|     | 0 | 0 | n |
|-----|---|---|---|
| orm | 3 | 3 | U |

# 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.

20 8

OMB No. 1545-0047

Open to Public

| Department o   | of the Treasury      |  | v/Form990 for instructions a  |                | t information.   | Inspection                 |
|--|----------------------|--|---|----------------|--|----------------------------|
|  |                      |  | UN 1, 2018 an   | d ending M     | AY 31, 2019  |                            |
| B Check if applicable  | C Name of c          |  |   |                | D Employer identificat   | ion number                 |
| Addres   |                      | TANK OFF WINTOFFIER  |   |                |  |                            |
| IName  | e INTERNA            | TIONAL CARE MINISTRIES   |   |                | 91-18862   | 89                         |
| Initial  |                      | iness as<br>ind street (or P.O. box if mail is not d                 | elivered to street address)   | Room/suite     |  |                            |
| Final  | 7498 581             | ERIDAN PLACE   |   | 11001100010    | (240)349   | -2045                      |
| Lreturn/<br>termin-<br>ated  |                      | wn, state or province, country, and                                  | ZIP or foreign postal code  |                | G Gross receipts \$  | 7,248,689.                 |
| Amend  |                      | A, MD 20646  |   |                | H(a) Is this a group retu  | m                          |
| Applic   | F Name and           | d address of principal officer: DAVI                                 | D SUTHERLAND  |                | for subordinates?  | Yes X No                   |
| pendin   | SAME AS C            |  |   |                | H(b) Are all subordinates inclu  | ded? Yes No                |
| I Tax-exe  | empt status: X       | 501(c)(3) 501(c) (   | )◀ (insert no.) 4947(a)(1   | ) or 527       | -  |                            |
| The second s | te: N/A              |  |   |                | H(c) Group exemption n   |                            |
|  | organization; x      | Corporation Trust  | Association Other >   | L Year         | of formation: 1997 M S   | tate of legal domicile; WA |
| A REAL PROPERTY OF A REAL PROPERTY.  | Summary              |  |   |                | OPECE OF THE BOOR  |                            |
| 8 1  |                      | the organization's mission or mos                                    |   |                | OREST OF THE POOR  |                            |
|  |                      | IPPINES FROM PHYSICAL, EMO   |   |                | a than 25% of its not asso   | te                         |
| 2 SVELT  |                      | If the organization disc<br>ing members of the governing bod         |   |                |  |                            |
| 00 4   |                      | pendent voting members of the g                                      |   |                |  |                            |
| 8 5  |                      | f individuals employed in calendar                                   |   |                |  |                            |
| e .  |                      | volunteers (estimate if necessary                                    |   |                |  |                            |
|  |                      | business revenue from Part VIII, o                                   |   |                |  | 0                          |
|  |                      | usiness taxable income from Forr                                     |   |                | And the second sec | 0                          |
|  |                      |  |   |                | Prior Year   | Current Year               |
| g 8 (  | Contributions ar     | nd grants (Part VIII, line 1h)                                       |   |                | 4,272,079.   | 7,248,643                  |
| w  |                      |  |   |                | 0.   | 0                          |
| ê 10 I   |                      | ome (Part VIII, column (A), lines 3,                                 |   | 4.             | 46   |                            |
| 11 (   |                      | Part VIII, column (A), lines 5, 6d, 8                                | Children Charles (Children and Children and | 0.             | 0  |                            |
|  |                      | add lines 8 through 11 (must equa                                    | Contractor and the second se   |                | 4,272,083.   | 7,248,689                  |
|  |                      | lar amounts paid (Part IX, column<br>or for members (Part IX, column |   |                | 3,530,030.   | 6,664,006                  |
|  |                      | compensation, employee benefits                                      |   | 0.             | 0  |                            |
| 95 16a F   |                      | draising fees (Part IX, column (A),                                  | and the second se   | 83,120.        | 37,924   |                            |
|  |                      | g expenses (Part IX, column (D), li                                  |   |                |  |                            |
| D 17 (   |                      | (Part IX, column (A), lines 11a-11                                   |   |                | 155,023.   | 231,767                    |
| 18 1   | Total expenses.      | Add lines 13-17 (must equal Part                                     | IX, column (A), line 25)  |                | 4,194,841.   | 6,933,697                  |
| 19 F   | Revenue less ex      | penses. Subtract line 18 from line                                   | e 12  |                | 77,242.  | 314,992                    |
| 2 OF   |                      |  |   | В              | eginning of Current Year   | End of Year                |
| 000  | Total assets (Pa     |  |   |                | 691,807.   | 1,135,854                  |
| Ppu 21 1   | Total liabilities (F |  |   |                | 621,562.   | 750,617                    |
|  | Signature            | nd balances. Subtract line 21 from                                   | n line 20   |                | 70,245.  | 385,237                    |
|  |                      | eclare that I have examined this return                              | including aggempanying school   | lan and states |  |                            |
| tue, correct   | t and complete D     | claration of preparer (other than offic                              | i, including accompanying schedu  | nes and staten | nents, and to the best of my k   | nowledge and belief, it is |
|  |                      | contraction of reparet (outer man onic                               |   | which prepare  |  | 18 -                       |
| Sign   | Signature o          | l officer  |   |                | Date   | 19, 2020                   |
| Here   | DAVID SU             | UTHERLAND, PRESIDENT   |   |                |  |                            |
|  | I ype or print       | nt name and title  |   |                |  |                            |
| Paid   | Print/Type prepar    | rer's name   | Preparer's signature  |                | Date Check   | PTIN                       |
| Preparer   | JENNIFER BEC         |  | JENNIFER BECKER HARRIS  | s i            | 03/02/20 If self-employed  | P00183358                  |
| Use Only   | Firm's name          | CLARK NUBER, PS  |   |                |  | 91-1194016                 |
|  | and s audress        | 10900 NE 4TH STREET, SU  | ITE 1400  |                |  |                            |
| May the I  | IRS discuss this     | BELLEVUE, WA 98004   |   |                | Phone no.425-4   |                            |
|  | 111A F-              | return with the preparer shown ab                                    | ove? (see instructions)   |                |  | X Yes No                   |
|  |                      | And the drinking And Blad  | an and the seconds instance   | Al             |  | E 000 (0010                |

| Form      | n 990 (2018) INTERNATIONAL CARE MINISTRIES  | 91-1  | 886289 Page <b>2</b> |
|-----------|---|---|----------------------|
| Ра        | art III Statement of Program Service Accomplishme                                   | ents  |                      |
|           | 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 PHILIPPINE                                   | S FROM PHYSICAL,                                      |                      |
|           | EMOTIONAL AND SPIRITUAL BONDAGE.  |   |                      |
|           |   |   |                      |
| 2         | Did the organization undertake any significant program services d                   | uring 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.                                |   |                      |
| 3         | Did the organization cease conducting, or make significant change                   | es in how it conducts, any program services?          | Yes X No             |
|           | If "Yes," describe these changes on Schedule O.                                     | , , , , , , , , , , , , , , , , , , ,                 |                      |
| 4         | Describe the organization's program service accomplishments for                     | each of its three largest program services, as measu  | ured by expenses.    |
|           | Section 501(c)(3) and 501(c)(4) organizations are required to report                | t the amount of grants and allocations to others, the | total expenses, and  |
|           | revenue, if any, for each program service reported.                                 |   |                      |
| 4a        |   |   | )                    |
|           | DONATIONS OF CASH AND GOODS TO SUPPORT FOUR STRAT                                   |   |                      |
|           | PROGRAMS BENEFITING OVER 160,000 PEOPLE IN 1,189                                    |   |                      |
|           | REGIONS OF THE PHILIPPINES. THE PROGRAMS INCLUDE                                    | VALUES, HEALTH,                                       |                      |
|           | LIVELIHOOD, AND EDUCATION.  |   |                      |
|           |   |   |                      |
|           |   |   |                      |
|           |   |   |                      |
|           |   |   |                      |
|           |   |   |                      |
|           |   |   |                      |
|           |   |   |                      |
| 4b        | (Code:) (Expenses \$ including  | grants of \$ ) (Revenue \$                            | )                    |
|           |   |   |                      |
|           |   |   |                      |
|           |   |   |                      |
|           |   |   |                      |
|           |   |   |                      |
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|           |   |   |                      |
|           |   |   |                      |
|           |   |   |                      |
|           |   |   |                      |
|           |   |   |                      |
| 4c        | (Code: ) (Expenses \$ including   | rrants of \$ ) (Bevenue \$                            | )                    |
| 10        |   |   | ,                    |
|           |   |   |                      |
|           |   |   |                      |
|           |   |   |                      |
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|           |   |   |                      |
|           |   |   |                      |
|           |   |   |                      |
|           |   |   |                      |
| <u> </u>  |   |   |                      |
| 4d        |   |   | N N                  |
| 40        | (Expenses \$ including grants of \$       Total program service expenses ▶ 6,870,57 | ) (Revenue \$   | )                    |
| <u>4e</u> | Total program service expenses 6,870,57   |   |                      |

Form 990 (2018) INTERNATIONAL CARE
Part IV Checklist of Required Schedules INTERNATIONAL CARE MINISTRIES

|          |  |            | Yes | No       |
|----------|--|------------|-----|----------|
| 1        | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?                              |            | 103 |          |
| •        | If "Yes," complete Schedule A  | 1          | х   |          |
| 2        | Is the organization required to complete Schedule B, Schedule of Contributors?   | 2          | х   |          |
| 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          |     | 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? If "Yes," complete Schedule C, Part II  | 4          |     | 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? 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          |     | 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?        |            |     |          |
|          | If "Yes," complete Schedule D, Part IV   | 9          |     | X        |
| 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, VII, VIII, IX, or X |            |     |          |
|          | as applicable.   |            |     |          |
| а        | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,      |            |     |          |
|          | Part VI  | 11a        |     | 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      |            |     | v        |
|          | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII  | 11b        |     | X        |
| С        | Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total       |            |     | x        |
| A        | assets reported in Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part VIII</i>                                       | 11c        |     | л        |
| u        | Part X, line 16? If "Yes," complete Schedule D, Part IX  | 11d        | x   |          |
| ۵        | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X            | 11e        |     | x        |
| f        | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses          | 110        |     |          |
| •        | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X           | 11f        |     | x        |
| 12a      | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete              |            |     |          |
|          | Schedule D, Parts XI and XII   | 12a        | х   |          |
| b        | Was the organization included in consolidated, independent audited financial statements for the tax year?                        |            |     |          |
|          | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional            | 12b        |     | х        |
| 13       | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E                                | 13         |     | Х        |
| 14a      | Did the organization maintain an office, employees, or agents outside of the United States?                                      | 14a        |     | 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? 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         |     | X        |
| 17       | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,          |            | v   |          |
| 40       | 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     | 10         |     | <b>.</b> |
| 10       | 1c and 8a? If "Yes," complete Schedule G, Part II  | 18         |     | X        |
| 19       | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"           | 10         |     | v        |
| 20-      | complete Schedule G, Part III  | 19<br>20a  |     | X<br>X   |
| 20a<br>b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?                     | 20a<br>20b |     |          |
| 21       | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or                      | 200        |     |          |
| 21       | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II                                | 21         |     | x        |
|          |  |            |     |          |

| Form | aan | (2018) |
|------|-----|--------|
| гопп | 990 | (2010) |

| I UI       |  |           |     |    |  |  |  |  |
|------------|--|-----------|-----|----|--|--|--|--|
|            |  |           | Yes | No |  |  |  |  |
| 22         | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on  |           |     | x  |  |  |  |  |
| 23         | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III  | 22        |     |    |  |  |  |  |
| 20         | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete   |           |     |    |  |  |  |  |
|            | Schedule J   |           |     |    |  |  |  |  |
| 24a        | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the  | 23        |     |    |  |  |  |  |
|            | 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  |  |  |  |  |
| b          |  | 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       |     |    |  |  |  |  |
| d          | 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), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit   |           |     |    |  |  |  |  |
|            | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I  | 25a       |     | X  |  |  |  |  |
| b          | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and   |           |     |    |  |  |  |  |
|            | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete  |           |     |    |  |  |  |  |
|            | Schedule L, Part I   | 25b       |     | X  |  |  |  |  |
| 26         | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or  |           |     |    |  |  |  |  |
|            | former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"   |           |     | x  |  |  |  |  |
| 07         | complete Schedule L, Part II<br>Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial                                   | 26        |     |    |  |  |  |  |
| 27         | 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        |     | x  |  |  |  |  |
| 28         | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV  | 21        |     |    |  |  |  |  |
| 20         | instructions for applicable filing thresholds, conditions, and exceptions):  |           |     |    |  |  |  |  |
| а          | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  | 28a       |     | x  |  |  |  |  |
| b          |  |           |     |    |  |  |  |  |
| с          | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,  |           |     |    |  |  |  |  |
|            | director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV   | 28c       |     | х  |  |  |  |  |
| 29         | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M   | 29        | Х   |    |  |  |  |  |
| 30         | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation  |           |     |    |  |  |  |  |
|            | contributions? If "Yes," complete Schedule M   | 30        |     | Х  |  |  |  |  |
| 31         | Did the organization liquidate, terminate, or dissolve and cease operations?   |           |     |    |  |  |  |  |
|            | If "Yes," complete Schedule N, Part I  | 31        |     | X  |  |  |  |  |
| 32         | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete   |           |     | l  |  |  |  |  |
| ~~         | Schedule N, Part II  | 32        |     | X  |  |  |  |  |
| 33         | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations   | 20        |     | v  |  |  |  |  |
| 34         | sections 301.7701-2 and 301.7701-3? <i>If</i> "Yes," <i>complete Schedule R, Part I</i>  | 33        |     | X  |  |  |  |  |
| 54         |  | 34        |     | x  |  |  |  |  |
| 35 a       | Did the organization have a controlled entity within the meaning of section 512(b)(13)?  | 34<br>35a |     | X  |  |  |  |  |
|            | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity  | 554       |     |    |  |  |  |  |
|            | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  | 35b       |     | ĺ  |  |  |  |  |
| 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        |     | x  |  |  |  |  |
| 37         | Did the organization conduct more than 5% of its activities through an entity that is not a related organization   |           |     |    |  |  |  |  |
|            | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI   | 37        |     | х  |  |  |  |  |
| 38         | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?   |           |     |    |  |  |  |  |
| <b>D</b> - | Note. All Form 990 filers are required to complete Schedule O  | 38        | Х   |    |  |  |  |  |
| Pa         |  |           |     |    |  |  |  |  |
|            | Check if Schedule O contains a response or note to any line in this Part V   | <u></u>   |     |    |  |  |  |  |
| 4 -        | Enter the number reported in Day 2 of Form 1000. Enter 0 if not enalizable   | n         | Yes | No |  |  |  |  |
| ia<br>م    | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable       1a         Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable       1b | 0         |     |    |  |  |  |  |
| u<br>c     | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming   | -         |     |    |  |  |  |  |
| C          | (gambling) winnings to prize winners?  | 10        |     |    |  |  |  |  |

Page 4

| Form       | n 990 (2018) INTERNATIONAL CARE MINISTRIES 91-18  | 36289       | P   | Page <b>5</b> |  |  |  |  |  |  |  |
|------------|---|-------------|-----|---------------|--|--|--|--|--|--|--|
| Pa         | Statements Regarding Other IRS Filings and Tax Compliance (continued)   |             |     |               |  |  |  |  |  |  |  |
|            |   |             | Yes | No            |  |  |  |  |  |  |  |
| 2a         | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,   |             |     |               |  |  |  |  |  |  |  |
|            | filed for the calendar year ending with or within the year covered by this return   | 0           |     |               |  |  |  |  |  |  |  |
| b          | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?                        |             |     |               |  |  |  |  |  |  |  |
|            | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)                      | -           |     | x             |  |  |  |  |  |  |  |
|            | a Did the organization have unrelated business gross income of \$1,000 or more during the year?                                       |             |     |               |  |  |  |  |  |  |  |
|            | b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O                         |             |     |               |  |  |  |  |  |  |  |
| 4a         | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a             |             |     |               |  |  |  |  |  |  |  |
|            | financial account in a foreign country (such as a bank account, securities account, or other financial account)?                      | <u>4a</u>   |     | X             |  |  |  |  |  |  |  |
| b          | If "Yes," enter the name of the foreign country: ►  |             |     |               |  |  |  |  |  |  |  |
| <b>F</b> - | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).                   | 5.          |     | v             |  |  |  |  |  |  |  |
|            | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?                                 |             |     | X<br>X        |  |  |  |  |  |  |  |
|            |   |             |     |               |  |  |  |  |  |  |  |
|            | If "Yes" to line 5a or 5b, did the organization file Form 8886-T?   |             |     |               |  |  |  |  |  |  |  |
| 6a         | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solid             |             |     | x             |  |  |  |  |  |  |  |
| h          | any contributions that were not tax deductible as charitable contributions?   | <u>6a</u>   |     |               |  |  |  |  |  |  |  |
| D          |   | 6b          |     |               |  |  |  |  |  |  |  |
| 7          | were not tax deductible? Organizations that may receive deductible contributions under section 170(c).                                |             |     |               |  |  |  |  |  |  |  |
| 7<br>a     |   | payor? 7a   |     | x             |  |  |  |  |  |  |  |
|            |   |             |     |               |  |  |  |  |  |  |  |
|            | <ul> <li>Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required</li> </ul> |             |     | <u> </u>      |  |  |  |  |  |  |  |
| U          | to file Form 8282?  |             |     | x             |  |  |  |  |  |  |  |
| Ь          | I If "Yes," indicate the number of Forms 8282 filed during the year 7d  |             |     |               |  |  |  |  |  |  |  |
| e          |   | 7e          |     | x             |  |  |  |  |  |  |  |
| f          |   |             |     | x             |  |  |  |  |  |  |  |
| g          |   |             |     |               |  |  |  |  |  |  |  |
| h          |   |             |     |               |  |  |  |  |  |  |  |
| 8          | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the                                  |             |     |               |  |  |  |  |  |  |  |
|            | sponsoring organization have excess business holdings at any time during the year?  | 8           |     |               |  |  |  |  |  |  |  |
| 9          | Sponsoring organizations maintaining donor advised funds.   |             |     |               |  |  |  |  |  |  |  |
| а          | Did the sponsoring organization make any taxable distributions under section 4966?  |             |     |               |  |  |  |  |  |  |  |
| b          | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?                                     |             |     |               |  |  |  |  |  |  |  |
| 10         | Section 501(c)(7) organizations. Enter:   |             |     |               |  |  |  |  |  |  |  |
| а          | Initiation fees and capital contributions included on Part VIII, line 12 10a  |             |     |               |  |  |  |  |  |  |  |
| b          | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b                                       |             |     |               |  |  |  |  |  |  |  |
| 11         | Section 501(c)(12) organizations. Enter:  |             |     |               |  |  |  |  |  |  |  |
| а          | Gross income from members or shareholders   |             |     |               |  |  |  |  |  |  |  |
| b          |   |             |     |               |  |  |  |  |  |  |  |
|            | amounts due or received from them.)   |             |     |               |  |  |  |  |  |  |  |
| 12a        | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?                            | 12a         |     |               |  |  |  |  |  |  |  |
| b          | If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b   |             |     |               |  |  |  |  |  |  |  |
| 13         | Section 501(c)(29) qualified nonprofit health insurance issuers.  |             |     |               |  |  |  |  |  |  |  |
| а          | <b>o i i i</b>  | <b>13</b> a |     |               |  |  |  |  |  |  |  |
|            | Note. See the instructions for additional information the organization must report on Schedule O.                                     |             |     |               |  |  |  |  |  |  |  |
| b          | Enter the amount of reserves the organization is required to maintain by the states in which the                                      |             |     |               |  |  |  |  |  |  |  |
|            | organization is licensed to issue qualified health plans  |             |     |               |  |  |  |  |  |  |  |
|            | Enter the amount of reserves on hand  |             |     |               |  |  |  |  |  |  |  |
| 14a        |   |             |     | X             |  |  |  |  |  |  |  |
|            | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O                             | <u>14b</u>  |     |               |  |  |  |  |  |  |  |
| 15         | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or                         |             |     |               |  |  |  |  |  |  |  |
|            | excess parachute payment(s) during the year?  | 15          |     | X             |  |  |  |  |  |  |  |
| 10         | If "Yes," see instructions and file Form 4720, Schedule N.  | 10          |     | v             |  |  |  |  |  |  |  |
| 16         | Is the organization an educational institution subject to the section 4968 excise tax on net investment income?                       | 16          |     | X             |  |  |  |  |  |  |  |
|            | If "Yes," complete Form 4720, Schedule O.   |             |     |               |  |  |  |  |  |  |  |

Form **990** (2018)

| Form | 990 (2018) INTERNATIONAL CARE MINISTRIES  |          | 91-1886289           |          | Р      | age <b>6</b> |
|------|---|----------|----------------------|----------|--------|--------------|
| Pai  | t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 th                                     | rough    | 7b below, and for a  | "No" r   | espon  | ise          |
|      | 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            |
| Sec  | tion A. Governing Body and Management   |          |                      |          |        |              |
|      |   |          |                      |          | Yes    | No           |
| 19   | Enter the number of voting members of the governing body at the end of the tax year                                   | 1a       | :                    | 3        | 100    |              |
| Ĩ    | If there are material differences in voting rights among members of the governing body, or if the governing           | 14       |                      |          |        |              |
|      | body delegated broad authority to an executive committee or similar committee, explain in Schedule O.                 |          |                      |          |        |              |
| b    | Enter the number of voting members included in line 1a, above, who are independent                                    | 1b       |                      | 3        |        |              |
| 2    | Did any officer, director, trustee, or key employee have a family relationship or a business relationship             |          | onv othor            | -        |        |              |
| 2    |   |          |                      | 2        |        | x            |
| 2    | officer, director, trustee, or key employee?  |          |                      | 2        |        |              |
| 3    | Did the organization delegate control over management duties customarily performed by or under the                    |          |                      |          |        | x            |
|      | of officers, directors, or trustees, or key employees to a management company or other person?                        |          |                      | 3        |        | X            |
| 4    | Did the organization make any significant changes to its governing documents since the prior Form 9                   |          |                      | 4        |        | X            |
| 5    | Did the organization become aware during the year of a significant diversion of the organization's ass                |          |                      |          |        |              |
| 6    | Did the organization have members or stockholders?  |          |                      | 6        |        | X            |
| 7a   | Did the organization have members, stockholders, or other persons who had the power to elect or ap                    | -        |                      | _        |        |              |
|      | more members of the governing body?   |          |                      | 7a       |        | X            |
| b    | Are any governance decisions of the organization reserved to (or subject to approval by) members, s                   | tockh    | olders, or           |          |        |              |
|      | persons other than the governing body?  |          |                      | 7b       |        | X            |
| 8    | Did the organization contemporaneously document the meetings held or written actions undertaken during the year       | -        | -                    |          |        |              |
| а    | The governing body?   |          |                      | 8a       | Х      |              |
| b    | Each committee with authority to act on behalf of the governing body?   |          |                      | 8b       |        | X            |
| 9    | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea             | ched     | at the               |          |        |              |
|      | organization's mailing address? If "Yes," provide the names and addresses in Schedule O                               |          |                      | 9        |        | Х            |
| Sec  | tion B. Policies (This Section B requests information about policies not required by the Internal Re                  | evenu    | e Code.)             |          |        |              |
|      |   |          |                      |          | Yes    | No           |
| 10a  | 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 ch               |          |                      |          |        |              |
|      | and branches to ensure their operations are consistent with the organization's exempt purposes? $\dots$               |          |                      | 10b      |        |              |
|      | Has the organization provided a complete copy of this Form 990 to all members of its governing body                   | y befo   | ore filing the form? | 11a      | Х      |              |
| b    | Describe in Schedule O the process, if any, used by the organization to review this Form 990.                         |          |                      |          |        |              |
|      |   |          |                      | 12a      | Х      |              |
|      | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise |          |                      | 12b      | Х      |              |
| С    | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Ye                | es," d   | escribe              |          |        |              |
|      | in Schedule O how this was done   |          |                      | 12c      | Х      |              |
| 13   | Did the organization have a written whistleblower policy?   |          |                      | 13       | Х      |              |
| 14   | Did the organization have a written document retention and destruction policy?  |          |                      | 14       | Х      |              |
| 15   | Did the process for determining compensation of the following persons include a review and approva                    | al by ii | ndependent           |          |        |              |
|      | persons, comparability data, and contemporaneous substantiation of the deliberation and decision?                     |          |                      |          |        |              |
| а    | The organization's CEO, Executive Director, or top management official  |          |                      | 15a      |        | Х            |
| b    | 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 arranger           | nent v   | vith a               |          |        |              |
|      | taxable entity during the year?   |          |                      | 16a      |        | Х            |
| b    | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat             | te its   | participation        |          |        |              |
|      | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ                 | nizatio  | n's                  |          |        |              |
|      | exempt status with respect to such arrangements?  |          |                      | 16b      |        |              |
| Sec  | tion C. Disclosure  |          |                      |          |        |              |
| 17   | List the states with which a copy of this Form 990 is required to be filed CA, MD, MN, VA, NY                         |          |                      |          |        |              |
| 18   | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024 A if applicable), 990, an                  | d 990    | -T (Section 501(c)(3 | )s only) | availa | able         |
|      | for public inspection. Indicate how you made these available. Check all that apply.                                   |          |                      |          |        |              |
|      | Own website I Another's website I Upon request Other (explain   | in Sc    | hedule O)            |          |        |              |
| 19   | Describe in Schedule O whether (and if so, how) the organization made its governing documents, co                     |          |                      | d finan  | cial   |              |
|      | 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 bo                       | oks a    | nd records 🕨         |          |        |              |
|      | ALICE PASTERNAK - (240)349-2045   |          | ·                    |          |        |              |
|      | 7498 SHERIDAN PLACE LA PLATA MD 20646   |          |                      |          |        |              |

| Form 990  | (2018)  | INTERNATIONAL CARE MINISTRIES                                 | 91-1886289 | Page 7 |  |  |  |  |  |  |  |
|-----------|---|---|------------|--------|--|--|--|--|--|--|--|
| Part VII  | Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated |   |            |        |  |  |  |  |  |  |  |
|           | Employees, an   | d Independent Contractors                                     |            |        |  |  |  |  |  |  |  |
|           | Check if Schedule   | O contains a response or note to any line in this Part VII    |            |        |  |  |  |  |  |  |  |
| Section A | . Officers, Director  | s, 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.

X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

| (A)                  | (B)            | (C)                                     |                       |         |              |                                 |        | (D)             | (E)             | (F)           |
|----------------------|----------------|---|-----------------------|---------|--------------|---------------------------------|--------|-----------------|-----------------|---------------|
| Name and Title       | Average        | Position<br>(do not check more than one |                       |         |              |                                 | one    | Reportable      | Reportable      | Estimated     |
|                      | hours per      | box                                     | , unle                | ss pe   | rson         | is bot<br>pr/trus               | h an   | compensation    | compensation    | amount of     |
|                      | week           |   |                       |         |              | n/uus                           | (ee)   | from            | from related    | other         |
|                      | (list any      | recto                                   |                       |         |              |                                 |        | the             | organizations   | compensation  |
|                      | hours for      | or di                                   | æ                     |         |              | ated                            |        | organization    | (W-2/1099-MISC) | from the      |
|                      | related        | istee                                   | truste                |         | e            | pens                            |        | (W-2/1099-MISC) |                 | organization  |
|                      | organizations  | lal tri                                 | onal                  |         | ploye        | ee com                          |        |                 |                 | and related   |
|                      | below<br>line) | Individual trustee or director          | Institutional trustee | Officer | Key employee | Highest compensated<br>employee | Former |                 |                 | organizations |
| (1) DAVID SUTHERLAND | 5.00           | 드                                       | 드                     | 5       | ъ<br>З       | 포동                              | ß      |                 |                 |               |
| PRESIDENT            | 5.00           | x                                       |                       | x       |              |                                 |        | 0.              | 0.              | 0.            |
| (2) BRUCE HALDORS    | 0.10           | ^                                       |                       | ^       |              |                                 |        | 0.              | υ.              | 0.            |
| SECRETARY/TREASURER  | 0.10           | x                                       |                       | x       |              |                                 |        | 0.              | 0.              | 0             |
|                      | 4.00           | ^                                       |                       | ^       |              |                                 |        | υ.              | υ.              | 0.            |
| (3) RANDY WILCOX     | 4.00           |   |                       |         |              |                                 |        |                 |                 |               |
| VICE PRESIDENT       |                | х                                       |                       | x       |              |                                 |        | 0.              | 0.              | 0.            |
|                      |                |   |                       |         |              |                                 |        |                 |                 |               |
|                      |                |   |                       |         |              |                                 |        |                 |                 |               |
|                      |                |   |                       |         |              |                                 |        |                 |                 |               |
|                      |                |   |                       |         |              |                                 |        |                 |                 |               |
|                      |                |   |                       |         |              |                                 |        |                 |                 |               |
|                      |                |   |                       |         |              |                                 |        |                 |                 |               |
|                      |                |   |                       |         |              |                                 |        |                 |                 |               |
|                      |                |   |                       |         |              |                                 |        |                 |                 |               |
|                      |                |   |                       |         |              |                                 |        |                 |                 |               |
|                      |                |   |                       |         |              |                                 |        |                 |                 |               |
|                      |                |   |                       |         |              |                                 |        |                 |                 |               |
|                      |                |   |                       |         |              |                                 |        |                 |                 |               |
|                      |                |   |                       |         |              |                                 |        |                 |                 |               |
|                      |                |   |                       |         |              |                                 |        |                 |                 |               |
|                      |                |   |                       |         |              |                                 |        |                 |                 |               |
|                      |                |   |                       |         |              |                                 |        |                 |                 |               |
|                      |                |   |                       |         |              |                                 |        |                 |                 |               |
|                      |                |   |                       |         |              |                                 |        |                 |                 |               |
|                      |                |   |                       |         |              |                                 |        |                 |                 |               |
|                      |                | 1                                       |                       |         |              |                                 |        |                 |                 |               |
|                      |                |   |                       |         |              |                                 |        |                 |                 |               |
|                      |                | 1                                       |                       |         |              |                                 |        |                 |                 |               |
|                      |                |   |                       |         |              |                                 |        |                 |                 |               |
|                      |                | 1                                       |                       |         |              |                                 |        |                 |                 |               |
|                      |                |   |                       |         |              |                                 |        |                 |                 |               |
|                      |                | 1                                       |                       |         |              |                                 |        |                 |                 |               |
|                      |                |   |                       |         |              |                                 |        |                 |                 |               |
|                      |                | 1                                       |                       |         |              |                                 |        |                 |                 |               |

| Form 990 (2018) INTERNATIONAL  |  |                                |                       |         |                                    |                                 |        |  | 91-1886   | 5289           |           | Р  | age <b>8</b>    |
|--|--|--------------------------------|-----------------------|---------|------------------------------------|---------------------------------|--------|--|---|----------------|-----------|--|-----------------|
| Part VII Section A. Officers, Directors, Trus  | tees, Key Em   | ploy                           | ees                   | , and   | d Hi                               | ghe                             | st C   | Compensated Employe  | es (continued)  |                |           |  |                 |
| (A)<br>Name and title  | <b>(B)</b><br>Average<br>hours per<br>week                           | box,                           | not c<br>, unle       | ss pe   | ition<br><sup>more</sup><br>rson i | than<br>is bot<br>pr/trus       | h an   | (D)<br>Reportable<br>compensation<br>from                  | <b>(E)</b><br>Reportable<br>compensatio<br>from related | on             | an        | (F)<br>stimate<br>nount<br>other               |                 |
|  | (list any<br>hours for<br>related<br>organizations<br>below<br>line) | Individual trustee or director | Institutional trustee | Officer | Key employee                       | Highest compensated<br>employee | Former | the<br>organization<br>(W-2/1099-MISC)                     | organizations co<br>(W-2/1099-MISC)                     |                |           | pensa<br>om th<br>anizat<br>d relat<br>anizati | e<br>ion<br>:ed |
|  |  |                                |                       |         |                                    |                                 |        |  |   |                |           |  |                 |
|  |  |                                |                       |         |                                    |                                 |        |  |   |                |           |  |                 |
|  |  |                                |                       |         |                                    |                                 |        |  |   |                |           |  |                 |
|  |  |                                |                       |         |                                    |                                 |        |  |   |                |           |  |                 |
|  |  |                                |                       |         |                                    |                                 |        |  |   |                |           |  |                 |
|  |  |                                |                       |         |                                    |                                 |        |  |   |                |           |  |                 |
|  |  |                                |                       |         |                                    |                                 |        |  |   |                |           |  |                 |
|  |  |                                |                       |         |                                    |                                 |        |  |   |                |           |  |                 |
| 1b Sub-total<br>c Total from continuation sheets to Part Vi  | I, Section A   |                                |                       |         |                                    |                                 |        | 0.   |   | 0.<br>0.<br>0. |           |  | 0.<br>0.<br>0.  |
| <ul> <li>d Total (add lines 1b and 1c)</li> <li>2 Total number of individuals (including but n compensation from the organization ►</li> </ul>   |  |                                |                       |         |                                    |                                 | no r   |  | ),000 of reportab                                       | -              |           |  | 0.              |
|  |  |                                |                       |         |                                    |                                 |        |  |   |                |           | Yes  | No              |
| 3 Did the organization list any <b>former</b> officer,<br>line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i> s   |  |                                |                       |         |                                    |                                 |        |  |   |                | 3         |  | X               |
| 4 For any individual listed on line 1a, is the su<br>and related organizations greater than \$15   | -  |                                |                       |         |                                    |                                 |        |  | the organization  |                | 4         |  | x               |
| 5 Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com  | -  |                                |                       |         | -                                  |                                 |        | -  |   |                | 5         |  | X               |
| Section B. Independent Contractors           1         Complete this table for your five highest complete the your five highest complete this table for your five highest complete this table for your five highest complete the your five hig | mpensated in   | depe                           | ende                  | ent c   | ontr                               | racto                           | ors 1  | that received more than                                    | \$100,000 of com  | npens          | ation 1   | from   |                 |
| the organization. Report compensation for<br>(A)<br>Name and business  | ,  |                                |                       | ng v    | vith                               | or w                            | ithiı  | n the organization's tax<br><b>(B)</b><br>Description of s |   |                | <b>(0</b> |  | <u> </u>        |
|  | address  | NO                             | NE                    |         |                                    |                                 | _      | Description of s   |   |                | ompe      | IISatio  |                 |
|  |  |                                |                       |         |                                    |                                 |        |  |   |                |           |  |                 |
|  |  |                                |                       |         |                                    |                                 |        |  |   |                |           |  |                 |
|  |  |                                |                       |         |                                    |                                 |        |  |   |                |           |  |                 |
|  |  |                                |                       |         |                                    |                                 |        |  |   |                |           |  |                 |
| 2 Total number of independent contractors (i<br>\$100,000 of compensation from the organi  | U U  | ot lir                         | nite                  | d to    |                                    | se lis<br>0                     | stec   | d above) who received n                                    | nore than   |                |           |  |                 |

| Forr  | n 990 ( | (2018) INTERNA                          | TIONAL CARE     | MINISTRIES          |                             |   | 91-1886289                                     | Page <b>9</b>   |
|---|---------|---|-----------------|---------------------|-----------------------------|---|--|---|
| Pa  | rt VII  | I Statement of Rever                    | nue             |                     |                             |   |  |   |
|   |         | Check if Schedule O cont                | ains a response | or note to any line | e in this Part VIII         |   |  |   |
|   |         |   |                 |                     | <b>(A)</b><br>Total revenue | ( <b>B)</b><br>Related or<br>exempt function<br>revenue | <b>(C)</b><br>Unrelated<br>business<br>revenue | <b>(D)</b><br>Revenue excluded<br>from tax under<br>sections<br>512 - 514 |
| nts   | 1 a     | Federated campaigns                     | 1a              |                     |                             |   |  |   |
| Contributions, Gifts, Grants<br>and Other Similar Amounts | b       | Membership dues                         | 1b              |                     |                             |   |  |   |
| Am (  | c       | Fundraising events                      | 1c              |                     |                             |   |  |   |
| Gif<br>İlar   | d       | Related organizations                   | 1d              |                     |                             |   |  |   |
| Sini,   | e       | Government grants (contribut            |                 |                     |                             |   |  |   |
| erio<br>0   | f       | All other contributions, gifts, gran    |                 |                     |                             |   |  |   |
| ΞĘ  |         | similar amounts not included abo        |                 | 7,248,643.          |                             |   |  |   |
| ontro   | g       | Noncash contributions included in lines |                 |                     |                             |   |  |   |
| <u>a</u> O  | h       | Total. Add lines 1a-1f                  |                 |                     | 7,248,643.                  |   |  |   |
|   |         |   |                 | Business Code       |                             |   |  |   |
| Program Service<br>Revenue                                | 2 a     |   |                 |                     |                             |   |  |   |
| ue v  | b       |   |                 |                     |                             |   |  |   |
| ven S   | c       |   |                 |                     |                             |   |  |   |
| Bra   | d       |   |                 |                     |                             |   |  |   |
| o L   | e       |   |                 |                     |                             |   |  |   |
| -   | · ·     | All other program service reve          |                 |                     |                             |   |  |   |
|   | 9<br>3  | Total. Add lines 2a-2f                  |                 |                     |                             |   |  |   |
|   | S S     |   |                 |                     | 46.                         |   |  | 46.   |
|   | 4       | other similar amounts)                  |                 |                     | 10.                         |   |  | ±0.   |
|   | 5       |   |                 | · · ·               |                             |   |  |   |
|   |         | Royalties                               | (i) Real        | (ii) Personal       |                             |   |  |   |
|   | 6.2     | Gross rents                             | 0               | (ii) Personai       |                             |   |  |   |
|   | b       |   |                 |                     |                             |   |  |   |
|   |         | Rental income or (loss)                 |                 |                     |                             |   |  |   |
|   |         | Net rental income or (loss)             |                 |                     |                             |   |  |   |
|   |         | Gross amount from sales of              | (i) Securities  | (ii) Other          |                             |   |  |   |
|   | ' "     | assets other than inventory             |                 |                     |                             |   |  |   |
|   | Ь       | Less: cost or other basis               |                 |                     |                             |   |  |   |
|   | -       | and sales expenses                      |                 |                     |                             |   |  |   |
|   | c       | Gain or (loss)                          |                 |                     |                             |   |  |   |
|   |         | Net gain or (loss)                      |                 | ►                   |                             |   |  |   |
| e   |         | Gross income from fundraising           |                 |                     |                             |   |  |   |
| ňu  |         | including \$                            |                 |                     |                             |   |  |   |
| eve   |         | contributions reported on line          |                 |                     |                             |   |  |   |
| ž   |         | Part IV, line 18                        | a               |                     |                             |   |  |   |
| Other Revenue   | b       | Less: direct expenses                   |                 |                     |                             |   |  |   |
| 0   |         | Net income or (loss) from fund          |                 |                     |                             |   |  |   |
|   | 9 a     | Gross income from gaming ac             | tivities. See   |                     |                             |   |  |   |
|   |         | Part IV, line 19                        | а               |                     |                             |   |  |   |
|   | b       | Less: direct expenses                   | b               |                     |                             |   |  |   |
|   | c       | Net income or (loss) from gam           | ing activities  | ►                   |                             |   |  |   |
|   | 10 a    | Gross sales of inventory, less          | returns         |                     |                             |   |  |   |
|   |         | and allowances                          |                 |                     |                             |   |  |   |
|   | b       | Less: cost of goods sold                | b               |                     |                             |   |  |   |
|   |         | Net income or (loss) from sale          |                 |                     |                             |   |  |   |
|   | L       | Miscellaneous Revenu                    | e               | Business Code       |                             |   |  |   |
|   | 11 a    |   |                 | ļ ļ                 |                             |   |  |   |
|   | b       |   |                 | ļ ļ                 |                             |   |  |   |
|   | с       |   |                 | ļ ļ                 |                             |   |  |   |
|   |         | All other revenue                       |                 |                     |                             |   |  |   |
|   |         | Total. Add lines 11a-11d                |                 | 🕨                   |                             |   |  |   |
|   | 12      | Total revenue See instructions          |                 |                     | 7 248 689.                  | 0.  | 0.   | 46.   |

91-1886289

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 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,

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

 Do not include amounts reported on lines 6b,

 Total expenses

| Dor     | Check if Schedule O contains a respons<br>not include amounts reported on lines 6b,   | (A)            | (B)                         | (C)                             | (D)                     |
|---------|---|----------------|-----------------------------|---------------------------------|-------------------------|
| 7b,     | 8b, 9b, and 10b of Part VIII.   | Total expenses | Program service<br>expenses | Management and general expenses | Fundraising<br>expenses |
| 1       | Grants and other assistance to domestic organizations   |                |                             |                                 |                         |
| 0       | and domestic governments. See Part IV, line 21  |                |                             |                                 |                         |
| 2       |   |                |                             |                                 |                         |
| 3       | individuals. See Part IV, line 22   |                |                             |                                 |                         |
| 3       | organizations, foreign governments, and foreign   |                |                             |                                 |                         |
|         | individuals. See Part IV, lines 15 and 16   | 6,664,006.     | 6,664,006.                  |                                 |                         |
| 4       | Benefits paid to or for members   |                |                             |                                 |                         |
| 5       | Compensation of current officers, directors,  |                |                             |                                 |                         |
| Ŭ       | trustees, and key employees   |                |                             |                                 |                         |
| 6       | Compensation not included above, to disgualified  |                |                             |                                 |                         |
| Ŭ       | persons (as defined under section 4958(f)(1)) and   |                |                             |                                 |                         |
|         | persons described in section 4958(c)(3)(B)  |                |                             |                                 |                         |
| 7       | Other salaries and wages  |                |                             |                                 |                         |
| 8       | Pension plan accruals and contributions (include  |                |                             |                                 |                         |
|         | section 401(k) and 403(b) employer contributions)   |                |                             |                                 |                         |
| 9       | Other employee benefits   |                |                             |                                 |                         |
| 10      | Payroll taxes   |                |                             |                                 |                         |
| 11      | Fees for services (non-employees):  |                |                             |                                 |                         |
|         | Management  |                |                             |                                 |                         |
|         | Legal   | 6,615.         | 6,615.                      |                                 |                         |
|         | Accounting  | 14,996.        | ,                           | 14,996.                         |                         |
|         | Lobbying  | ,              |                             | ,                               |                         |
|         | Professional fundraising services. See Part IV, line 17   | 37,924.        |                             |                                 | 37,924.                 |
| f       | Investment management fees  |                |                             |                                 | -                       |
| g       |   |                |                             |                                 |                         |
| -       | column (A) amount, list line 11g expenses on Sch 0.)  |                |                             |                                 |                         |
| 12      | Advertising and promotion   | 3,900.         |                             | 3,200.                          | 700.                    |
| 13      | Office expenses   | 2,804.         |                             | 2,804.                          |                         |
| 14      | Information technology  | 3,860.         | 360.                        |                                 | 3,500.                  |
| 15      | Royalties   |                |                             |                                 |                         |
| 16      | Occupancy   |                |                             |                                 |                         |
| 17      | Travel  | 5,644.         | 5,644.                      |                                 |                         |
| 18      | Payments of travel or entertainment expenses  |                |                             |                                 |                         |
|         | for any federal, state, or local public officials   |                |                             |                                 |                         |
| 19      | Conferences, conventions, and meetings  |                |                             |                                 |                         |
| 20      | Interest  |                |                             |                                 |                         |
| 21      | Payments to affiliates  |                |                             |                                 |                         |
| 22      | Depreciation, depletion, and amortization   |                |                             |                                 |                         |
| 23      | Insurance   |                |                             |                                 |                         |
| 24      | Other expenses. Itemize expenses not covered<br>above. (List miscellaneous expenses in line 24e. If line<br>24e amount exceeds 10% of line 25, column (A)<br>amount, list line 24e expenses on Schedule 0.) |                |                             |                                 |                         |
| а       | FREIGHT TO SHIP FOOD  | 193,948.       | 193,948.                    |                                 |                         |
| b       | [   |                |                             |                                 |                         |
| с       |   |                |                             |                                 |                         |
| d       |   |                |                             |                                 |                         |
| е       | All other expenses  |                |                             |                                 |                         |
| 25      | Total functional expenses. Add lines 1 through 24e  | 6,933,697.     | 6,870,573.                  | 21,000.                         | 42,124                  |
| 26      | Joint costs. Complete this line only if the organization  |                |                             |                                 |                         |
|         | reported in column (B) joint costs from a combined  |                |                             |                                 |                         |
|         | educational campaign and fundraising solicitation.  |                |                             |                                 |                         |
|         | Check here if following SOP 98-2 (ASC 958-720)  |                |                             |                                 |                         |
| 8320.10 | ) 12-31-18  |                |                             |                                 | Form <b>990</b> (2018)  |

| Form 990 (2 | 2018)         | INTERNATIONAL | CARE | MINISTRIES |
|-------------|---------------|---------------|------|------------|
| Part X      | Balance Sheet |               |      |            |

|   |   | (A)               |     | (B)         |
|---|---|-------------------|-----|-------------|
|   |   | Beginning of year |     | End of year |
| 1   | Cash - non-interest-bearing   | 70,245.           | 1   | 385,237     |
| 2   | Savings and temporary cash investments  |                   | 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   |             |
| 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             |                   |     |             |
| SI I  | employees' beneficiary organizations (see instr). Complete Part II of Sch L       |                   | 6   |             |
| Assets  | Notes and loans receivable, net   |                   | 7   |             |
| ≮   8   | Inventories for sale or use   |                   | 8   |             |
| 9   | Prepaid expenses and deferred charges   |                   | 9   |             |
| 10a   | Land, buildings, and equipment: cost or other                                     |                   |     |             |
|   | basis. Complete Part VI of Schedule D 10a   |                   |     |             |
| b   | Less: accumulated depreciation 10b  |                   | 10c |             |
| 11  | Investments - publicly traded securities  |                   | 11  |             |
| 12  | Investments - other securities. See Part IV, line 11                              |                   | 12  |             |
| 13  | Investments - program-related. See Part IV, line 11                               |                   | 13  |             |
| 14  | Intangible assets   |                   | 14  |             |
| 15  | Other assets. See Part IV, line 11  | 621,562.          | 15  | 750,617     |
| 16  | Total assets. Add lines 1 through 15 (must equal line 34)                         | 691,807.          | 16  | 1,135,854   |
| 17  | Accounts payable and accrued expenses   |                   | 17  |             |
| 18  | Grants payable  | 621,562.          | 18  | 750,617     |
| 19  | Deferred revenue  |                   | 19  |             |
| 20  | Tax-exempt bond liabilities   |                   | 20  |             |
| 21  | Escrow or custodial account liability. Complete Part IV of Schedule D             |                   | 21  |             |
| ช 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  |                   | 22  |             |
| <b>-</b> 23   | Secured mortgages and notes payable to unrelated third parties                    |                   | 23  |             |
| 24  | Unsecured notes and loans payable to unrelated third parties                      |                   | 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   |                   |     |             |
|   | Schedule D  |                   | 25  |             |
| 26  | Total liabilities. Add lines 17 through 25  | 621,562.          | 26  | 750,617     |
|   | Organizations that follow SFAS 117 (ASC 958), check here ▶ ⊥ and                  |                   |     |             |
| es  | complete lines 27 through 29, and lines 33 and 34.                                |                   |     |             |
| Lund Balances<br>28<br>29<br>29   | Unrestricted net assets   | 70,245.           | 27  | 385,237     |
|   | Temporarily restricted net assets   |                   | 28  |             |
| 29  | Permanently restricted net assets   |                   | 29  |             |
|   | Organizations that do not follow SFAS 117 (ASC 958), check here                   |                   |     |             |
|   | and complete lines 30 through 34.   |                   |     |             |
| 2<br>30   | Capital stock or trust principal, or current funds                                |                   | 30  |             |
| 31  | Paid-in or capital surplus, or land, building, or equipment fund                  |                   | 31  |             |
| Net Assets of<br>30<br>31<br>32<br>32<br>32<br>32<br>32<br>32<br>32<br>32<br>32<br>32<br>32<br>32<br>32 | Retained earnings, endowment, accumulated income, or other funds                  |                   | 32  |             |
| ž 33  | Total net assets or fund balances   | 70,245.           | 33  | 385,237     |
| 34  | Total liabilities and net assets/fund balances                                    | 691,807.          | 34  | 1,135,854   |

Form **990** (2018)

Page **11** 

Form 990 (2018)

| Form | 990 (2018) INTERNATIONAL CARE MINISTRIES   | 91-1886289 |    | Pa   | ge <b>12</b> |
|------|--|------------|----|------|--------------|
| Pa   | rt 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          | 7  | ,248 | ,689.        |
| 2    | Total expenses (must equal Part IX, column (A), line 25)   | 2          | 6  | ,933 | ,697.        |
| 3    | Revenue less expenses. Subtract line 2 from line 1   | 3          |    | 314  | ,992.        |
| 4    | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                          | 4          |    | 70   | ,245.        |
| 5    | Net unrealized gains (losses) on investments   | 5          |    |      |              |
| 6    | Donated services and use of facilities   | 6          |    |      |              |
| 7    | Investment expenses  | 7          |    |      |              |
| 8    | Prior period adjustments   | 8          |    |      |              |
| 9    | Other changes in net assets or fund balances (explain in Schedule O)   | 9          |    |      | 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         |    | 385  | ,237.        |
| Pa   | rt 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: Cash X 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 reviewed    | l 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 separat    | e 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 | Х    |              |
|      | If the organization changed either its oversight process or selection process during the tax year, explain in Sch  | edule O.   |    |      |              |
| 3a   | 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 | 000  |              |

Form **990** (2018)

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(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.

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

| OMB No. 1545-0047 |
|-------------------|
| 2018              |
| Open to Public    |

. Inspection

#### ... ...

| Nan  |           | the organization  |                        |  |                                     |                                 |                     |               |                            |
|------|-----------|---|------------------------|--|-------------------------------------|---------------------------------|---------------------|---------------|----------------------------|
| Da   |           |   | ATIONAL CARE MI        |  |                                     |                                 |                     |               | -1886289                   |
|      | rt I      | Reason for Public (   |                        |  |                                     |                                 | e instruction       | S.            |                            |
|      | organ     | ization is not a private found                                    |                        |  |                                     |                                 |                     |               |                            |
| 1    | $\square$ | A church, convention of ch  |                        |  |                                     | • • •                           | l)(A)(i).           |               |                            |
| 2    | $\square$ | A school described in secti                                       |                        |  |                                     |                                 |                     |               |                            |
| 3    | $\square$ | A hospital or a cooperative                                       | 1 0                    |  |                                     |                                 |                     |               |                            |
| 4    |           | A medical research organiz  | ation operated in co   | njunction with a hospita                               | l described                         | d in <b>sectio</b>              | n 170(b)(1)(A       | )(iii). Enter | the hospital's name,       |
| _    |           | city, and state:  |                        |  |                                     |                                 |                     |               |                            |
| 5    |           | An organization operated for                                      |                        | llege or university owne                               | d or opera                          | ted by a g                      | overnmental ı       | unit describ  | ed in                      |
|      |           | section 170(b)(1)(A)(iv). (C                                      | • •                    |  |                                     |                                 |                     |               |                            |
| 6    |           | A federal, state, or local gov                                    | -                      |  |                                     |                                 |                     |               |                            |
| 7    | X         | An organization that norma  |                        | ntial part of its support                              | from a gov                          | ernmental                       | unit or from t      | he general    | public described in        |
| _    |           | section 170(b)(1)(A)(vi). (Co                                     |                        |  |                                     |                                 |                     |               |                            |
| 8    | $\square$ | A community trust describe  |                        |  |                                     |                                 |                     |               |                            |
| 9    |           | An agricultural research org                                      |                        |  |                                     |                                 |                     |               |                            |
|      |           | or university or a non-land-g                                     | grant college of agric | ulture (see instructions)                              | . Enter the                         | name, city                      | /, and state o      | f the colleg  | e or                       |
|      |           | university:   |                        |  |                                     |                                 | <u> </u>            |               |                            |
| 10   |           | An organization that norma  |                        | •  | •                                   |                                 |                     | • •           | •                          |
|      |           | activities related to its exem                                    |                        |  |                                     |                                 |                     |               |                            |
|      |           | income and unrelated busin  |                        | (less section 511 tax) fr                              | om busine                           | sses acqu                       | ired by the o       | rganization   | atter June 30, 1975.       |
| 11   |           | See <b>section 509(a)(2).</b> (Cor<br>An organization organized a |                        | ively to test for public or                            | foty Soo                            | nantion EC                      | $\Theta(\alpha)(A)$ |               |                            |
| 12   | H         | An organization organized a                                       | -                      | •  | •                                   |                                 |                     | arry out the  | nurnoses of one or         |
| 12   |           | more publicly supported or  |                        | •  | -                                   |                                 |                     | -             |                            |
|      |           | lines 12a through 12d that  |                        |  |                                     |                                 |                     |               |                            |
| а    |           | <b>Type I.</b> A supporting orga                                  |                        |  |                                     |                                 |                     |               | aivina                     |
|      |           | the supported organization  |                        |  |                                     |                                 |                     |               |                            |
|      |           | organization. You must c  |                        |  |                                     |                                 |                     |               |                            |
| b    |           | <b>Type II.</b> A supporting organization                         | -                      |  | tion with it                        | s supporte                      | ed organizatio      | on(s), by ha  | vina                       |
|      |           | control or management o   |                        |  |                                     |                                 | -                   |               | -                          |
|      |           | organization(s). You mus  |                        |  |                                     |                                 |                     | 5 1           |                            |
| с    |           | Type III functionally inte  |                        |  | in connec                           | tion with, a                    | and functiona       | lly integrate | ed with,                   |
|      |           | its supported organization  |                        |  |                                     |                                 |                     | , ,           |                            |
| d    |           | Type III non-functionally   |                        |  |                                     |                                 |                     | rted organi   | zation(s)                  |
|      |           | that is not functionally int                                      |                        |  |                                     |                                 |                     |               |                            |
|      |           | requirement (see instruct   | ions). You must con    | nplete Part IV, Sections                               | s A and D,                          | and Part                        | v.                  |               |                            |
| е    |           | Check this box if the orga  | anization received a   | written determination fro                              | om the IRS                          | that it is a                    | . Туре I, Туре      | II, Type III  |                            |
|      |           | functionally integrated, or                                       | r Type III non-functio | nally integrated support                               | ing organi:                         | zation.                         |                     |               |                            |
| f    | Ente      | er the number of supported o                                      | organizations          |  |                                     |                                 |                     |               |                            |
| g    |           | vide the following information                                    |                        |  |                                     | ningtion listed                 |                     |               |                            |
|      | (         | i) Name of supported  | (ii) EIN               | (iii) Type of organization<br>(described on lines 1-10 | (iv) Is the orga<br>in your governi | nization listed<br>ng document? | (v) Amount of       | -             | (vi) Amount of other       |
|      |           | organization  |                        | above (see instructions))                              | Yes                                 | No                              | support (see ir     | istructions)  | support (see instructions) |
|      |           |   |                        |  |                                     |                                 |                     |               |                            |
|      |           |   |                        |  |                                     |                                 |                     |               |                            |
|      |           |   |                        |  |                                     |                                 |                     |               |                            |
|      |           |   |                        |  |                                     |                                 |                     |               |                            |
|      |           |   |                        |  |                                     |                                 |                     |               |                            |
|      |           |   |                        |  |                                     |                                 |                     |               |                            |
|      |           |   |                        |  |                                     |                                 |                     |               |                            |
|      |           |   |                        |  |                                     |                                 |                     |               |                            |
|      |           |   |                        |  |                                     |                                 |                     |               |                            |
| Tota | al        |   |                        |  |                                     |                                 |                     |               |                            |

#### Schedule A (Form 990 or 990 EZ) 2018 INTERNATIONAL CARE MINISTRIES

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.)

| Se   | ction A. Public Support   |                      |                      |                        |                    |   |                  |
|------|---|----------------------|----------------------|------------------------|--------------------|---|------------------|
| Cale | endar year (or fiscal year beginning in) 🕨                            | (a) 2014             | <b>(b)</b> 2015      | (c) 2016               | <b>(d)</b> 2017    | <b>(e)</b> 2018                         | <b>(f)</b> Total |
| 1    | Gifts, grants, contributions, and                                     |                      |                      |                        |                    |   |                  |
|      | membership fees received. (Do not                                     |                      |                      |                        |                    |   |                  |
|      | include any "unusual grants.")  | 5,426,599.           | 6,197,938.           | 5,296,282.             | 4,272,079.         | 7,248,643.                              | 28,441,541.      |
| 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    | Total. Add lines 1 through 3  | 5,426,599.           | 6,197,938.           | 5,296,282.             | 4,272,079.         | 7,248,643.                              | 28,441,541.      |
| 5    | The portion of total contributions                                    |                      | , ,                  |                        | , ,                | , ,                                     | . ,              |
|      | by each person (other than a  |                      |                      |                        |                    |   |                  |
|      | governmental unit or publicly   |                      |                      |                        |                    |   |                  |
|      | supported organization) included                                      |                      |                      |                        |                    |   |                  |
|      | on line 1 that exceeds 2% of the                                      |                      |                      |                        |                    |   |                  |
|      | amount shown on line 11,  |                      |                      |                        |                    |   |                  |
|      | column (f)  |                      |                      |                        |                    |   | 1,296,004.       |
| 6    | Public support. Subtract line 5 from line 4.                          |                      |                      |                        |                    |   | 27,145,537.      |
|      | ction B. Total Support  |                      |                      |                        |                    |   |                  |
|      | endar year (or fiscal year beginning in)                              | (a) 2014             | <b>(b)</b> 2015      | (c) 2016               | (d) 2017           | (e) 2018                                | (f) Total        |
|      | Amounts from line 4   | 5,426,599.           | 6,197,938.           | 5,296,282.             | 4,272,079.         | 7,248,643.                              | 28,441,541.      |
|      | Gross income from interest,   |                      |                      |                        | -,,-,-,-           | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |                  |
| 0    | dividends, payments received on                                       |                      |                      |                        |                    |   |                  |
|      | securities loans, rents, royalties,                                   |                      |                      |                        |                    |   |                  |
|      | -   |                      |                      | 23.                    | 4.                 | 46.                                     | 73.              |
| •    | and income from similar sources                                       |                      |                      | 23.                    |                    | ±0.                                     | 15.              |
| 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 VI.)  |                      |                      |                        |                    |   | 20 441 614       |
|      | Total support. Add lines 7 through 10                                 |                      | ,<br>,               |                        |                    |   | 28,441,614.      |
|      | Gross receipts from related activities,                               |                      | ,                    |                        |                    |   |                  |
| 13   | First five years. If the Form 990 is for                              | •                    | first, second, third | i, fourth, or fifth ta | x year as a sectio | n 501(c)(3)                             |                  |
| 50   | organization, check this box and stor<br>ction C. Computation of Publ | o nere               | rcontago             | ·····                  | <u></u>            | <u></u>                                 | ▶∟               |
|      |   |                      |                      | - (f))                 |                    |   | 95.44 %          |
|      | Public support percentage for 2018 (I                                 |                      | -                    |                        |                    | 14                                      | ,,               |
|      | Public support percentage from 2017                                   |                      |                      |                        |                    | <b>15</b>                               | ,,               |
| 102  | <b>33 1/3% support test - 2018.</b> If the c                          |                      |                      |                        |                    |   |                  |
|      | stop here. The organization qualifies                                 |                      |                      |                        |                    |   |                  |
| Ľ    | <b>33 1/3% support test - 2017.</b> 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"                                   |                      |                      |                        |                    |   |                  |
| k    | 0 10% -facts-and-circumstances tes                                    | -                    |                      |                        |                    |   |                  |
|      | more, and if the organization meets the                               |                      |                      |                        |                    |   |                  |
|      | organization meets the "facts-and-cire                                |                      |                      |                        |                    |   |                  |
| 18   | Private foundation. If the organizatio                                | on did not check a l | box on line 13, 16a  | , 16b, 17a, or 17b     | , check this box a | nd see instructions                     | s 🕨 📖            |

Schedule A (Form 990 or 990-EZ) 2018

91-1886289

#### Schedule A (Form 990 or 990 EZ) 2018 INTERNATIONAL CARE MINISTRIES

#### 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.)

| Se   | ction A. Public Support  |                      |                      |                        |                       |                      |           |
|------|--|----------------------|----------------------|------------------------|-----------------------|----------------------|-----------|
| Cale | endar year (or fiscal year beginning in) 🕨   | <b>(a)</b> 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,<br>merchandise sold or services per-<br>formed, or facilities furnished in<br>any activity that is related to the<br>organization's tax-exempt purpose |                      |                      |                        |                       |                      |           |
| 3    | Gross receipts from activities that  |                      |                      |                        |                       |                      |           |
| 0    | are not an unrelated trade or bus-   |                      |                      |                        |                       |                      |           |
|      | iness under section 513  |                      |                      |                        |                       |                      |           |
|      |  |                      |                      |                        |                       |                      |           |
| 4    | Tax revenues levied for the organ-   |                      |                      |                        |                       |                      |           |
|      | ization'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  |                      |                      |                        |                       |                      |           |
|      | Total. Add lines 1 through 5   |                      |                      |                        |                       |                      |           |
| 7a   | Amounts included on lines 1, 2, and  |                      |                      |                        |                       |                      |           |
|      | 3 received from disqualified persons   |                      |                      |                        |                       |                      |           |
| k    | Amounts included on lines 2 and 3 received<br>from other than disqualified persons that<br>exceed the greater of \$5,000 or 1% of the  |                      |                      |                        |                       |                      |           |
|      | amount on line 13 for the year   |                      |                      |                        |                       |                      |           |
|      | Add lines 7a and 7b  |                      |                      |                        |                       |                      |           |
| 8    | Public support. (Subtract line 7c from line 6.)  |                      |                      |                        |                       |                      |           |
|      | ction B. Total Support   | r                    |                      |                        | 1                     |                      |           |
|      | endar 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,<br>dividends, payments received on<br>securities loans, rents, royalties,<br>and income from similar sources   |                      |                      |                        |                       |                      |           |
| k    | Unrelated business taxable income  |                      |                      |                        |                       |                      |           |
|      | (less section 511 taxes) from businesses   |                      |                      |                        |                       |                      |           |
|      | acquired after June 30, 1975   |                      |                      |                        |                       |                      |           |
| c    | Add lines 10a and 10b  |                      |                      |                        |                       |                      |           |
|      | Net income from unrelated business<br>activities not included in line 10b,<br>whether or not the business is<br>regularly carried on   |                      |                      |                        |                       |                      |           |
| 12   | Other income. Do not include gain<br>or loss from the sale of capital<br>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   | s first, second, thi | rd, fourth, or fifth t | tax year as a sectio  | on 501(c)(3) organiz | ation,    |
|      | check this box and stop here   |                      |                      |                        |                       |                      |           |
| Se   | ction C. Computation of Publ   | ic Support Pe        | rcentage             |                        |                       |                      |           |
| 15   | Public support percentage for 2018 (I  | ine 8, column (f), ( | divided by line 13,  | column (f))            |                       | 15                   | %         |
|      | Public support percentage from 2017  |                      |                      |                        |                       | 16                   | %         |
|      | ction D. Computation of Invest   |                      |                      |                        |                       | •                    |           |
|      | Investment income percentage for <b>20</b>   |                      |                      |                        |                       | 17                   | %         |
|      | Investment income percentage from 2  |                      |                      |                        |                       | 18                   | %         |
|      | a 33 1/3% support tests - 2018. If the   |                      |                      |                        |                       |                      |           |
|      | more than 33 1/3%, check this box a  |                      |                      |                        |                       |                      |           |
| ŀ    | 33 1/3% support tests - 2017. If the   |                      |                      |                        |                       |                      | and       |
| ĸ    | line 18 is not more than 33 1/3%, che  |                      |                      |                        |                       |                      |           |
| 20   | Private foundation. If the organizatio   |                      |                      | •                      |                       | •                    |           |
| 20   |  | IT AIG HOL CHECK &   | 557 011 1116 14, 18  |                        | היים אסט מווע אבר III |                      | 🚩 📖       |

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Yes No

#### 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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If* "Yes," *answer* (*b*) *and* (*c*) *below.*
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If* "Yes," *describe in* **Part VI** *when and how the organization made the determination.*
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," *and if you checked 12a or 12b in Part I, answer (b) and (c) below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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? *If* "Yes," *complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "*Yes*," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- **c** Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If* "Yes," *provide detail in* **Part VI.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 10b below.* 
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

| 1   |      |
|-----|------|
|     |      |
| 2   |      |
| _   |      |
| 3a  |      |
|     |      |
| 3b  |      |
|     |      |
| 3c  |      |
| 4a  |      |
|     |      |
| 4b  |      |
|     |      |
| 4c  |      |
|     |      |
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|     |      |
| 7   |      |
| 8   |      |
| 0   |      |
| 9a  |      |
| 9b  |      |
| 9c  |      |
|     |      |
| 10a |      |

10b

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|            |  |          | Yes | No |
|------------|--|----------|-----|----|
| 11         | Has the organization accepted a gift or contribution from any of the following persons?  |          |     |    |
| а          | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)                     |          |     |    |
|            | below, the governing body of a supported organization?   | 11a      |     |    |
|            | A family member of a person described in (a) above?  | 11b      |     |    |
|            | A 35% controlled entity of a person described in (a) or (b) above?If "Yes" to a, b, or c, provide detail in Part VI.             | 11c      |     |    |
| Sec        | tion 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? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or             |          |     |    |
|            | controlled the organization's activities. If the organization had more than one supported organization,                          |          |     |    |
|            | describe how the powers to appoint and/or remove directors or trustees were allocated among the supported                        |          |     |    |
|            | organizations and what conditions or restrictions, if any, applied to such powers during the tax year.                           | 1        |     |    |
| 2          | Did the organization operate for the benefit of any supported organization other than the supported                              |          |     |    |
|            | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in                       |          |     |    |
|            | Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,                      |          |     |    |
| <u></u>    | supervised, or controlled the supporting organization.   | 2        |     |    |
| Sec        | tion C. Type II Supporting Organizations   |          | No. |    |
|            |  |          | Yes | No |
| 1          | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors                 |          |     |    |
|            | or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control             |          |     |    |
|            | or management of the supporting organization was vested in the same persons that controlled or managed                           |          |     |    |
| <u>Soc</u> | the supported organization(s).<br>ction D. All Type III Supporting Organizations   | 1        |     |    |
| 000        |  |          | Yes | No |
| 1          | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the                   |          | 103 |    |
| •          | 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</i> <b>Part VI</b> how |          |     |    |
|            | the organization maintained a close and continuous working relationship with the supported organization(s).                      | 2        |     |    |
| 3          | By reason of the relationship described in (2), did the organization's supported organizations have a                            | -        |     |    |
| Ū          | significant voice in the organization's investment policies and in directing the use of the organization's                       |          |     |    |
|            | income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's              |          |     |    |
|            | supported organizations played in this regard.   | 3        |     |    |
| Sec        | tion 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 yeatsee instructions    | ).       |     |    |
| а          | The organization satisfied the Activities Test. Complete line 2 below.   | •        |     |    |
| b          | The organization is the parent of each of its supported organizations. Complete line 3 below.                                    |          |     |    |
| с          | The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins             | truction | s). |    |
| 2          | Activities Test. Answer (a) and (b) below.   |          | Yes | No |
| а          | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of               |          |     |    |
|            | the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify                       |          |     |    |
|            | those supported organizations and explain how these activities directly furthered their exempt purposes,                         |          |     |    |
|            | how the organization was responsive to those supported organizations, and how the organization determined                        |          |     |    |
|            | that these activities constituted substantially all of its activities.   | 2a       |     |    |
| b          | Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more              |          |     |    |
|            | of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the                     |          |     |    |
|            | reasons for the organization's position that its supported organization(s) would have engaged in these                           |          |     |    |
|            | activities but for the organization's involvement.   | 2b       |     |    |
| 3          | Parent of Supported Organizations. Answer (a) and (b) below.   |          |     |    |
| а          |  |          |     |    |
|            | trustees of each of the supported organizations? Provide details in Part VI.   | 3a       |     |    |
| b          | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each              |          |     |    |
|            | of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.         | 3b       |     |    |

#### Schedule A (Form 990 or 990-EZ) 2018 INTERNATIONAL CARE MINISTRIES

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 1 other Type III non-functionally integrated supporting organizations must complete Sections A through E.

| Sect | ion A - Adjusted Net Income  |           | (A) Prior Year             | (B) Current Year<br>(optional) |
|------|--|-----------|----------------------------|--------------------------------|
| 1    | Net short-term capital gain  | 1         |                            |                                |
| 2    | Recoveries of prior-year distributions   | 2         |                            |                                |
| 3    | Other gross income (see instructions)  | 3         |                            |                                |
| 4    | Add lines 1 through 3  | 4         |                            |                                |
| 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         |                            |                                |
| Sect | ion B - Minimum Asset Amount   |           | (A) Prior Year             | (B) Current Year<br>(optional) |
| 1    | Aggregate fair market value of all non-exempt-use assets (see                  |           |                            |                                |
|      | instructions for short tax year or assets held for part of year):              |           |                            |                                |
| а    | Average monthly value of securities  | 1a        |                            |                                |
| b    | Average monthly cash balances  | 1b        |                            |                                |
| с    | Fair market value of other non-exempt-use assets                               | 1c        |                            |                                |
| d    | Total (add lines 1a, 1b, and 1c)   | 1d        |                            |                                |
| е    | Discount claimed for blockage or other   |           |                            |                                |
|      | factors (explain in detail in <b>Part VI</b> ):                                |           |                            |                                |
| 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         |                            |                                |
| Sect | ion C - Distributable Amount   |           |                            | Current Year                   |
| 1    | Adjusted net income for prior year (from Section A, line 8, Column A)          | 1         |                            |                                |
| 2    | Enter 85% of line 1  | 2         |                            |                                |
| 3    | Minimum asset amount for prior year (from Section B, line 8, Column A)         | 3         |                            |                                |
| 4    | Enter greater of line 2 or line 3  | 4         |                            |                                |
| 5    | Income tax imposed in prior year   | 5         |                            |                                |
| 6    | Distributable Amount. Subtract line 5 from line 4, unless subject to           |           |                            |                                |
|      | emergency temporary reduction (see instructions)                               | 6         |                            |                                |
| 7    | Check here if the current year is the organization's first as a non-functional | v integra | ted Type III supporting or | nanization (see                |

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2018

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

| Pa   | Type III Non-Functionally Integrated 509                        | (a)(3) Supporting Org         | anizations (continued)                 | T ugo I                                   |
|------|---|-------------------------------|--|---|
| Sect | ion D - Distributions   |                               | (00/////000/                           | Current Year                              |
| 1    | Amounts paid to supported organizations to accomplish exe       | mpt purposes                  |  |   |
| 2    | Amounts paid to perform activity that directly furthers exemp   | ot purposes of supported      |  |   |
|      | organizations, in excess of income from activity                |                               |  |   |
| 3    | Administrative expenses paid to accomplish exempt purpose       | es of supported organizatior  | IS                                     |   |
| 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 | ne organization is responsive | e                                      |   |
|      | (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                          |                               |  |   |
| Sect | ion E - Distribution Allocations (see instructions)             | (i)<br>Excess Distributions   | (ii)<br>Underdistributions<br>Pre-2018 | (iii)<br>Distributable<br>Amount for 2018 |
| 1    | Distributable amount for 2018 from Section C, line 6            |                               |  |   |
| 2    | Underdistributions, if any, for years prior to 2018 (reason-    |                               |  |   |
|      | able 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: \$  |                               |  |   |
| -    | Applied to underdistributions of prior years                    |                               |  |   |
| -    | Applied to 2018 distributable amount                            |                               |  |   |
| -    | 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 <b>Part VI.</b> 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:  |                               |  |   |
| -    | Excess from 2014  |                               |  |   |
|      | Excess from 2015  |                               |  |   |
|      | Excess from 2016  |                               |  |   |
|      | Excess from 2017  |                               |  |   |
| e    | Excess from 2018  |                               | Oshad L A                              | Earm 990 or 990-EZ) 2018                  |

Schedule A (Form 990 or 990-EZ) 2018

| Schedule A (Form | 990 or 990-EZ) 2018 | INTERNATIONAL | CARE | MINISTRIES |   |
|------------------|---------------------|---------------|------|------------|---|
|                  |                     |               |      |            | _ |

| Schedule A | (Form 990 or 990-EZ) 2018 INTERNATIONAL CARE MINISTRIES   | 91           | -188628                 | 19                                    | Page <b>8</b> |
|------------|---|--------------|-------------------------|---------------------------------------|---------------|
| Part VI    | <b>Supplemental Information.</b> Provide the explanations required by Part II, line 10; Part II, line 17a or 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 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 D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any addition (See instructions.) | and<br>, Seo | 2; Part I<br>ction B, I | line 12;<br>V, Section<br>ine 1e; Par | C.            |
|            |   |              |                         |                                       |               |
|            |   |              |                         |                                       |               |
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|            |   |              |                         |                                       |               |

## Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

#### Name of the organization

Organization type (check one):

### Schedule of Contributors

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

OMB No. 1545-0047

## 2018

Employer identification number

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9

#### INTERNATIONAL CARE MINISTRIES

| Filers of:         | Section:   |
|--------------------|--|
| Form 990 or 990-EZ | X 501(c)( <sup>3</sup> ) (enter number) organization                             |
|                    | 4947(a)(1) nonexempt charitable trust <b>not</b> 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.

**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).

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

#### Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of organization

Page **2** 

Employer identification number

INTERNATIONAL CARE MINISTRIES

91-1886289

| Part I     | <b>Contributors</b> (see instructions). Use duplicate copies of Part I if additionation | al space is needed.                               |   |
|------------|---|---|---|
| (a)        | (b)   | (c)   | (d)   |
| No.        | Name, address, and ZIP + 4  | Total contributions                               | Type of contribution  |
| 1          |   | \$500,000.  | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.)                                    |
| (a)        | (b)   | (c)   | (d)   |
| No.        | Name, address, and ZIP + 4  | Total contributions                               | Type of contribution  |
| 2          |   | \$300,000.  | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.)                                    |
| (a)        | (b)   | (c)   | (d)   |
| No.        | Name, address, and ZIP + 4  | Total contributions                               | Type of contribution  |
| 3          |   | \$257,895.  | Person       X         Payroll       Image: Complete Part II for noncash contributions.)                              |
| (a)        | (b)   | (c)   | (d)   |
| No.        | Name, address, and ZIP + 4  | Total contributions                               | Type of contribution  |
| 4          |   | \$202,500.  | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.)                                    |
| (a)        | (b)   | (c)   | (d)   |
| <u>No.</u> | Name, address, and ZIP + 4  | Total contributions           \$         150,000. | Type of contribution         Person       X         Payroll       Image: Complete Part II for noncash contributions.) |
| (a)<br>No  | (b)   | (c)   | (d)<br>Two of contribution  |
| <u> </u>   | Name, address, and ZIP + 4  | Total contributions           \$200,000.          | Type of contribution         Person       X         Payroll       Image: Complete Part II for noncash contributions.) |

#### Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of organization

INTERNATIONAL CARE MINISTRIES

Employer identification number

91-1886289

| Part I                 | <b>Contributors</b> (see instructions). Use duplicate copies of Part I if addition | nal space is needed.                         |   |
|------------------------|--|--|---|
| (a)<br>No.             | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions                   | (d)<br>Type of contribution   |
| 7                      |  | -<br>\$\$1,240,271.                          | Person X<br>Payroll I<br>Noncash X<br>(Complete Part II for<br>noncash contributions.)                                    |
| (a)                    | (b)  | (c)<br>Total contributions                   | (d)<br>Type of contribution   |
| <u>No.</u><br><u>8</u> | Name, address, and ZIP + 4   | \$3,713,800.                                 | Person X<br>Payroll Noncash X<br>(Complete Part II for<br>noncash contributions.)   |
| (a)<br>No.             | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions                   | (d)<br>Type of contribution   |
|                        |  | -<br>\$\$                                    | Person Payroll Noncash (Complete Part II for noncash contributions.)  |
| (a)                    | (b)  | (c)  | (d)   |
|                        | Name, address, and ZIP + 4   | Total contributions           -           \$ | Type of contribution         Person         Payroll         Noncash         (Complete Part II for noncash contributions.) |
| (a)<br>No.             | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions                   | (d)<br>Type of contribution   |
|                        |  | - \$   | Person<br>Payroll<br>Noncash<br>(Complete Part II for noncash contributions.)   |
| (a)<br>No.             | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions                   | (d)<br>Type of contribution   |
|                        |  | \$   | Person Payroll Noncash (Complete Part II for noncash contributions.)  |

| Schedule B (Form 990 | , 990-EZ, | or 990-PF) | (2018) |
|----------------------|-----------|------------|--------|
|----------------------|-----------|------------|--------|

Name of organization

Employer identification number

INTERNATIONAL CARE MINISTRIES

91-1886289 Part II Noncash Property (see instructions) Use duplicate copies of Part II if additional space is needed

| (a)<br>No.<br>from | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)                 | (d)<br>Date received |
|--------------------|--|--|----------------------|
| Part I             |  | (See instructions.)                      |                      |
|                    | FOOD   |  |                      |
| 7                  |  |  |                      |
|                    |  |  | 01/01/10             |
|                    |  | \$1,240,271.                             | 01/01/19             |
| (a)                |  |  |                      |
| No.                | (b)  | (c)<br>FMV (or estimate)                 | (d)                  |
| from               | Description of noncash property given        | (See instructions.)                      | Date received        |
| Part I             | FOOD   |  |                      |
| 8                  |  |  |                      |
|                    |  |  |                      |
|                    |  | \$\$.                                    | 01/01/19             |
| (0)                |  |  |                      |
| (a)<br>No.         | (b)  | (c)                                      | (d)                  |
| from               | Description of noncash property given        | FMV (or estimate)                        | Date received        |
| Part I             |  | (See instructions.)                      |                      |
|                    |  |  |                      |
|                    |  |  |                      |
|                    |  | \$                                       |                      |
|                    |  |  |                      |
| (a)                |  | (c)                                      |                      |
| No.<br>from        | (b)  | FMV (or estimate)                        | (d)                  |
| from<br>Part I     | Description of noncash property given        | (See instructions.)                      | Date received        |
|                    |  |  |                      |
|                    |  |  |                      |
|                    |  |  |                      |
|                    |  | \$                                       |                      |
| (a)                |  |  |                      |
| No.                | (b)  | (c)<br>FMV (or estimate)                 | (d)                  |
| from               | Description of noncash property given        | (See instructions.)                      | Date received        |
| Part I             |  |  |                      |
|                    |  | —  |                      |
|                    |  |  |                      |
|                    |  | \$                                       |                      |
| (a)                |  |  |                      |
| No.                | (b)  | (c)                                      | (d)                  |
| from               | Description of noncash property given        | FMV (or estimate)<br>(See instructions.) | Date received        |
| Part I             |  |  |                      |
|                    |  |  |                      |
|                    |  | ——                                       |                      |
|                    |  | \$                                       |                      |

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Page 4

| Name of org               | ganization  |  | Employer identification number  |
|---------------------------|---|--|---|
| INTERNAT!                 | IONAL CARE MINISTRIES   |  | 91-1886289  |
| Part III                  | Exclusively religious, charitable, etc., contribution<br>from any one contributor. Complete columns (a) th<br>completing Part III, enter the total of exclusively religious, cha<br>Use duplicate copies of Part III if additional sp | rough (e) and the following line e ritable, etc., contributions of \$1,000 o | entry. For organizations<br>or less for the year. (Enter this info. once.)<br>* |
| (a) No.                   |   |  |   |
| from<br>Part I            | (b) Purpose of gift   | (c) Use of gift  | (d) Description of how gift is held   |
|                           |   | (e) Transfer of gi   | ift   |
| -                         | Transferee's name, address, and   | ZIP + 4  | Relationship of transferor to transferee  |
| (a) No.<br>from<br>Part I | (b) Purpose of gift   | (c) Use of gift  | (d) Description of how gift is held   |
|                           | Transferee's name, address, and   | (e) Transfer of gi<br>ZIP + 4  | ift Relationship of transferor to transferee                                    |
| (a) No.<br>from<br>Part I | (b) Purpose of gift   | (c) Use of gift  | (d) Description of how gift is held   |
|                           |   |  |   |
|                           | Transferee's name, address, and   | (e) Transfer of gi<br>ZIP + 4  | ift<br>Relationship of transferor to transferee                                 |
|                           |   |  |   |
| (a) No.<br>from<br>Part I | (b) Purpose of gift   | (c) Use of gift  | (d) Description of how gift is held   |
|                           |   | (e) Transfer of gi   | [   |
| -                         | Transferee's name, address, and   |  | Relationship of transferor to transferee  |
|                           |   |  |   |

SCHEDULE D

| (Form | 990) |
|-------|------|
|-------|------|

► 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.



|     | nent of the Treasury<br>Revenue Service | ►Go to www.irs.gov/Form99   | Attach to Form 990.<br>90 for instructions and <sup>•</sup> | the latest informa     | tion.             | Inspect            |              |
|-----|---|---|---|------------------------|-------------------|--------------------|--------------|
|     | of the organizati                       |   |   |                        |                   | er identificatio   | n number     |
|     |   | INTERNATIONAL CARE MINISTRI   |   |                        |                   | 91-1886289         |              |
| Par |   | ations Maintaining Donor Advise   |   | Similar Funds          | or Accounts       | Complete if t      | ne           |
|     | organizatio                             | n answered "Yes" on Form 990, Part IV, lin  |   |                        |                   |                    |              |
|     |   |   | (a) Donor advise  | ed funds               | (b) Funds a       | nd other accou     | unts         |
|     |   | nd of year  |   |                        |                   |                    |              |
|     |   | of contributions to (during year)   |   |                        |                   |                    |              |
|     |   | of grants from (during year)  |   |                        |                   |                    |              |
|     |   | It end of year  |   |                        | al fi va al a     |                    |              |
|     | -                                       | on inform all donors and donor advisors in v  | -   |                        |                   | Yes                |              |
|     |   | on's property, subject to the organization's<br>on inform all grantees, donors, and donor a |   |                        |                   |                    |              |
|     |   | poses and not for the benefit of the donor of   |   |                        |                   |                    |              |
|     | impermissible priv                      |   |   |                        | U U               | 🗌 Yes              |              |
| Par |   | ation Easements. Complete if the org  |   |                        |                   |                    |              |
|     |   | servation easements held by the organizati  |   |                        | ,                 |                    |              |
|     |   | n of land for public use (e.g., recreation or e   | · · · · · · · · · · · · · · · · · · ·                       | servation of a histor  | ically important  | land area          |              |
|     |   | of natural habitat  | ·   | servation of a certifi |                   |                    |              |
|     | Preservation                            | n of open space   |   |                        |                   |                    |              |
| 2   | Complete lines 2a                       | through 2d if the organization held a qualit  | fied conservation contrib                                   | oution in the form of  | f a conservation  | easement on        | the last     |
|     | day of the tax yea                      | r.  |   |                        | Hele              | d at the End of th | ne Tax Year  |
| а   | Total number of c                       | onservation easements   |   |                        | 2a                |                    |              |
| b   | Total acreage rest                      | ricted by conservation easements  |   |                        | 2b                |                    |              |
| с   | Number of conser                        | vation easements on a certified historic str  | ucture included in (a) $\dots$                              |                        | 2c                |                    |              |
| d   | Number of conser                        | vation easements included in (c) acquired   | after 7/25/06, and not or                                   | n a historic structur  | e                 |                    |              |
|     | listed in the Nation                    | nal Register  |   |                        | 2d                |                    |              |
|     |   | vation easements modified, transferred, re  | leased, extinguished, or                                    | terminated by the o    | organization dur  | ring the tax       |              |
|     | year 🕨                                  |   |   |                        |                   |                    |              |
|     |   | where property subject to conservation ear  |   |                        |                   |                    |              |
|     |   | tion have a written policy regarding the per  |   |                        |                   |                    |              |
|     |   | forcement of the conservation easements i   |   |                        |                   |                    | └── No       |
| 6   | Staff and voluntee                      | er hours devoted to monitoring, inspecting,   | handling of violations, a                                   | nd enforcing conse     | ervation easeme   | ents during the    | year         |
| 7   |   | <br>ses incurred in monitoring, inspecting, hand  | lling of violations, and or                                 | foreing concervation   | on accomente d    | luring the year    |              |
| 7   | Amount of expension \$                  | ses incurred in monitoring, inspecting, nanc  | and er  | norcing conservation   | on easements u    | iuning the year    |              |
| 8   |   | vation easement reported on line 2(d) abov  | e satisfy the requirement                                   | nts of section 170/h   | )(4)(B)(i)        |                    |              |
|     |   | )(4)(B)(ii)?  |   |                        |                   | Yes                |              |
|     |   | be how the organization reports conservati  |   |                        |                   | •••                |              |
|     |   | ole, the text of the footnote to the organization   |   |                        |                   |                    |              |
|     | conservation ease                       |   |   |                        | 0                 | U                  |              |
| Par | t III Organiza                          | ations Maintaining Collections o  | f Art, Historical Tre                                       | easures, or Otl        | ner Similar A     | Assets.            |              |
|     | Complete i                              | f the organization answered "Yes" on Form   | 1 990, Part IV, line 8.                                     |                        |                   |                    |              |
| 1a  | If the organization                     | elected, as permitted under SFAS 116 (AS  | SC 958), not to report in i                                 | its revenue stateme    | ent and balance   | sheet works o      | f art,       |
|     | historical treasure                     | s, or other similar assets held for public ext  | nibition, education, or res                                 | search in furtherand   | ce of public serv | vice, provide, ir  | n Part XIII, |
|     | the text of the foo                     | tnote to its financial statements that descri   | bes these items.  |                        |                   |                    |              |
| b   | If the organization                     | elected, as permitted under SFAS 116 (AS  | SC 958), to report in its re                                | evenue statement a     | and balance she   | et works of art    | , historical |
|     |   | r similar assets held for public exhibition, e  | ducation, or research in f                                  | furtherance of publ    | ic service, provi | de the followin    | g amounts    |
|     | relating to these it                    |   |   |                        |                   |                    |              |
|     |   | ided on Form 990, Part VIII, line 1   |   |                        |                   |                    |              |
|     |   | ed in Form 990, Part X  |   |                        | 🕨 💲 🔄             |                    |              |
|     | -                                       | received or held works of art, historical tre   |   |                        | gain, provide     |                    |              |
|     | the following amo                       | unts required to be reported under SFAS 1   | 16 (ASC 958) relating to                                    | these items:           |                   |                    |              |

**b** Assets included in Form 990, Part X LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 832051 10-29-18

a Revenue included on Form 990, Part VIII, line 1

Schedule D (Form 990) 2018

▶ \$

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| Part IIII       Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets(continued)         a Unpide explantations acquisition, accession, and other records, check any of the following that are a significant use of its collection items          a Public exhibition       d       Loan or exchange programs         b Schafary research       e       Other         c Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.       5 Dring the year, did the organization solic or receive domations of at. historical treasures, or other similar assets          c Description of the organization of the organization collection?       Yes       No         Part V       Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 90, Part IV, line 9, or        reported an anount on Form 90, Part X, line 21,          1a Is the organization and agent, trustee, outstodian or other intermediary for contributions or ther assets not included       on Form 90, Part X, line 21,        Yes       No         b If "Yes," explain the arrangement in Part XIII check here if the organization and uring the year       Id       Id       Id         c Addition a during the year       Id   | Sche       | dule D (Form 990) 2018 INTERNATION             | NAL CARE MINISTE      | RIES                |                      |             | 9          | 1-18862    | 89               | <u> </u> | age <b>2</b> |
|--|------------|--|-----------------------|---------------------|----------------------|-------------|------------|------------|------------------|----------|--------------|
| cleack at that apply:       d       Loan or exchange programs         a       Police exhibition       d       Loan or exchange programs         b       Scholarly research       e       Other   | Pa         | t III Organizations Maintaining C              | Collections of A      | rt, Historical      | Treasures, or        | Other       | Simila     | ar Asse    | <b>ts</b> (conti | nued)    |              |
| b       Scholary research       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 solid to raise hunds rather than to be maintained as part of the organization answered 'Yes' on Form 990, Part IV, line 9, or responded 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, line 21.       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.       Intermediate the regulation on Form 990, Part X, line 21.         a       If the organization include an amount on Form 990, Part X, line 21.       Amount       Intermediate the organization link of the organization link of the organization link of the organization link of the organization include an amount on Form 990, Part X, line 21.       Yes       No         b       If Yes', explain the arrangement in Part XII. Check here if the organization has been provided on Part XII.       Yes       No         b       If Yes', explain the arrangement in Part XII. Check here if the organization answered 'Yes' on Form 990, Part X, line 21.       Yes       No         b       If Yes', explain the arrangement in Part XII. Check here if the organization answered 'Yes' on Form 990, Part X, line 21. <th>3</th> <th></th> <th>ion, and other record</th> <th>ds, check any of</th> <th>the following that a</th> <th>ire a sign</th> <th>iificant ι</th> <th>ise of its</th> <th>collectio</th> <th>n item</th> <th>S</th>   | 3          |  | ion, and other record | ds, check any of    | the following that a | ire a sign  | iificant ι | ise of its | collectio        | n item   | S            |
| c       Preservation for future generations         4       Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.         5       During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets         10       be sold to raise funds rather than to be maintained as part of the organization answered "Yes" on Form 990, Part IV, line 9, or         11       The scorew and Clustodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or         12       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21, for escrow or custodial account idability?         13       Is the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?         24       Dotino organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?         25       Dotino organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?         26       The organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?         26       The organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?         27       Not for fourities         28       Dotino organization         29       Indoting t   | а          | Public exhibition                              | d                     | 🗴 🛄 Loan or         | exchange program     | s           |            |            |                  |          |              |
| Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.     During the year, did the organization's collection?     Part W Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, Ime 9, or     reported an amount on Form 990, Part X, Ime 21.     Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included     on Form 990, Part X, Ime 21.     Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included     on Form 990, Part X, Ime 21.     Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included     on Form 990, Part X, Ime 21.     Is the organization include an amount on Form 990, Part X, Ime 21.     Inf the part V Endowment Funds. Complete the following table:         C Beginning balance     If the organization and on Form 990, Part X, Ime 21.     Part V Endowment Funds. Complete if the organization nanowered 'Yes' on Form 990, Part X, Ime 21.     Part V Endowment Funds. Complete if the organization include an amount on Form 990, Part X, Ime 21.     Part V Endowment Funds. Complete if the organization nanowered 'Yes' on Form 990, Part IV, Ime 10.     Part V Endowment Funds. Complete if the organization and on Form 990, Part IV, Ime 10.     If the organization include an amount to Form 990, Part IV, Ime 10.     If administrative expenses     Information of the organization and on the prosense of 'Yes' on Form 990, Part IV, Ime 10.     If administrative expenses     Information of the proceential of the organization and on the proceential of the organization form 990, Part IV, Ime 10.     Provide the estimated proceential of the organization form 990, Part IV, Ime 10.     Provide the estimated proceential of the organization form 990, Part IV, Ime 11.     Pass the readowment IV = 96     Permonent interval, 20, and 20                                     | b          | Scholarly research                             | e                     | ð 🗌 Other_          |                      |             |            |            |                  |          |              |
| 5       During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets       Ive No         Part IV       Excrow and Custodial Arrangements. Complete if the organization answered 'Ves' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.       Ive and the organization angement in Part XII and complete the following table:         I       Is the organization angement in Part XII and complete the following table:       Ives 'on Form 990, Part X         C       Beginning balance       Itele         1       C       Annount         1       C       Annount         1       C       Annount         1       C       Beginning balance       Itele         2       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Ves \u2013 No         2       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Ves       No         2       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Ves       No         3       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Ves       No         4       Additions during the year       Ite organization answered 'Yes' on Form 990, Part X IV, line 10. </th <th>с</th> <th>Preservation for future generations</th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th>   | с          | Preservation for future generations            |                       |                     |                      |             |            |            |                  |          |              |
| to be sold to raise funds rather than to be maintained as part of the organization's collection?       Yes       No.         Part IV       Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part X, line 21.       14       Is the organization an agent, fustee, custodian or other intermediary for contributions or other assets not included on Form 980, Part X, line 21.       Is the organization an agent, fustee, custodian or other intermediary for contributions or other assets not included on Form 980, Part X, line 21.       Is the organization include an amount on Form 980, Part X, line 21. for escrow or custodial account liability?       Image: Control of the organization include an amount on Form 990, Part X, line 21. for escrow or custodial account liability?       Image: Control of the organization include an amount on Form 990, Part X, line 21. for escrow or custodial account liability?       Image: Control of the organization include an amount on Form 990, Part X, line 21. for escrow or custodial account liability?       Image: Control of the organization include an amount on Form 990, Part X, line 21. for escrow or custodial account liability?       Image: Control of the organization include an amount on Form 990, Part X, line 21. for escrow or custodial account liability?       Image: Control of the organization answered 'Yes' on Form 990, Part IV, line 10.         Part V       Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10.       Image: Control other of the organization answered 'Yes' on Form 990, Part IV, line 10.         Ia       Beginning of year balance       Image: Control other of the organization answered 'Yes' on Form 990, Part IV, line 10. <td< th=""><th>4</th><th>Provide a description of the organization's c</th><th>ollections and explai</th><th>in how they furth</th><th>er the organization</th><th>'s exemp</th><th>ot purpo</th><th>se in Parl</th><th>t XIII.</th><th></th><th></th></td<>  | 4          | Provide a description of the organization's c  | ollections and explai | in how they furth   | er the organization  | 's exemp    | ot purpo   | se in Parl | t XIII.          |          |              |
| 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, custodan or other intermediary for contributions or other assets not included on Form 990, Part X // es intermediary for contributions or other assets not included on Form 990, Part X // es intermediary for contributions or other assets not included on Form 990, Part X // es intermediary for contributions or other assets not included on Form 990, Part X // es intermediary for contributions or other assets not included on Form 990, Part X // es intermediary for escrew or custodial account liability?         C       Beginning balance       Intermediation include an amount on Form 990, Part X, line 21, for escrew or custodial account liability?       Ves       No         D       If Yes '/ explain the arrangement in Part XII. Check here if the explanation has been provided on Part XIII       Yes       No         Part V       Endowment Form 990, Part X, line 21, for escrew or custodial account liability?       Yes       No         Ia Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back (d) Three years back (d) Four years back and programs       (a) Current year       (b) Prior year       (c) Two years back (d) Four years back and programs       (d) Four years back for achiltes       (e) Four year balance       (f) Four year balance       (f) Four year balance   | 5          |  |                       |                     |                      |             |            |            | -                | _        | _            |
| reported an amount on Form 990, Part X, line 21.       Image: Construction of Construction of Construction of Constructions on Other assets not included on Form 990, Part X, line 21.       Image: Construction of Constructions on Other Assets not included on Form 990, Part X, line 21.         If the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.       Image: Construction Construction Constructions of Constered of Constere of Constructions of Constructions of Constructin  |            |  |                       |                     |                      |             |            |            |                  |          | No           |
| 1a       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included<br>on Form 990, Part X?       IVes       Ves       No         b       If 'Yes,'' explain the arrangement in Part XIII and complete the following table:       Image: Complete table tab   | Pa         |  |                       | ete if the organiz  | ation answered "Ye   | es" on Fo   | orm 990    | , Part IV, | line 9, o        | ٢        |              |
| on Form \$90, Part X?       Yes       No         b If "Yes," explain the arrangement in Part XIII and complete the following table:       Amount         c Beginning balance       1d         d Additions during the year       1d         e Distributions during the year       1d         2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII       Part X       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part V, line 10.         1a Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a Beginning of year balance       (a) Current year       (b) Prior year       (d) Three years back       (e) Four years back       (e) Four years back       (e) Four years back         1a Beginning of year balance       (a) Current year (b) Prior year       (b) Prior year       (d) Three years back       (e) Four years back         2 End of year balance       (a) Current year end balance (line 1g, column (a)) held as:       abcard designated or quasi-endowment \bac   |            | · · · · · · · · · · · · · · · · · · ·          |                       |                     |                      |             |            |            |                  |          |              |
| b       If "Yes," explain the arrangement in Part XII and complete the following table:  | <b>1</b> a |  |                       |                     |                      |             |            | _          | ٦.,              |          | ٦            |
| c       Beginning balance       It         d       Additions during the year       Id         e       Distributions during the year       Id         d       Ending balance       If         d       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Ves       No         b       If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.       Image: Check here if the organization answered "Yes" on Form 990, Part X, line 10.         Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part X, line 10.       Image: Check here if the explanation has been provided on Part XIII.         f       Administrative expenditures for facilities       Image: Check here if the explanation has been provided on Part XIII.       Image: Check here explanation has been provided on Part XIII.         g       Check here explanation on the organization answered "Yes" on Form 990, Part X, line 10.       Image: Check here explanation for the organization here here and administered for the organization by:         g       End of year balance       Image: Check here endowment thronds on the possession of the organization has been provided on parizations       Image: Check here endowment thronds on the possession of the organization for the organization for the organizations         g       End of year balance       Image: Check here endowment funds not in the possession of the organiz  |            | on Form 990, Part X?                           |                       |                     |                      |             |            | ∟          | ∐ Yes            |          | J No         |
| c       Beginning balance       ic         id       id         id  | b          | If "Yes," explain the arrangement in Part XIII | and complete the fo   | blowing table:      |                      |             |            |            | •                |          |              |
| d Additions during the year       1d         e Distributions during the year       1d         1       1         2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       No         b ff "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII       Yes       No         Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.       (e) Four years back       (e) Four years back         1a Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         6 Contributions       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         6 Grants or scholarships       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         9 End of year balance       (b) Prior year       (c) Two years back       (e) Four years back       (e) Four years back         2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:       as a for a dosignated or quasi-endowment >   | _          | De sincia a la dese                            |                       |                     |                      |             |            |            | Amoun            | t        |              |
| e       Distributions during the year       1e         f       Ending balance       1f         2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.       Image: Contributions       (c) Two years back       (d) Three years back       (e) Four years back         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Beginning of year balance       (a) Current year       (c) Two years back       (d) Three years back       (e) Four years         1a       Grants or scholarships       (a) Coart or year       (c) Two years back       (e) Four year   |            |  |                       |                     |                      |             |            |            |                  |          |              |
| f       Ending balance       11         2a       Did the organization include an amount on Forn 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         b       If 'ves, 'explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII       Image: Second  |            |  |                       |                     |                      |             |            |            |                  |          |              |
| 2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Image: 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 X, line 10.         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         6       Contributions       (b) Crito year       (c) Two years back       (d) Three years back       (e) Four years back         6       Contributions       (c) Two years back       (d) Three years back       (e) Four years back         6       Contributions       (c) Two years back       (d) Three years back       (e) Four years back         7       Administrative expenses       (d) Administrative expenses       (e) Administrative expenses       (f) Administrative expenses       (f) Administrative expenses       (f) Four year         7       For of year balance </th <td></td>   |            |  |                       |                     |                      |             |            |            |                  |          |              |
| 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.         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         b       Contributions       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         c       Net investment earnings, gains, and losses       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         c       Net investment earnings, gains, and losses       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         c       Other expenditures for facilities       (a)   |            |  |                       |                     |                      |             |            |            | Yes              |          | No           |
| Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         6       Cher expenditures for facilities       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         6       Cher expenditures for facilities       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         6       Cher expenditures for facilities       (a) Current year end balance (line 1g, column (a) held as:       (a) Column (a) held as:       (a) Column (a) held as:         7       Board designated or quasi-endowment ▶       %       %       %       %       %         7       Permovally restricted endowment ▶       %       %       %       %       %       %         8       Board designated or quasi-endowment ▶       %       %       %       %       %       %       %       %       %       %       %       %       % </th <td></td> <td>-</td> <td></td> <td></td> <td></td> <td>•</td> <td></td> <td></td> <td></td> <td></td> <td>1</td>   |            | -  |                       |                     |                      | •           |            |            |                  |          | 1            |
| Image: the set of the se  |            |  |                       |                     |                      |             |            |            |                  |          |              |
| b       Contributions  |            | · · ·  |                       |                     |                      |             |            | ears back  | (e) Fou          | r years  | back         |
| b       Contributions  | 1a         | Beginning of year balance                      |                       |                     |                      |             |            |            |                  |          |              |
| c       Net investment earnings, gains, and losses   |            |  |                       |                     |                      |             |            |            |                  |          |              |
| e       Other expenditures for facilities<br>and programs  |            |  |                       |                     |                      |             |            |            |                  |          |              |
| and programs   | d          | Grants or scholarships                         |                       |                     |                      |             |            |            |                  |          |              |
| f       Administrative expenses  | е          | Other expenditures for facilities              |                       |                     |                      |             |            |            |                  |          |              |
| g End of year balance  |            | and programs                                   |                       |                     |                      |             |            |            |                  |          |              |
| 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 ▶%         mthe percentages on lines 2a, 2b, and 2c should equal 100%.       3a         a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: <ul> <li>(i) unrelated organizations</li> <li>(ii) related organizations</li> <li>(iii) related organizations</li> <li>(ii) related organizations</li> <li>(ii) related organizations</li> <li>(iii) are the related organization's endowment funds.</li> </ul> <ul> <li>Part VI</li> <li>Land, Buildings, and Equipment.</li> <li>Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.</li> <li>Description of property</li> <li>(a) Cost or other</li> <li>(b) Cost or other</li> <li>(c) Accumulated</li> <li>(d) Book value</li> </ul> 1a       Land   | f          | Administrative expenses                        |                       |                     |                      |             |            |            |                  |          |              |
| 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:  | g          | End of year balance                            |                       |                     |                      |             |            |            |                  |          |              |
| 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   |            |  | rent year end baland  | ce (line 1g, colun  | nn (a)) held as:     |             |            |            |                  |          |              |
| 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: <ul> <li>(i) unrelated organizations</li> <li>(ii) related organizations</li> <li>(iii) related organizations</li> <li>(ii) related organizations</li> <li>(ii) related organizations</li> <li>(iii) related organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.</li> <li>(ii) Cost or other basis (other)</li> <li>(c) Accumulated depreciation</li> <li>(d) Book value</li> <li>(i) Cost or other basis (other)</li> <li>(i) Cost or other basis (other)</li> <li>(i)</li></ul>   | а          | Board designated or quasi-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: (i) unrelated organizations (ii) related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property (a) Cost or other basis (investment) b Buildings c Leasehold improvements d Equipment e Other  |            | · · · · · · · · · · · · · · · · · · ·          | %                     |                     |                      |             |            |            |                  |          |              |
| 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:       Yes       No         (i) unrelated organizations       3a(ii)   | с          |  |                       |                     |                      |             |            |            |                  |          |              |
| by:<br>(i) unrelated organizations<br>(ii) related organizations<br>b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?<br>4 Describe in Part XIII the intended uses of the organization's endowment funds.<br>Part VI Land, Buildings, and Equipment.<br>Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.<br>Description of property<br>(a) Cost or other<br>basis (investment)<br>b Buildings<br>c Leasehold improvements<br>d Equipment<br>e Other<br>(b) Cost<br>(c) Hore the cost of the c | -          |  |                       |                     |                      |             |            |            |                  |          |              |
| (i) unrelated organizations       3a(i)         (ii) related organizations       3a(ii)         b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b         4 Describe in Part XIII the intended uses of the organization's endowment funds.       3b         Part VI       Land, Buildings, and Equipment.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (other)       (c) Accumulated depreciation         1a Land  | 3a         |  | ession of the organiz | ation that are he   | ld and administered  | d for the   | organiz    | ation      |                  |          |              |
| (ii) related organizations       3a(ii)         a       If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       a       b       If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       a       b       I       a  |            |  |                       |                     |                      |             |            |            | 0-(1)            | Yes      | NO           |
| b       If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       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.         Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation         1a       Land  |            |  |                       |                     |                      |             |            |            |                  |          |              |
| 4       Describe in Part XIII the intended uses of the organization's endowment funds.         Part VI       Land, Buildings, and Equipment.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation         1a       Land  | h          |  |                       |                     |                      |             |            |            |                  |          |              |
| Part VI       Land, Buildings, and Equipment.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation       (d) Book value         1a       Land  |            |  |                       |                     | nr                   |             |            |            | 30               |          |              |
| Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation       (d) Book value         1a       Land  | <u> </u>   |  |                       | ownent lunds.       |                      |             |            |            |                  |          |              |
| Description of property     (a) Cost or other<br>basis (investment)     (b) Cost or other<br>basis (other)     (c) Accumulated<br>depreciation     (d) Book value       1a Land  |            |  |                       | 0. Part IV. line 11 | a. See Form 990. F   | Part X. lin | e 10.      |            |                  |          |              |
| 1a Land     Image: Constraint of the second se   |            |  | (a) Cost or o         | other (b) C         | Cost or other        | (c) Accu    | umulate    | d          | ( <b>d)</b> Boo  | k valu   | e            |
| b Buildings  | 1a         | Land   | `                     |                     |                      |             |            |            |                  |          |              |
| c Leasehold improvements   |            |  |                       |                     |                      |             |            |            |                  |          |              |
| d Equipment  |            |  |                       |                     |                      |             |            |            |                  |          |              |
| e Other  |            |  |                       | 1                   |                      |             |            |            |                  |          |              |
|  |            |  |                       |                     |                      |             |            |            |                  |          |              |
|  |            |  |                       | X, column (B), li   | ne 10c.)             |             |            |            |                  |          | 0.           |

Schedule D (Form 990) 2018

# 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 (c) (2) Closely-held equity interests (c) (3) Other (c) (A) (c) (B) (c) (C) (c) (b) (c) 
(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" 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. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) |                |   |

#### Part IX Other Assets.

(F) (G)

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) GIFTS-IN-KIND SUPPLIES ON HAND                                 | 750,617.       |
| (2)  |                |
| (3)  |                |
| (4)  |                |
| (5)  |                |
| (6)  |                |
| (7)  |                |
| (8)  |                |
| (9)  |                |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) | 750,617.       |

#### Part X Other Liabilities.

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

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

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

| Sche | dule D (Form 990) 2018 INTERNATIONAL CARE MINISTRIES                             |           |               | 91-1886289 | Page 4     |
|------|--|-----------|---------------|------------|------------|
| Par  | t XI Reconciliation of Revenue per Audited Financial Stateme                     | ents With | Revenue per R | eturn.     |            |
|      | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.      |           |               |            |            |
| 1    | Total revenue, gains, and other support per audited financial statements         |           |               | 1          | 7,419,210. |
| 2    | Amounts included on line 1 but not on Form 990, Part VIII, line 12:              |           |               |            |            |
| а    | Net unrealized gains (losses) on investments                                     | 2a        |               |            |            |
| b    | Donated services and use of facilities   | 2b        | 170,521.      |            |            |
| с    | Recoveries of prior year grants  | 2c        |               |            |            |
| d    | Other (Describe in Part XIII.)   | 2d        |               |            |            |
| е    | Add lines 2a through 2d  |           |               | 2e         | 170,521.   |
| 3    | Subtract line 2e from line 1   |           |               | 3          | 7,248,689. |
| 4    | Amounts included on Form 990, Part VIII, line 12, but not on line 1:             |           |               |            |            |
| а    | Investment expenses not included on Form 990, Part VIII, line 7b                 | 4a        |               |            |            |
| b    | Other (Describe in Part XIII.)   | 4b        |               |            |            |
| с    | Add lines 4a and 4b  |           |               | 4c         | 0.         |
| 5    | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)  |           |               | 5          | 7,248,689. |
| Pa   | t XII Reconciliation of Expenses per Audited Financial Statem                    |           | Expenses per  | Return.    |            |
|      | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.      |           |               |            |            |
| 1    | Total expenses and losses per audited financial statements                       |           |               | 1          | 7,104,218. |
| 2    | Amounts included on line 1 but not on Form 990, Part IX, line 25:                |           |               |            |            |
| а    | Donated services and use of facilities   | 2a        | 170,521.      |            |            |
| b    | Prior year adjustments   | 2b        |               |            |            |
| с    | Other losses   | 2c        |               |            |            |
| d    | Other (Describe in Part XIII.)   | 2d        |               |            |            |
| е    | Add lines 2a through 2d  |           |               | 2e         | 170,521.   |
| 3    | Subtract line 2e from line 1   |           |               | 3          | 6,933,697. |
| 4    | Amounts included on Form 990, Part IX, line 25, but not on line 1:               |           |               |            |            |
| а    | Investment expenses not included on Form 990, Part VIII, line 7b                 | 4a        |               |            |            |
| b    | Other (Describe in Part XIII.)   | 4b        |               |            |            |
| С    | Add lines 4a and 4b  |           |               | 4c         | 0.         |
| 5    | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) |           |               | 5          | 6,933,697. |
| Pa   | t XIII Supplemental Information.   |           |               |            |            |

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

| Internal Revenue Service                  | ► Go to v                                 | www.irs.gov/Fo   | orm990 for instructions and the lates   | t information.       |   | Inspection   |
|---|---|------------------|---|----------------------|---|--|
| Name of the organization                  |   |                  |   |                      | Employer iden   | tification number  |
| INTERNATIONAL CARE MIN                    | ISTRIES                                   |                  |   |                      | 91-1886289  |  |
| Part I General Infor                      | rmation on A                              | Activities Ou    | tside the United States. Comple   | ete if the organ     | ization answered  | "Yes" on   |
| Form 990, Part IV                         | /, line 14b.                              |                  |   |                      |   |  |
| •   | e e                                       |                  | ds to substantiate the amount of its gr   |                      | ·   |  |
| the grantees' eligibility for             | or the grants or a                        | assistance, and  | the selection criteria used to award the  | e grants or ass      | istance?  | Yes No   |
| 2 For grantmakers. Desc<br>United States. | ribe in Part V the                        | e organization's | procedures for monitoring the use of it   | s grants and o       | ther assistance o   | utside the   |
| 3 Activities per Region. (TI              |   |                  | an be duplicated if additional space is   | í (                  |   |  |
| (a) Region                                | (b) Number of<br>offices<br>in the region | employees,       | (d) Activities conducted in the region<br>(by type) (such as, fundraising, pro-<br>gram services, investments, grants to<br>recipients located in the region) | is a pro<br>describe | vity listed in (d)<br>gram service,<br>specific type<br>(s) in the region | (f) Total<br>expenditures<br>for and<br>investments<br>in the region |
|   |   |                  |   | PROVIDE CHA          | ARITY WORK IN   |  |
|   |   |                  |   | THE FORM OF          | •   |  |
| EAST ASIA AND THE                         |   |                  |   |                      | ID RESOURCES,   |  |
| PACIFIC                                   | 0   | 0                | PROGRAM SERVICES  | FOOD, MEDIC          | CAL CLINICS,  | 193,948.   |
| EAST ASIA AND THE                         |   |                  |   |                      |   |  |
| PACIFIC                                   | 0   | 0                | GRANTS TO RECIPIENTS  |                      |   | 6,664,006.   |
|   |   |                  |   |                      |   |  |
|   |   |                  |   |                      |   |  |
|   |   |                  |   |                      |   |  |
|   |   |                  |   |                      |   |  |
|   |   |                  |   |                      |   |  |
|   |   |                  |   |                      |   |  |
| <b>3 a</b> Subtotal                       | 0   | 0                |   |                      |   | 6,857,954.   |
|   |   |                  |   |                      |   | · · · · · · · · · · · · · · · · · · ·                                |

**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.

| 3 a | Subtotal                | 0 | 0 |  | 0,057,954  |
|-----|-------------------------|---|---|--|------------|
| b   | Total from continuation |   |   |  |            |
|     | sheets to Part I        | 0 | 0 |  | 0          |
| с   | Totals (add lines 3a    |   |   |  |            |
|     | and 3b)                 | 0 | 0 |  | 6,857,954, |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. SEE PART V FOR COLUMN (E) DESCRIPTIONS

OMB No. 1545-0047

Open to Public

8

SCHEDULE F

Department of the Treasury

(Form 990)

INTERNATIONAL CARE MINISTRIES

91-1886289

Page 2

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<br>(a) Name of organization | <b>(b)</b> IRS code section and EIN (if applicable) |                   | <b>(d)</b> Purpose of grant      | <b>(e)</b> Amount of cash grant | <b>(f)</b> Manner of cash disbursement | (g) Amount of<br>noncash<br>assistance | <b>(h)</b> Description<br>of noncash<br>assistance | (i) Method of<br>valuation (book, FMV,<br>appraisal, other) |
|                               |   |                   | TO FREE THE POOREST              |                                 |  |  |  |   |
|                               |   |                   | OF THE POOR IN THE               |                                 |  |  |  |   |
|                               |   | EAST ASIA AND THE |                                  |                                 |  |  |  |   |
|                               |   |                   | PHYSICAL, EMOTIONAL &            | 1,584,534.                      | WIRE TRANSFER                          | 0.                                     |  |   |
|                               |   |                   | ,<br>TO FREE THE POOREST         | , , .                           |  |  |  |   |
|                               |   |                   | OF THE POOR IN THE               |                                 |  |  |  |   |
|                               |   | EAST ASIA AND THE |                                  |                                 |  |  |  |   |
|                               |   | PACIFIC           | PHYSICAL, EMOTIONAL &            | 0.                              |  | 5,079,472.                             | FOOD   | OTHER   |
|                               |   |                   | ,                                |                                 |  | . ,                                    |  |   |
|                               |   |                   |                                  |                                 |  |  |  |   |
|                               |   |                   |                                  |                                 |  |  |  |   |
|                               |   |                   |                                  |                                 |  |  |  |   |
|                               |   |                   |                                  |                                 |  |  |  |   |
|                               |   |                   |                                  |                                 |  |  |  |   |
|                               |   |                   |                                  |                                 |  |  |  |   |
|                               |   |                   |                                  |                                 |  |  |  |   |
|                               |   |                   |                                  |                                 |  |  |  |   |
|                               |   |                   |                                  |                                 |  |  |  |   |
|                               |   |                   |                                  |                                 |  |  |  |   |
|                               |   |                   |                                  |                                 |  |  |  |   |
|                               |   |                   |                                  |                                 |  |  |  |   |
|                               |   |                   |                                  |                                 |  |  |  |   |
|                               |   |                   |                                  |                                 |  |  |  |   |
|                               |   |                   |                                  |                                 |  |  |  |   |
|                               |   |                   |                                  |                                 |  |  |  |   |
|                               |   |                   |                                  |                                 |  |  |  |   |
|                               |   |                   |                                  |                                 |  |  |  |   |
|                               |   |                   |                                  |                                 |  |  |  |   |
|                               |   |                   |                                  |                                 |  |  |  |   |
|                               |   |                   |                                  |                                 |  |  |  |   |
|                               |   |                   |                                  |                                 |  |  |  |   |
|                               |   | I                 | <u> </u>                         | <u> </u>                        | l <u> </u>                             |  |  |   |
|                               |   |                   | recognized as charities by the   |                                 |  |  |  | 2   |
|                               |   |                   | tion 501(c)(3) equivalency lette |                                 |  |  |  | 2   |
| 3 Enter total number of       | other organizations                                 |                   |                                  |                                 |  | 🟲                                      |  | 0   |

91-1886289

Page 3

#### 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 | <b>(e)</b> Manner of cash disbursement | (f) Amount of<br>noncash<br>assistance | (g) Description of noncash assistance | <b>(h)</b> Method of<br>valuation<br>(book, FMV,<br>appraisal, other) |
|---------------------------------|------------|--------------------------|--------------------------|--|--|---------------------------------------|---|
|                                 |            |                          |                          |  |  |                                       |   |
|                                 |            |                          |                          |  |  |                                       |   |
|                                 |            |                          |                          |  |  |                                       |   |
|                                 |            |                          |                          |  |  |                                       |   |
|                                 |            |                          |                          |  |  |                                       |   |
|                                 |            |                          |                          |  |  |                                       |   |
|                                 |            |                          |                          |  |  |                                       |   |
|                                 |            |                          |                          |  |  |                                       |   |
|                                 |            |                          |                          |  |  |                                       |   |
|                                 |            |                          |                          |  |  |                                       |   |
|                                 |            |                          |                          |  |  |                                       |   |

| Pag | e | 4 |
|-----|---|---|
|     |   |   |

| 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)   | X Yes | No No |
|---|--|-------|-------|
| 2 | Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization<br>may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign<br>Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign<br>Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990) | 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? <i>If</i> "Yes," <i>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)</i>  | 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<br>"Yes," the organization may be required to separately file Form 5713, International Boycott Report (see<br>Instructions for Form 5713; don't file with Form 990)   | Yes   | X No  |

Schedule F (Form 990) 2018

Schedule F (Form 990) 2018 INTERNATIONAL CARE MINISTRIES

 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.

PART I, LINE 2:

ICM FOLLOWS A FUNDING DISTRIBUTION POLICY WHICH CALLS FOR THE

ORGANIZATION TO CONFIRM EACH YEAR THE GRANT RECIPIENT OVERSEAS CHARITIES

MAINTAIN BONA FIDE CHARITY STATUS, REVIEW THE PROGRAMS OF THE OVERSEAS

CHARITIES TO ENSURE THEY ARE COMFORTABLE WITH THE CHARITABLE PURPOSES OF

THE PROGRAMS AND REVIEW ANNUAL AUDIT REPORTS OF THE OVERSEAS CHARITIES.

PART I, LINE 3:

THE ACCRUAL METHOD WAS USED TO REPORT EXPENDITURES ON SCHEDULE F.

PART I, LINE 3, COLUMN (E):

REGION: EAST ASIA AND THE PACIFIC

(E) SPECIFIC TYPES OF SERVICES IN REGION: PROVIDE CHARITY WORK IN THE

FORM OF SUPPORT, TRAINING AND RESOURCES, FOOD, MEDICAL CLINICS, AND

MEDICINES FOR UNDERPRIVILEGED CHILDREN

PART II, COLUMN (D):

REGION: EAST ASIA AND THE PACIFIC

(D) PURPOSE OF GRANT: TO FREE THE POOREST OF THE POOR IN THE PHILIPPINES

FROM PHYSICAL, EMOTIONAL & SPIRITUAL BONDAGE

REGION: EAST ASIA AND THE PACIFIC

(D) PURPOSE OF GRANT: TO FREE THE POOREST OF THE POOR IN THE PHILIPPINES

FROM PHYSICAL, EMOTIONAL & SPIRITUAL BONDAGE

PART IV, LINE 1:

FORM 926 IS NOT REQUIRED TO BE FILED BECAUSE THE TRANSFER TO A FOREIGN

#### 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.

CORPORATION DOES NOT MEET THE REPORTING REQUIREMENTS IN IRC SEC.

6038(A)(1)(A).

| SCHEDULE G  | Suppleme   | ental Information Regardin   | g Fun  | drais   | ing or Gaming   | Activ  | vities                      | OMB No. 1545-0047   |  |  |  |  |  |
|---|--|--|--|---|---|--|-----------------------------|---------------------|--|--|--|--|--|
| (Form 990 or 990-EZ)  |  | Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.   |  |   |   |  |                             |                     |  |  |  |  |  |
| Department of the Treasury<br>Internal Revenue Service  | <ul> <li>▶ Attach to Form 990 or Form 990-EZ.</li> <li>▶ Go to www.irs.gov/Form990 for instructions and the latest information.</li> </ul> |  |  |   |   |  |                             |                     |  |  |  |  |  |
| Name of the organizatio   |  | 0 to www.irs.gov/Form990 for ins   | lluction   | s anu   | the latest mornat   | .1011.   | Employer ide                | entification number |  |  |  |  |  |
|   |  | NAL CARE MINISTRIES  |  |   |   |  | 91-1886289                  |                     |  |  |  |  |  |
|   | complete this par  | Complete if the organization answ t.   | vered "Y   | 'es" o  | n Form 990, Part IV,  | line 1   | 7. Form 990-E               | Z filers are not    |  |  |  |  |  |
| <ul> <li>a Mail solicitat</li> <li>b X Internet and</li> <li>c X Phone solicitat</li> <li>d X In-person so</li> <li>2 a Did the organization key employees list</li> <li>b If "Yes," list the 10</li> </ul> | tions<br>email solicitations<br>tations<br>blicitations<br>on have a written o<br>ted in Form 990, F<br>) highest paid indi                | s <b>f</b> X Solicit<br><b>g</b> X Speci<br>or oral agreement with any individu<br>Part VII) or entity in connection with<br>viduals or entities (fundraisers) pur   | ation of<br>ation of<br>al fundra<br>al (inclue<br>profess | non-g<br>gover<br>aising<br>ding o<br>ional 1 | overnment grants<br>nment grants<br>events<br>fficers, directors, tru<br>undraising services? | stees  | X Yes                       |                     |  |  |  |  |  |
| (i) Name and addres<br>or entity (fund  | s of individual  | idividual (ii) Activity fundraiser have custody from activity fundraiser fundraiser have custody from activity fundraiser |  | fundraiser to (or re                          |   | <b>(vi)</b> Amount paid<br>to (or retained by)<br>organization |                             |                     |  |  |  |  |  |
| THE FOCUS GROUP, I  |  | TARGETED ADVANCEMENT   | Yes  | No  |   |  |                             |                     |  |  |  |  |  |
| A1A BEACH BOULEVAR  | D, ST.   | COUNSEL  | _  | Х   | 0.  |  | 37,924.                     | -37,924.            |  |  |  |  |  |
|   |  |  |  |   |   |  |                             |                     |  |  |  |  |  |
|   |  |  |  |   |   |  |                             |                     |  |  |  |  |  |
|   |  |  |  |   |   |  |                             |                     |  |  |  |  |  |
|   |  |  |  |   |   |  |                             |                     |  |  |  |  |  |
|   |  |  |  |   |   |  |                             |                     |  |  |  |  |  |
|   |  |  | _  |   |   |  |                             |                     |  |  |  |  |  |
|   |  |  |  |   |   |  |                             |                     |  |  |  |  |  |
|   |  |  |  |   |   |  |                             |                     |  |  |  |  |  |
|   |  |  |  |   |   |  |                             |                     |  |  |  |  |  |
|   |  |  |  |   |   |  |                             |                     |  |  |  |  |  |
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|   |  | 1  |  |   |   |  |                             |                     |  |  |  |  |  |
| 3 List all states in wh   |  | on is registered or licensed to solic  |  | oution  | s or has been notifie   | d it is  | 37 , 924 .<br>exempt from r |                     |  |  |  |  |  |
| Or licensing.   |  |  |  |   |   |  |                             |                     |  |  |  |  |  |
| ,,,,,,,   |  |  |  |   |   |  |                             |                     |  |  |  |  |  |

| Deut II - Frankright - Frankright - Andre - An |    |
|--|----|
| Schedule G (Form 990 or 990-EZ) 2018 INTERNATIONAL CARE MINISTRI   | ES |

91-1886289 Page **2** 

|                 | rt I | Fundraising Events. Complete if the of fundraising event contributions and gr | -                          |        |                        |             |          |             |  |                |
|-----------------|------|---|----------------------------|--------|------------------------|-------------|----------|-------------|--|----------------|
|                 |      |   | (a) Event #1               |        | (b) Event              |             |          | ther events | (d) Total eve<br>(add col. (a) th<br>col. (c)) | ents<br>Irough |
| ē               |      |   | (event type)               |        | (event typ             | be)         | (tota    | al number)  | COI. (C))                                      |                |
| Revenue         |      |   |                            |        |                        |             |          |             |  |                |
| Re              | 1    | Gross receipts  |                            |        |                        |             |          |             |  |                |
|                 | 2    | Less: Contributions   |                            |        |                        |             |          |             |  |                |
|                 | 3    | Gross income (line 1 minus line 2)  |                            |        |                        |             |          |             |  |                |
|                 | 4    | Cash prizes   |                            |        |                        |             |          |             |  |                |
| s               | 5    | Noncash prizes  |                            |        |                        |             |          |             |  |                |
| xpense          | 6    | Rent/facility costs   |                            |        |                        |             |          |             |  |                |
| Direct Expenses | 7    | Food and beverages  |                            |        |                        |             |          |             |  |                |
|                 | 8    | Entertainment   |                            |        |                        |             |          |             |  |                |
|                 | 9    | Other direct expenses   |                            |        |                        |             |          |             |  |                |
|                 | 10   | Direct expense summary. Add lines 4 through                                   | n 9 in column (d)          |        |                        |             |          | ►           |  |                |
|                 | 11   | Net income summary. Subtract line 10 from li                                  |                            |        |                        |             |          |             |  |                |
| Pa              | rt I |   | answered "Yes" on For      | m 99   | 0, Part IV, lir        | ne 19, or i | reported | more than   |  |                |
|                 |      | \$15,000 on Form 990-EZ, line 6a.   |                            |        | <b>b)</b> Pull tabs/ir | netant      |          |             | (d) Total gamin                                | a (add         |
| Revenue         |      |   | (a) Bingo                  |        | go/progressi           |             | (c) Ot   | her gaming  | col. (a) through                               |                |
| Re              | 1    | Gross revenue   |                            |        |                        |             |          |             |  |                |
| es              | 2    | Cash prizes   |                            |        |                        |             |          |             |  |                |
| Direct Expenses | 3    | Noncash prizes  |                            |        |                        |             |          |             |  |                |
| Direct          | 4    | Rent/facility costs   |                            |        |                        |             |          |             |  |                |
|                 | 5    | Other direct expenses   |                            |        |                        |             |          |             |  |                |
|                 | 6    | Volunteer labor   | └── Yes %<br>└── No        |        | Yes<br>No              | %           | Ve       |             | 6  |                |
|                 | 7    | Direct expense summary. Add lines 2 through                                   | n 5 in column (d)          |        |                        |             |          | ►           |  |                |
|                 | 8    | Net gaming income summary. Subtract line 7                                    | í from line 1, column (d)  |        |                        |             |          | ►           |  |                |
| 9               | Ent  | ter the state(s) in which the organization condu                              | ucts gaming activities:    |        |                        |             |          |             |  |                |
| а               | ls t | he organization licensed to conduct gaming a                                  | ctivities in each of these | e stat | es?                    |             |          |             | Yes  | No             |
| b               | If " | No," explain:   |                            |        |                        |             |          |             |  |                |
|                 |      |   |                            |        |                        |             |          |             |  |                |
|                 |      | ere any of the organization's gaming licenses re<br>Yes," explain:            |                            |        |                        |             | year?    |             | Yes  | No             |
|                 |      |   |                            |        |                        |             |          |             |  |                |

| Sch | edule G (Form 990 or 990-EZ) 2018 INTERNATIONAL CARE MINISTRIES 91-18  | 86289        |        | Page 3   |
|-----|--|--------------|--------|----------|
| 11  | Does the organization conduct gaming activities with nonmembers?   |              | Yes    | No       |
| 12  | Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed  |              | Yes    |          |
| 40  | to administer charitable gaming?   |              | res    | └── No   |
|     | Indicate the percentage of gaming activity conducted in:   | 120          |        | 0/       |
|     | a The organization's facility  |              |        | %        |
|     | An outside facility  | 13b          |        | %        |
| 14  | Enter the name and address of the person who prepares the organization's gaming/special events books and records:  |              |        |          |
|     | Address  |              |        |          |
| 15a | a Does the organization have a contract with a third party from whom the organization receives gaming revenue?   | י 🗆 י        | Yes    | No No    |
|     | o If "Yes," enter the amount of gaming revenue received by the organization ► \$ and the amount of gaming revenue retained by the third party ► \$   |              |        |          |
| 0   | If "Yes," enter name and address of the third party:   |              |        |          |
|     | Name   |              |        |          |
|     | Address 🕨  |              |        |          |
| 16  | Gaming manager information:  |              |        |          |
|     | Name   |              |        |          |
|     | Gaming manager compensation 🕨 \$   |              |        |          |
|     | Description of services provided   |              |        |          |
|     |  |              |        |          |
|     |  |              |        |          |
|     | Director/officer Employee Independent contractor   |              |        |          |
| 17  | Mandatory distributions:   |              |        |          |
| ł   | a Is the organization required under state law to make charitable distributions from the gaming proceeds to  |              |        |          |
|     | retain the state gaming license?   | , 🗔 א        | Yes    | No No    |
| I   | • Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$                           |              |        |          |
| Pa  | <b>Supplemental Information.</b> Provide the explanations required by Part I, line 2b, columns (iii) and (v); and P 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions. | art III, lin | ies 9, | 9b, 10b, |
|     |  |              |        |          |
| SCI | HEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:   |              |        |          |
|     |  |              |        |          |
| (I) | NAME OF FUNDRAISER: THE FOCUS GROUP, INC   |              |        |          |
| (I) | ADDRESS OF FUNDRAISER:   |              |        |          |
| 521 | A1A BEACH BOULEVARD, ST. AUGUSTINE, FL 32080   |              |        |          |
|     |  |              |        |          |
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#### SCHEDULE M (Form 990)

## **Noncash Contributions**

OMB No. 1545-0047

| Department of the Treasury |  |
|----------------------------|--|
| Internal Revenue Service   |  |

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

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

Open to Public Inspection

Employer identification number 91-1886289

| Name o | f the | organizatio | n |
|--------|-------|-------------|---|
|--------|-------|-------------|---|

| TNTERNATIONAL | CARE | MINISTRIES |  |
|---------------|------|------------|--|

| Pa  | t I Types of Property                            |   |                      |                                 |                                 |         |        |      |
|-----|--|---|----------------------|---------------------------------|---------------------------------|---------|--------|------|
|     |  | (a)                                     | (b)<br>Number of     | (c)<br>Noncash contribution     | (d)                             |         |        |      |
|     |  | Check if applicable                     | contributions or     | amounts reported on             | Method of de<br>noncash contrib |         | -      | 'e   |
|     |  | applicable                              |                      | Form 990, Part VIII, line 1g    | noneasir contribi               | ation a | nount  | 5    |
| 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                                   | X                                       | 79                   | 5,079,472.                      | FAIR MARKET VALU                | Е       |        |      |
| 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      | ization durin                           | a the tax vear for a | contributions                   |                                 |         |        |      |
|     | for which the organization completed Form 82     |   |                      |                                 |                                 |         | 0      |      |
|     |  |   |                      | J                               |                                 |         | Yes    | No   |
| 30a | During the year, did the organization receive b  | v contributio                           | on any property re   | oorted in Part I. lines 1 throu | oh 28. that it                  |         |        |      |
|     | must hold for at least three years from the dat  |   |                      |                                 |                                 |         |        |      |
|     | exempt purposes for the entire holding period    | ~                                       | ,                    |                                 |                                 | 30a     |        | x    |
| b   | If "Yes," describe the arrangement in Part II.   | • |                      |                                 |                                 |         |        |      |
| 31  |  | policy that r                           | equires the review   | of any nonstandard contribu     | utions?                         | 31      |        | x    |
| 32a |  |   |                      |                                 |                                 |         |        |      |
| JEU |  |   |                      |                                 |                                 | x       |        |      |
| b   | If "Yes," describe in Part II.                   |   |                      |                                 |                                 | ULU     |        |      |
| 33  | If the organization didn't report an amount in c | column (c) fo                           | r a type of propert  | v for which column (a) is che   | cked.                           |         |        |      |
|     | describe in Part II.                             |   |                      |                                 |                                 |         |        |      |
| LHA | For Paperwork Reduction Act Notice, see          | the Instruc                             | tions for Form 99    | 0.                              | Schedule I                      | / (Form | n 990) | 2018 |
|     |  |   |                      |                                 | 20110101                        |         |        |      |

| Schedule M (Form 990) 2018 INTERNATIONAL CARE MINISTRIES  | 91-1886289  | Page <b>2</b> |
|---|---|---------------|
| Part II Supplemental Information. Provide the information required by Part I, lines 30b, is reporting in Part I, column (b), the number of contributions, the number of items receive this part for any additional information. | 32b, and 33, and whether the organiz<br>red, or a combination of both. Also con | ation         |
| SCHEDULE M, PART I, COLUMN (B):   |   |               |
| THE NUMBER OF CONTRIBUTIONS ON LINE 19, COLUMN (B) IS THE NUMBER OF   |   |               |
| CONTAINERS SHIPPED AND IN TRANSIT TO THE PHILIPPINES. VIRTUALLY EVERY   |   |               |
| CONTAINER CONTAINS OVER 270,000 MEALS FOR HUNGRY CHILDREN AND THEIR   |   |               |
| FAMILIES.   |   |               |
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SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. 2018 Open to Public Inspection

OMB No 1545-0047

Employer identification number 91-1886289

FORM 990, PART I, LINE 6, DESCRIPTION OF VOLUNTEERS

THREE VOLUNTEERS REPRESENT THE VOTING MEMBERS OF THE BOARD OF DIRECTORS

INTERNATIONAL CARE MINISTRIES

WHOSE HOURS OF SERVICE RANGE BETWEEN 5 HOURS PER WEEK TO 1 DAY PER

QUARTER. THE OTHER VOLUNTEER ACTS AS THE BOOKKEEPER FOR INTERNATIONAL

CARE MINISTRIES WHO SERVES ABOUT 12 HOURS PER WEEK.

FORM 990, PART VI, SECTION A, LINE 8B:

DUE TO THE SIZE OF THE ORGANIZATION AND THE BOARD, COMMITTEES ARE NOT

DEEMED NECESSARY.

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

A COPY OF THE COMPLETED FORM 990 WAS PREPARED BY AN OUTSIDE ACCOUNTING FIRM

AND REVIEWED BY MANAGEMENT AND CIRCULATED TO ALL BOARD MEMBERS PRIOR TO

FILING.

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

THE CONFLICT OF INTEREST POLICY COVERS ALL BOARD MEMBERS. THE PRESIDENT

RECEIVES THE QUESTIONNAIRES BACK FROM THE BOARD MEMBERS AND TO THE EXTENT

CONFLICT OF INTERESTS ARISE, THE BOARD OF ICM WOULD REACH AN AGREEMENT ON

HOW TO HANDLE THE CONFLICT. THE INTERESTED PERSON(S) INVOLVED IN THE

POTENTIAL CONFLICT SHALL NOT BE PRESENT DURING THE BOARD'S DISCUSSION OR

DETERMINATION OF WHETHER A CONFLICT EXISTS.

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

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF

INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON

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

| Schedule O (Form 990 or 990-EZ) (2018)                    | Page 2                                       |
|---|--|
| Name of the organization<br>INTERNATIONAL CARE MINISTRIES | Employer identification number<br>91-1886289 |
| REQUEST.  |  |
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