed	in the National Register		2d
3	Numb	er of conservation easements modified, transferred, rele	ased, extinguished, or terminated by the	e organization during the tax
	year 🕽	<b>-</b>		
4	Numb	er of states where property subject to conservation ease	ement is located	
5	Does	the organization have a written policy regarding the perio	odic monitoring, inspection, handling of	
	violati	ons, and enforcement of the conservation easements it I	holds?	Yes
6	Staff a	and volunteer hours devoted to monitoring, inspecting, a	and enforcing conservation easements of	during the year ➤
7	Amou	nt of expenses incurred in monitoring, inspecting, and er	nforcing conservation easements during	g the year 🕨 \$
8	Does	each conservation easement reported on line 2(d) above	satisfy the requirements of section 170	0(h)(4)(B)(i)
	and s	ection 170(h)(4)(B)(ii)?		Yes No
9	In Par	t XIII, describe how the organization reports conservation	n easements in its revenue and expense	e statement, and balance sheet, and
	includ	e, if applicable, the text of the footnote to the organization	on's financial statements that describes	the organization's accounting for
		rvation easements.		
Pai	t III	Organizations Maintaining Collections of		other Similar Assets.
		Complete if the organization answered "Yes" to Form 9		
1a		organization elected, as permitted under SFAS 116 (ASC	•	•
	histor	cal treasures, or other similar assets held for public exhil	bition, education, or research in furthera	ance of public service, provide, in Part XIII,
	the te	xt of the footnote to its financial statements that describ	es these items.	
b	If the	organization elected, as permitted under SFAS 116 (ASC	C 958), to report in its revenue statemen	t and balance sheet works of art, historical
	treasu	res, or other similar assets held for public exhibition, edu	ucation, or research in furtherance of pu	ıblic service, provide the following amounts
		g to these items:		
	(i) R	evenues included in Form 990, Part VIII, line 1		<b>&gt;</b> \$
	(ii) As	ssets included in Form 990, Part X		<b>&gt;</b> \$
2		organization received or held works of art, historical treas		al gain, provide
		llowing amounts required to be reported under SFAS 11		
а	Rever	ues included in Form 990, Part VIII, line 1		
b	Asset	s included in Form 990, Part X		<b>&gt;</b> \$

		Collections of A				or Oth	er Simil			Page Z
	ergamentono mantaning concentration of the state of the s									
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):									
а	Public exhibition	d			hange progra					
b	Scholarly research	е	(	Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explai	n how th	ney further t	he organizati	on's exe	empt purp	ose in Par	t XIII.	
5	During the year, did the organization solicit o	r receive donations	of art, hi	storical trea	sures, or oth	er simila	ar assets		_	
	to be sold to raise funds rather than to be ma	aintained as part of t	the orga	nization's c	ollection?				Yes	└─ No
Pai	t IV Escrow and Custodial Arran	gements. Comple	ete if the	organizatio	n answered '	"Yes" to	Form 990	), Part IV, I	ine 9, or	
	reported an amount on Form 990, Par	rt X, line 21.								
	Is the organization an agent, trustee, custod	ian or other intermed	diary for	contribution	ns or other as	sets no	t included			
	on Form 990, Part X?								Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII									
-	in roo, explain the arrangement in rail van	and complete the re	ow.ig						Amount	
_	Reginning balance						1c		Amount	
	Beginning balance									
	Additions during the year									
_	Distributions during the year									
f	Ending balance						1f		1	T 1
	Did the organization include an amount on Fe								Yes	No
	If "Yes," explain the arrangement in Part XIII.									
Pai	t V Endowment Funds. Complete i				1					
		(a) Current year	<b>(b)</b> P	rior year	(c) Two year	rs back	(d) Three	years back	(e) Four	years back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g g	End of year balance									
_	Provide the estimated percentage of the curr		o (lino 1	a column (	a)) hold as:					
2		rent year end baland	•	g, coluitiii (a	a)) Helu as.					
a	Board designated or quasi-endowment	0/	_%							
b	Permanent endowment	%								
С	Temporarily restricted endowment	%								
	The percentages in lines 2a, 2b, and 2c shou	•								
3a	Are there endowment funds not in the posse	ession of the organization	ation tha	at are held a	and administe	ered for	the organi	zation		
	by:									Yes No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
b	If "Yes" to 3a(ii), are the related organizations	s listed as required o	n Sched	dule R?					3b	
4	Describe in Part XIII the intended uses of the		wment 1	funds.						
Pai	t VI Land, Buildings, and Equipm	nent.								
	Complete if the organization answere	d "Yes" to Form 990	, Part IV	, line 11a. S	See Form 990	, Part X,	line 10.			
	Description of property	(a) Cost or o			t or other		ccumulat	ed	(d) Book	value
	, , ,	basis (investr	nent)		(other)		preciation		` '	
	Land				· ·					
	Buildings									
	Leasehold improvements									
	Equipment	<b> </b>								
	Other		V 00/:	on (D) line i	10(a) )			<del>_</del>		0.
rota	. Add lines 1a through 1e. (Column (d) must e	quai roiiii 990, Part	A, COIUN	ııı (🖒), IINE	I U(C).)					U •

Schedule D (Form 990) 2013

Schedule D (Form 990) 2013 INTERNATIONAL	CARE MI	NISTRIES	91-1	886289	Page 3
Part VII Investments - Other Securities.					
Complete if the organization answered "Yes" to Fe					
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of v	/aluation: Cost or end-of-y	/ear market v	alue
(1) Financial derivatives					
(2) Closely-held equity interests					
(3) Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶					
Part VIII Investments - Program Related.					
Complete if the organization answered "Yes" to Fe	orm QQQ Bart IV	/ line 11c See Form 990	Part V line 13		
(a) Description of investment	(b) Book value		raluation: Cost or end-of-y	ear market v	alue
(1)	(2) 20011 14141	(5)			
(1)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)					
Part IX Other Assets.					
Complete if the organization answered "Yes" to Fe	orm 990, Part I\	, line 11d. See Form 990,	Part X, line 15.		
(a) Desc				(b) Book val	lue
(1) GIFTS-IN-KIND ON HAND				390,	418
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.	)		<b>&gt;</b>	390,	418
Part X Other Liabilities.					
Complete if the organization answered "Yes" to Fe	orm 990, Part I\		n 990, Part X, line 25.		
1. (a) Description of liability		(b) Book value			
(1) Federal income taxes		222 442			
(2) GIFTS-IN-KIND PAYABLE		390,418.			
(3)					
(4)					
(5)			_		
(6)					
(7)					
(8)					
(9)		200 410			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.		390,418.			
2. Liability for uncertain tax positions. In Part XIII, provide the	text of the foot	note 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 Schedule D (Form 990) 2013

Pa	rt XI F	Reconciliation of Revenue per Audited Financial S	Statements With	Revenue per R	eturn	
	C	Complete if the organization answered "Yes" to Form 990, Part IV	, line 12a.			
1	Total rev	venue, gains, and other support per audited financial statements			1	4,107,892.
2	Amounts	s included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unre	ealized gains on investments	2a			
b		services and use of facilities				
С		ies of prior year grants				
d		escribe in Part XIII.)	1 - 1			
е	Add line	s 2a through 2d			2e	0.
3	Subtract	t line <b>2e</b> from line <b>1</b>			3	4,107,892.
4		s included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investme	ent expenses not included on Form 990, Part VIII, line 7b	4a			
b		escribe in Part XIII.)				
С		s <b>4a</b> and <b>4b</b>			4c	0.
5	Total rev	venue. Add lines 3 and 4c. (This must equal Form 990, Part I, line	12.)		5	4,107,892.
Pa	rt XII F	Reconciliation of Expenses per Audited Financial	Statements With	Expenses per	Retu	rn.
	c	Complete if the organization answered "Yes" to Form 990, Part IV	, line 12a.			
1	Total exp	penses and losses per audited financial statements			1	4,122,796.
2		s included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated	services and use of facilities	2a			
b		ar adjustments				
С		sses				
d		escribe in Part XIII.)		270,668.		
е		s <b>2a</b> through <b>2d</b>	' <u>-</u>		2e	270,668.
3		t line <b>2e</b> from line <b>1</b>			3	3,852,128.
4		s included on Form 990, Part IX, line 25, but not on line 1:				
а		ent expenses not included on Form 990, Part VIII, line 7b	4a			
b		escribe in Part XIII.)				
С		s <b>4a</b> and <b>4b</b>			4c	0.
5		penses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, lin			5	3,852,128.
Pa		Supplemental Information.	,			
lines	2d and 4l	escriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a b; and Part XII, lines 2d and 4b. Also complete this part to provid			+, rait.	A, IIIIe Z, Fait Ai,
PA:	RT XI	I, LINE 2D - OTHER ADJUSTMENTS:				
GO	ODS-I	N-TRANSIT	270,	668		

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

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

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

➤ Attach to Form 990. ➤ See separate instructions.

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection

**Employer identification number** 

OMB No. 1545-0047

INTERNATIONAL C					91-188628	
Part I General Infor	rmation on A	ctivities Ou	tside the United States. Comple	ete if the organ	ization answered "Y	'es" on
Form 990, Part IV	•					
			ds to substantiate the amount of its gr the selection criteria used to award the			Yes No
2 For grantmakers. Desc United States.	ribe in Part V the	e organization's	procedures for monitoring the use of it	s grants and o	ther assistance outs	side the
3 Activities per Region. (TI	ne following Part	I, line 3 table ca	an be duplicated if additional space is	needed.)		
<b>(a)</b> Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	is a prod describe	vity listed in (d) gram service, e specific type ce(s) in region	(f) Total expenditures for and investments in region
EAST ASIA AND THE						
PACIFIC - AUSTRALIA, BRUNEI, BURMA,				THE FORM OF		
CAMBODIA,	0	0	PROGRAM SERVICES	CLINICS, ME	DICINES, FOOD	3,807,357.
2 a Cub total	0	0				3,807,357.
<ul><li>3 a Sub-total</li><li>b Total from continuation</li></ul>	0	0				0.
sheets to Part I c Totals (add lines 3a and 3b)	0	0				3,807,357.

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

Schedule F (Form 990) 2013

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>(b)</b> IRS code section and EIN (if applicable)		(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)	
			TO FREE THE POOREST						
			OF THE POOR IN THE						
		EAST ASIA AND THE	PHILIPPINES FROM				FOOD AND	VALUATION FOR	
		PACIFIC	PHYSICAL, EMOTIONAL	1075020.	CHECK & WIRE	2732337.	HOUSEHOLD GOODS	CUSTOMS PURPOSES	
								+	
								<u> </u>	
2 Enter total number of	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by								

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

3 Enter total number of other organizations or entities

Schedule F (Form 990) 2013

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

### Schedule F (Form 990) 2013 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	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)	Yes	X 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	X 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	X 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	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report. (see Instructions for Form 5713)	Yes	X No

Schedule F (Form 990) 2013

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

**Noncash Contributions** 

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Attach to Form 990.

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

Name of the organization

Types of Property

Employer identification number INTERNATIONAL CARE MINISTRIES 91-1886289

		(a)	(b)	(c)	(d)		_	
		Check if	Number of contributions or	Noncash contribution amounts reported on	Method of de		•	_
		applicable		Form 990, Part VIII, line 1g	noncash contribu	ition ar	nount	S
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
• •	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory	Х	48	3,003,005.	VAL FOR CUS	TOM	S P	ÜRP
20	Drugs and medical supplies			, ,				
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ( )							
26	Other ()							
27	Other ( )							
28	Other ( )							
29	Number of Forms 8283 received by the organi	zation durin	g the tax vear for c	contributions				
	for which the organization completed Form 82		•					
	3	, ,	`				Yes	No
30a	During the year, did the organization receive b	v contributio	on any property rep	oorted in Part I. lines 1 - 28.	that it must hold for			
	at least three years from the date of the initial							
	the entire holding period?					30a		Х
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance	policy that re	equires the review	of any non-standard contrib	utions?	31		Х
	Does the organization hire or use third parties	•	=	•				
	contributions?		•			32a		Х
b	If "Yes," describe in Part II.							
33	If the organization did not report an amount in	column (c) f	or a type of prope	rty for which column (a) is ch	necked.			
	describe in Part II.	- 2.2 (0)	,pc o. p. opo.	,	,			
LHA	For Paperwork Reduction Act Notice, see	the Instruc	tions for Form 99	0.	Schedule M	(Form	990) (	2013)

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

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 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

2013
Open to Public Inspection

Name of the organization

INTERNATIONAL CARE MINISTRIES

Employer identification number 91-1886289

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

EXPLANATION: FORM 990 WILL BE REVIEWED BY THE BOARD.

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

EXPLANATION: THE ORGANIZATION MONITORS AND ENFORCES COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY THROUGH OVERSIGHT BY THE BOARD.

FORM 990, PART VI, SECTION C, LINE 19:

EXPLANATION: THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF

INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON

REQUEST.

FORM 990, PART VII CONTACT ADDRESSES FOR OFFICERS, DIRECTORS, ETC:

DAVID SUTHERLAND - 7498 SHERIDAN PLACE, LA PLATA, MD 20646

RANDY WILCOX - 2490 SUNLIGHT BEACH ROAD, CLINTON, WA 98236

BRUCE HALDORS - 7498 SHERIDAN PLACE, LA PLATA, MD 20646

FORM 990, PART VII:

EXPLANATION: DAVID SUTHERLAND, THE PRESIDENT OF INTERNATIONAL CARE

MINISTRIES IS ALSO ON THE BOARD OF DIRECTORS OF ICM LTD, AN

ORGANIZATION THAT INTERNATIONAL CARE MINISTRIES DONATES MONEY AND

SUPPLIES TO THE PHILIPPINES. DAVID SUTHERLAND DOES NOT RECEIVE ANY

COMPENSATION FROM EITHER ORGANIZATION AND IS AN INDEPENDENT BOARD

MEMBER OF INTERNATIONAL CARE MINISTRIES.

Name of the organization INTERNATIONAL CARE MINISTRIES	Employer identification number 91-1886289
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
GIFTS-IN-KIND PAYABLE	-270,668.
FORM 990, PART XII, LINE 2(C): THE ORGANIZATION'S BOARD S	ELECTS THE
AUDITOR AND ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE A	UDIT.