** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax

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

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

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

<u>A</u> F	or the	2020 calendar year, or tax year beginning JU	л 1, 2020 and	ending M	AY 31, 2021					
B	Check if pplicable	C Name of organization			D Employer identif	ication number				
Х	Addres	INTERNATIONAL CARE MINISTRIES								
Name change Initial return		5			91-1886289					
		Number and street (or P.O. box if mail is not del	ivered to street address)	Room/suite	E Telephone number	er				
	□Final return/	491 A1A BEACH BLVD.			973-216-8761	<u> </u>				
	termin- ated	City or town, state or province, country, and a		G Gross receipts \$	8,166,098.					
	Ameno return	SI AUGUSTINE, FL 32000		H(a) Is this a group r	eturn					
	Application	F Name and address of principal officer: DAVID	for subordinates	s? Yes X No						
	pendin	9 7498 SHERIDAN PLACE, LA PLATA, MD	20646		H(b) Are all subordinates i	ncluded? Yes No				
<u>1</u>	Гах-ехе	empt status: X 501(c)(3) 501(c) ()		or 527	If "No," attach a	a list. See instructions				
<u>J \</u>	Nebsit	e: ▶ N/A			H(c) Group exemption	on number 🕨				
			sociation Other >	L Year	of formation: 1997	M State of legal domicile; WA				
Pa	art I	Summary								
e Se	1	Briefly describe the organization's mission or most FROM PHYSICAL, EMOTIONAL AND SPIRITUAL		E THE POC	REST OF THE POOR					
Governance	2	Check this box if the organization discor	ntinued its operations or dispos	sed of more	than 25% of its net as	sets.				
Ver	3	Number of voting members of the governing body (•		3	3				
Ĝ	4	Number of independent voting members of the gov				3				
٥ŏ		Total number of individuals employed in calendar y				3				
ij		Total number of volunteers (estimate if necessary)				4				
Activities &		Total unrelated business revenue from Part VIII, col				0.				
ĕ	1	Net unrelated business taxable income from Form 9			l	0.				
Revenue			, , , , , , , , , , , , , , , , , , , ,		Prior Year	Current Year				
	8	Contributions and grants (Part VIII, line 1h)			9,408,023.	8,165,797.				
	l	Program service revenue (Part VIII, line 2g)		0.	0.					
	l	Investment income (Part VIII, column (A), lines 3, 4,			1,872.	301.				
æ			revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)							
	l	Total revenue - add lines 8 through 11 (must equal		9,409,895.	8,166,098.					
		Grants and similar amounts paid (Part IX, column (A	8,574,665.	7,339,848.						
	1		Benefits paid to or for members (Part IX, column (A), line 4) Calaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)							
ø	45									
Expenses	16a	Professional fundraising fees (Part IX, column (A), li			0.	3,333.				
e d	b ·	Total fundraising expenses (Part IX, column (D), line		439.						
ũ	17	Other expenses (Part IX, column (A), lines 11a-11d,	11f-24e)		255,326.	269,569.				
		Total expenses. Add lines 13-17 (must equal Part I)			8,829,991.	7,964,232.				
	19	Revenue less expenses. Subtract line 18 from line	12		579,904.	201,866.				
Net Assets or				Ве	ginning of Current Year	End of Year				
sets	20	Total assets (Part X, line 16)			1,561,387.	2,019,473.				
L Ass	21	Total liabilities (Part X, line 26)			596,246.	852,466.				
<u>E</u>	22	Net assets or fund balances. Subtract line 21 from	line 20		965,141.	1,167,007.				
	art II	Signature Block								
		Ities of perjury, I declare that I have examined this return,				y knowledge and belief, it is				
true	, correc	t, and complete. Declaration of preparer (other than office	r) is based on all information of wh	hich preparer						
		Signature of officer			February 14	4, 2022				
Sig					Date					
Her	е	DAVID SUTHERLAND, PRESIDENT								
		Type or print name and title	B 1 1 1 1	l r	Date Check [PTIN				
D-!-		Print/Type preparer's name	Preparer's signature		if L					
Paid			JENNIFER BECKER HARRIS	0.	2/11/22 self-emplo					
-	arer	Firm's name CLARK NUBER, PS	ME 1400		Firm's EIN ▶	91-1194016				
use	Only	Firm's address 10900 NE 4TH STREET, SUIBELLEVUE, WA 98004	Di 425	5_454_4919						
N 4	, +b = 15	· · · · · · · · · · · · · · · · · · ·	vo? Coo inate estima		Phone no.425	X Yes No				
ivia\	, uie it	RS discuss this return with the preparer shown above	ve: 0cc ii isti uutioi is			L 169 L NO				

	1990 (2020) INTERNATIONAL CARE MINISTRIES	91-1886289	Page 2
	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission: TO FREE THE POOREST OF THE POOR FROM PHYSICAL, EMOTIONAL AND SPIRITUAL		
	BONDAGE.		
2	Did the organization undertake any significant program services during the year which were not listed on the		X No
	prior Form 990 or 990-EZ?	Yes	LA_ NO
2	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Voc	X No
3	If "Yes," describe these changes on Schedule O.	res	INO
4	Describe the organization's program service accomplishments for each of its three largest program services, as m	easured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ 7,582,601. including grants of \$ 7,339,848.) (Revenue	. \$)
	DONATIONS OF CASH AND GOODS TO SUPPORT FOUR STRATEGIC TRAINING PROGRAMS		
	BENEFITING THE ULTRA-POOR ACROSS TWELVE REGIONS IN THE PHILIPPINES. THE		
	PROGRAMS INCLUDE VALUES, HEALTH, LIVELIHOOD, AND EDUCATION. DONATION OF		
	CASH TO SUPPORT SIMILAR PROGRAMS IN UGANDA AND GUATEMALA.		
4b	(Code:) (Expenses \$. \$)
	/ (Expenses 4		
4c	(Code:) (Expenses \$ including grants of \$) (Revenue	. ¢	1
70	(Code:) (Expenses \$ including grants of \$) (Revenue		
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
<u>4e</u>	Total program service expenses ► 7,582,601.		200

Form 990 (2020) INTERNATIONAL CARE MINISTRIES Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
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		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	_		,,
_	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		,,
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	_		
_	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?	_		
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			,,
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
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,	l		,,
	Part VI	11a		Х
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			x
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
a	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in		х	
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Λ	х
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
f	3			x
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40-	х	
	Schedule D, Parts XI and XII	12a	Λ	
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	105		x
12	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13		X
13				X
	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a		
b	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
		14b	х	
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	170		
13	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	"		
10	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,	 		
.,		17		x
18	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	 ''		<u> </u>
10		18		x
19	1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10		<u> </u>
IJ	,	19		x
20a	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		х
		20a 20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
4 1	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	х	
	aomosto government entrartiz, column γγ, interti il res, complete schedule I, Paπs I and II			I

Form 990 (2020) INTERNATIONAL CARE MINISTRIES

Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		х
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
		24a		x
h	Schedule K. If "No," go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
C	, , , , , , , , , , , , , , , , , , , ,	24c		
	any tax-exempt bonds?	24d		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05-		x
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			l
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? 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		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	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?			
-	Note: All Form 990 filers are required to complete Schedule O	38	х	
Pai		<u> </u>	•	•
	Check if Schedule O contains a response or note to any line in this Part V			
	, , , , , , , , , , , , , , , , , , , ,		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			1
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
·	(gambling) winnings to prize winners?	1c		
	O 0/ 0 15 F1000 1100 1100 1100 1100 1100 110			

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

			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	1						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х					
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)							
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Х				
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b						
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a							
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х				
b	If "Yes," enter the name of the foreign country							
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).							
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х				
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х				
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c						
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit							
	any contributions that were not tax deductible as charitable contributions?	6a		Х				
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts							
_	were not tax deductible?	6b						
7	Organizations that may receive deductible contributions under section 170(c).			.,,				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х				
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b						
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7.		x				
	to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year 7d	7c		Α .				
	• • • • • • • • • • • • • • • • • • • •	7e						
e f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 6						
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g						
h	If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?	79 7h						
_	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?								
9	Sponsoring organizations maintaining donor advised funds.	8						
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a						
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b						
10	Section 501(c)(7) organizations. Enter:							
а	Initiation fees and capital contributions included on Part VIII, line 12							
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b							
	Section 501(c)(12) organizations. Enter:							
а	Gross income from members or shareholders 11a							
b	Gross income from other sources (Do not net amounts due or paid to other sources against							
	amounts due or received from them.)							
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a						
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	4						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.							
а	Is the organization licensed to issue qualified health plans in more than one state?	13a						
	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		х				
	14a Did the organization receive any payments for indoor tanning services during the tax year?							
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O								
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		Х				
40	If "Yes," see instructions and file Form 4720, Schedule N.			v				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х				
	If "Yes," complete Form 4720, Schedule O.							

Form 990 (2020) INTERNATIONAL CARE MINISTRIES 91–1886289 Page
Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b below to line 2 through 7 to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			Х
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 3			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on 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 with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, 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 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, 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 by the following:			
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 reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	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 approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	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, NY, MO, NH, NJ, NM, NC, OR, PA, RI			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s	only)	availal	ole
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website X Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	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 books and records			
	ALICE PASTERNAK - (240)349-2045			
	7498 SHERIDAN PLACE, LA PLATA, MD 20646			

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

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

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

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

See instructions for the order in which to list the persons above.

Check this box if neither the organization ne	or any related	orga	niza	tion	con	npen	sate	ed any current officer, d	rector, or trustee.	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	box, unless person is both an officer and a director/trustee)		compensation	compensation	amount of			
	week				recto	i/irus	iee)	from	from related	other
	(list any hours for	Individual trustee or director						the organization	organizations (W-2/1099-MISC)	compensation from the
	related	9e or (stee			nsated		(W-2/1099-MISC)	(** 27 1033 141100)	organization
	organizations	truste	al tru:		yee	эш рег		(** = / ********************************		and related
	below	idual	Institutional trustee	Ja Ja	Key employee	Highest compensated employee	ner			organizations
	line)	Indi	Insti	Officer	Key	High	Former			
(1) SHELLEY TREBESCH	40.00									
MANAGING DIRECTOR/CHIEF OF STAFF				Х				0.	0.	0.
(1) DAVID JONES	40.00									
CHIEF DEVELOPMENT OFFICER				Х				0.	0.	42,034.
(2) DAVID SUTHERLAND	5.00									
PRESIDENT		Х		Х				0.	0.	0.
(3) BRUCE HALDORS	0.10									
SECRETARY/TREASURER		Х		Х				0.	0.	0.
(4) RANDY WILCOX	4.00									
VICE PRESIDENT		Х		Х				0.	0.	0.
			\vdash							

Form 990 (2020) 032007 12-23-20

Form 990 (2020) INTERNATIONAL	CARE MINI	STR	IES						91-188	8628	9	Р	age 8
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloye	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)				
(A) Name and title	(B) Average hours per week	box,	not c	Posi heck i ss per	more rson i	than o	an	(D) Reportable compensation	(E) Reportable compensation		an	(F) timate nount	of
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MIS	s compensa		ation le tion ted	
			_		~	1 0							
1b Subtotal								0.		0.		42	034.
Subtotal Total from continuation sheets to Part VI d Total (add lines 1b and 1c)	, Section A							0.		0.			0.
 Total number of individuals (including but n compensation from the organization) wh	o re	eceived more than \$100,	000 of reportable				0
3 Did the organization list any former officer,												Yes	No
 line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the su and related organizations greater than \$150 	m of reportable	е со	mpe	ensa	tion	and	oth	ner compensation from t	he organization		4		X
5 Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com	ccrue compen	satio	on fr	om	any	unre	elate	ed organization or individ	dual for services		5		Х
Section B. Independent Contractors	-												
Complete this table for your five highest countries the organization. Report compensation for the organization.								the organization's tax y		ensat			
(A) Name and business	address	NOI	NE					(B) Description of s	ervices	С	(C comper		n
2 Total number of independent contractors (ii \$100,000 of compensation from the organization from the organiza	· ·	ot lin	nited	d to t		se lis O	ted	above) who received mo	ore than				

Form 990 (2020)
Part VIII

Statement of Revenue

		Check if Schedule O	contains	a response o	or note to any lin	e in this Part VIII			
						(A)	(B)	(C)	(D)
						Total revenue	Related or exempt	Unrelated	Revenue excluded
							function revenue	business revenue	from tax under sections 512 - 514
									300010113 0 12 0 14
nts									
S'a									
s, (Am	С	Fundraising events		1c					
a ë	d	Related organizations		1d					
Contributions, Gifts, Grants and Other Similar Amounts	е	Government grants (contr	ibutions)	1e	78,188.				
r S	f	All other contributions, gifts,	grants, an	d					
the the		similar amounts not included	above	1f	8,087,609.				
ΞÖ	q	Noncash contributions included in	lines 1a-1f	1g \$	4,813,393.				
줐띭	h	Total. Add lines 1a-1f			•	8,165,797.			
					Business Code	, ,			
	2 a								
jć									
ne n	b								
n S (en	C								
Jrar Se	d								
Program Service Revenue	е								
۵		All other program service							
	g	Total. Add lines 2a-2f			>				
	3	Investment income (include	ling divid	ends, intere	st, and				
		other similar amounts)				301.			301.
	4	Income from investment of	f tax-exe	mpt bond p	roceeds				
	5	Royalties							
		•		(i) Real	(ii) Personal				
	6 a	Gross rents	6a						
		Less: rental expenses	6b						
			6c						
		Net rental income or (loss)							
		Gross amount from sales of		Securities	(ii) Other				
	<i>i</i> a		···	Occurres	(ii) Other				
		assets other than inventory	7a						
	b	Less: cost or other basis							
Revenue		and sales expenses	7b						
Š.		Gain or (loss)	7c						
	d	Net gain or (loss)		<u></u>					
ther	8 a	Gross income from fundraising	-						
ŏ		including \$		of					
		contributions reported on	line 1c).	See					
		Part IV, line 18		8a					
	b	Less: direct expenses							
	С	Net income or (loss) from	fundraisi	ng events					
		Gross income from gamin		-					
		Part IV, line 19		I .					
	h	Less: direct expenses		I .					
		Net income or (loss) from							
		Gross sales of inventory, I			>				
	iu a								
		and allowances							
		Less: cost of goods sold							
\longrightarrow	С	Net income or (loss) from	sales of i	nventory					
v					Business Code				
on e	11 a								
ane	b								
Miscellaneous Revenue	С								
Λisc B	d	All other revenue							
2		Total. Add lines 11a-11d							
		Total revenue. See instruction				8,166,098.	0.	0.	301.

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).

2001	on 501(c)(3) and 501(c)(4) organizations must complete Check if Schedule O contains a respons		hi- D-+ IV		
Do i	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	170,000.	170,000.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	7,169,848.	7,169,848.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	184,068.	50,000.		134,068.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	147,292.			147,292.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	20,122.	1,997.		18,125.
11	Fees for services (nonemployees):				
а	Management				
b	Legal	5,131.			5,131.
	Accounting	19,463.		19,463.	
	Lobbying	2 222			2 222
е	Professional fundraising services. See Part IV, line 17	3,333.			3,333.
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	T 042		4 000	2 042
	column (A) amount, list line 11g expenses on Sch O.)	7,843.		4,800.	3,043.
12	Advertising and promotion	19,067.		17.050	19,067. 1,206.
13	Office expenses	19,056.		17,850.	1,206.
14	Information technology	1,777.		1,777.	
15	Royalties				
16	Occupancy	6,205.	2,031.		4,174.
17	Travel	0,205.	2,031.		4,174.
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22		2,302.		2,302.	
23 24	Other expenses. Itemize expenses not covered	2,502.		2,302.	
2 4	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A)				
_	amount, list line 24e expenses on Schedule 0.) FREIGHT TO SHIP FOOD	188,725.	188,725.		
a b		200,.200	200,.20.		
c					
d					
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	7,964,232.	7,582,601.	46,192.	335,439.
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)				
			I	<u> </u>	E 000 (2222)

Form 990 (2020) Part X Balance Sheet

		Check if Schedule O contains a response or not	e to any line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		965,141.	1	1,159,120.
	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 any current or				
		trustee, key employee, creator or founder, subst				
		controlled entity or family member of any of thes	· ·		5	
	6	Loans and other receivables from other disqualif				
	_	under section 4958(f)(1)), and persons described		6		
"	7	Notes and loans receivable, net	· · · · · · · · · · · · · · · · · · ·		7	
Assets	8	Inventories for sale or use			8	
As	9	Prepaid expenses and deferred charges			9	7,887.
	-	Land, buildings, and equipment: cost or other				,
	lou	basis. Complete Part VI of Schedule D	10a			
	h	Less: accumulated depreciation			10c	
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, line 1		12		
	13	Investments - program-related. See Part IV, line		13		
	14				14	
	15	Intangible assets Other assets. See Part IV, line 11		596,246.	15	852,466.
	16			1,561,387.	16	2,019,473.
	17	Total assets. Add lines 1 through 15 (must equal Accounts payable and accrued expenses		2,002,007.	17	2,025,270,
	18			596,246.	18	852,466.
	19	Grants payable	050,210.	19	002,100.	
	20	Deferred revenue			20	
	21	Tax-exempt bond liabilities			21	
	22	Escrow or custodial account liability. Complete F			21	
ies	22	Loans and other payables to any current or form				
Liabilities		trustee, key employee, creator or founder, subst	·		22	
Lia	22	controlled entity or family member of any of thes Secured mortgages and notes payable to unrela			23	
	23 24	Unsecured notes and loans payable to unrelated	· · · · · · · · -		24	
	25				24	
	23	Other liabilities (including federal income tax, par parties, and other liabilities not included on lines	·			
		•	, · ·		25	
	26			596,246.	26	852,466.
	20	Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, che	ck hara	330,210.	20	032,100.
S		and complete lines 27, 28, 32, and 33.	CK liefe			
ž	27			965,141.	27	967,007.
ala	28		·····	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	28	200,000.
Б	20	Net assets with donor restrictions			20	200,000.
or Fund Balances		Organizations that do not follow FASB ASC 99 and complete lines 29 through 33.	DO, CHECK HEIE			
þ	20		ľ		20	
ets	29	Capital stock or trust principal, or current funds			29	
Net Assets	30	Paid-in or capital surplus, or land, building, or eq			30	
et ⊿	31	Retained earnings, endowment, accumulated inc		965,141.	31	1,167,007.
Ž	32 33	Total liabilities and not posets/fund balances		1,561,387.	32	2,019,473.
	_ აა	Total liabilities and net assets/fund balances		1,301,307.	აა	2,010,370.

Form **990** (2020)

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	8	,166,	098.		
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,964,232				
3	Revenue less expenses. Subtract line 2 from line 1						
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		965,	141.		
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 on Schedule O)	9			0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,						
	column (B))	10	1	,167,	007.		
Pa	t 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	2a Were the organization's financial statements compiled or reviewed by an independent accountant?						
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a					
	separate basis, consolidated basis, or both:						
	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 separate	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	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 on Scho	edule O.					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit					
	Act and OMB Circular A-133?		За		х		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b				
			Form	990	(2020)		

SCHEDULE A

Department of the Treasury

Internal Revenue Service

Total

(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

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

2020

Open to Public Inspection

Name of the organization

INTERNATIONAL CARE MINISTRIES

Employer identification number 91-1886289

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

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	5,296,282.	4,272,079.	7,248,643.	9,408,023.	8,165,797.	34,390,824.
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	5,296,282.	4,272,079.	7,248,643.	9,408,023.	8,165,797.	34,390,824.
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)						2,278,184.
	Public support. Subtract line 5 from line 4.						32,112,640.
Sec	ction B. Total Support		_				
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4	5,296,282.	4,272,079.	7,248,643.	9,408,023.	8,165,797.	34,390,824.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	23.	4.	46.	272.	301.	646.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						34,391,470.
12	Gross receipts from related activities,	etc. (see instruction	ns)			12	
13	First 5 years. If the Form 990 is for the	ne organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 5	01(c)(3)	
_	organization, check this box and stop						.
	ction C. Computation of Publi						
	Public support percentage for 2020 (I					14	93.37 %
	Public support percentage from 2019					15	94.27 %
16a	33 1/3% support test - 2020. If the				4 is 33 1/3% or m	ore, check this box	
	stop here. The organization qualifies		-				
b	33 1/3% support test - 2019. If the						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test	-					
	and if the organization meets the fact					VI how the organiz	ation
	meets the facts-and-circumstances te	· ·	•				
b	10% -facts-and-circumstances test	: - 2019. If the org	anization did not c	heck a box on line	13, 16a, 16b, or 1	17a, and line 15 is 1	10% or
	more, and if the organization meets the		•		•		
	organization meets the facts-and-circu					***************************************	▶∐
18	Private foundation. If the organization	on did not check a l	oox on line 13, 16a	ı, 16b, 17a, or 17b	, check this box a	nd see instructions	

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 usalify under the tests listed below please complete Part II \

Se	ction A. Public Support	now, please comp	Diete Part II.)				
	endar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
	The value of services or facilities furnished by a governmental unit to the organization without charge						
	Total. Add lines 1 through 5						
78	a Amounts included on lines 1, 2, and 3 received from disqualified persons						
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b						
8 Se	Public support. (Subtract line 7c from line 6.) ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6 a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
k	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for th	e organization's fi	irst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3) organizatio	on,
_	check this box and stop here						>
	ction C. Computation of Publi					 	
	Public support percentage for 2020 (li			column (f))		15	<u>%</u>
	Public support percentage from 2019					16	%
	ction D. Computation of Inves			10 1 (0)		14-1	
	Investment income percentage for 20					17	<u>%</u>
	Investment income percentage from 2					18	% 7 is not
198	a 33 1/3% support tests - 2020. If the						r is flot
k	more than 33 1/3%, check this box an 33 1/3% support tests - 2019. If the	=	-				nd
	line 18 is not more than 33 1/3%, ched	ck this box and st	top here. The orga	ınization qualifies a	as a publicly suppo	orted organization	
20	Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions						

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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")? |f "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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).
- 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 line 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
За		
3b		
3с		
4a		
Tu		
4b		
40		
4c		
_		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
5.5		
9c		
30		
40-		
10a		
10b		

Par	t IV Supporting Organizations (continued)			
			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 lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sect	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one	or		
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's office	s,		
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)	,		
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supporte organization, describe how the powers to appoint and/or remove officers, 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		
	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sect	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sect	tion D. All Type III Supporting Organizations			
			Yes	No
	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
	By reason of the relationship described in line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
Sect	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
		tions)		
1 a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruc	lioris).		
b	The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (s	oo instruction	no)	
	Activities Test. Answer lines 2a and 2b below.	see iristruction	Yes	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		100	110
	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		
	Did the activities described in line 2a, above, 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		
	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" 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 Part VI the role played by the organization in this regard.

Sche	edule A (Form 990 or 990-EZ) 2020 INTERNATIONAL CARE MINISTRIES		91-1886289 Page 6	
	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust on N	lov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must		•	
Sect	tion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	tion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
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 Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 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 0.035.	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 0.85 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-functionall	y integrate	d Type III supporting orga	anization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2020

Par	't V │ Type III Non-Functionally Integrated	509(a	ı)(3) Supporting Orga	anizations _{(contin}	ued)	
Section	ion D - Distributions			•	·	Current Year
1	Amounts paid to supported organizations to accomplish	n exem	pt purposes		1	
2	2 Amounts paid to perform activity that directly furthers exempt purposes of supported					
	organizations, in excess of income from activity		2			
3	Administrative expenses paid to accomplish exempt pur	s	3			
4	Amounts paid to acquire exempt-use assets				4	
5	Qualified set-aside amounts (prior IRS approval required	l - prov	vide details in Part VI)		5	
	Other distributions (describe in Part VI). See instruction		,		6	
	Total annual distributions. Add lines 1 through 6.				7	
	Distributions to attentive supported organizations to whi	ich the	organization is responsive	;		
	(provide details in Part VI). See instructions.				8	
9	Distributable amount for 2020 from Section C, line 6				9	
	Line 8 amount divided by line 9 amount				10	
	,		(i)	(ii)		(iii)
Section	ion E - Distribution Allocations (see instructions)		Excess Distributions	Underdistributio Pre-2020	ns	Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2020 (reason	n-				
	able cause required - explain in Part VI). See instruction	ıs.				
3	Excess distributions carryover, if any, to 2020					
а	From 2015					
b	From 2016					
С	From 2017					
d	From 2018					
е	From 2019					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
h	Applied to 2020 distributable amount					
i	Carryover from 2015 not applied (see instructions)					
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2020 from Section D,					
	line 7:					
a	Applied to underdistributions of prior years					
	Applied to 2020 distributable amount					
С	Remainder. Subtract lines 4a and 4b from line 4.					
	Remaining underdistributions for years prior to 2020, if					
	any. Subtract lines 3g and 4a from line 2. For result grea	ater				
	than zero, explain in Part VI. See instructions.			I		
	Remaining underdistributions for 2020. Subtract lines 3	h				
	and 4b from line 1. For result greater than zero, explain a					
	Part VI. See instructions.	"'				
7	Excess distributions carryover to 2021. Add lines 3j					
	and 4c.					
8	Breakdown of line 7:	\neg				
	Excess from 2016					
	Excess from 2017					
	Excess from 2018					
	Excess from 2019					
	Excess from 2020					

Schedule A (Form 990 or 990-EZ) 2020

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

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

	INTERNATIONAL CARE MINISTRIES	91-1886289					
Organization ty	Organization type (check one):						
Filers of:	Section:						
Form 990 or 99	0-EZ X 501(c)(3) (enter number) organization						
	4947(a)(1) nonexempt charitable trust not treated as a private foundation						
	527 political organization						
Form 990-PF	501(c)(3) exempt private foundation						
	4947(a)(1) nonexempt charitable trust treated as a private foundation	4947(a)(1) nonexempt charitable trust treated as a private foundation					
501(c)(3) taxable private foundation							
	ganization is covered by the General Rule or a Special Rule . ction 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru	le. See instructions.					
General Rule							
	organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling try) from any one contributor. Complete Parts I and II. See instructions for determining a contributor						
Special Rules							
section any on	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.						
contrib literary	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.						
year, c is chec purpos	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year						
Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).							

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

Name of organization

Employer identification number

INTERNATIONAL CARE MINISTRIES

91-1886289

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
1	Name, address, and Zir ++	\$500,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
2		\$350,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
3		\$325,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a)	(b)	(c)	(d)		
No. <u>4</u>	Name, address, and ZIP + 4	\$450,000.	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
5		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
6		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)		

Name of organization

Employer identification number

INTERNATIONAL CARE MINISTRIES

91-1886289

Part I	Contributors (see instructions). Use duplicate copies of Part I if additi	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$\$	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
140.	Hame, address, and Zir + +	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Occupation (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Person Payroll Complete Part II for noncash contributions.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
140.	Haine, audiess, and ZIF + +		Person Payroll Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
NO.	Name, address, and ZIP + 4	S	Person Payroll Complete Part II for noncash contributions.)

Name of organization

Employer identification number

INTERNATIONAL CARE MINISTRIES

91-1886289

Part II	NOTICASTI Property (see instructions). Use duplicate copies of Part II if a	additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
7	FOOD		
7			
		\$\$.	01/01/21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Name of o	organization			Employer identification number			
INTERNAT	FIONAL CARE MINISTRIES			91-1886289			
Part III	Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional	a) through (e) and the following line charitable, etc., contributions of \$1,000	e entry. For organizations				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(0	d) Description of how gift is held			
		(e) Transfer of	gift				
	Transferee's name, address, a	nd ZIP + 4	Relationship	o of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(0	d) Description of how gift is held			
		(e) Transfer of	gift				
	Transferee's name, address, a	Relationship	o of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(0	d) Description of how gift is held			
	(e) Transfer of gift						
	Transferee's name, address, a	nd ZIP + 4	Relationship	o of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(0	d) Description of how gift is held			
			_				
	(e) Transfer of gift						
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee				

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

INTERNATIONAL CARE MINISTRIES

Employer identification number

91-1886289

Pai			or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line		(b) Funds and other accounts
	Tatal accept as and of case	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year	uiting that the assets held in dense advis	ad funda
5	Did the organization inform all donors and donor advisors in w	-	
6	are the organization's property, subject to the organization's education inform all grantees, donors, and donor actions are the organization inform all grantees, donors, and donor actions are the organization inform all grantees, donors, and donor actions are the organization inform all grantees, donors, and donor actions are the organization inform all grantees, donors, and donor actions are the organization inform all grantees, donors, and donor actions are the organization inform all grantees.		
6	for charitable purposes and not for the benefit of the donor or		
	• •	donor advisor, or for any other purpose	
Pai			
1	Purpose(s) of conservation easements held by the organization		are iv, into 7.
•	Preservation of land for public use (for example, recreat	`	f a historically important land area
	Protection of natural habitat	· —	f a certified historic structure
	Preservation of open space	i reservation of	ra certifica filstorie structure
2	Complete lines 2a through 2d if the organization held a qualification	ed conservation contribution in the form	of a conservation easement on the last
_	day of the tax year.	ed dendervation dentination in the form	Held at the End of the Tax Year
а	Total number of conservation easements		
b			
	Number of conservation easements on a certified historic stru		
	Number of conservation easements included in (c) acquired at		
-	listed in the National Register	•	I I
3	Number of conservation easements modified, transferred, rele		
_	year >		9
4	Number of states where property subject to conservation ease	ement is located >	
5	Does the organization have a written policy regarding the peri	•	
	violations, and enforcement of the conservation easements it	holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h		
	>		
7	Amount of expenses incurred in monitoring, inspecting, handl	ling of violations, and enforcing conserva	tion easements during the year
	> \$		
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation		
	balance sheet, and include, if applicable, the text of the footnote	ote to the organization's financial stateme	ents that describes the
	organization's accounting for conservation easements.		
Pai	t III Organizations Maintaining Collections of	Art, Historical Treasures, or Ot	her Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958	3, not to report in its revenue statement a	and balance sheet works
	of art, historical treasures, or other similar assets held for public	lic exhibition, education, or research in fu	urtherance of public
	service, provide in Part XIII the text of the footnote to its finance	cial statements that describes these item	ns.
b	If the organization elected, as permitted under FASB ASC 958	3, to report in its revenue statement and I	palance sheet works of
	art, historical treasures, or other similar assets held for public $% \left(1\right) =\left(1\right) \left(1\right) $	exhibition, education, or research in furth	nerance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
			> \$
2	If the organization received or held works of art, historical trea	sures, or other similar assets for financia	l gain, provide
	the following amounts required to be reported under FASB AS	_	
а	Revenue included on Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		\$

	LL D (F. 000) 0000 TMMEDNAMT	ONAL CARE MINISTE	TEC				91-188	6200	_	9
	rt III Organizations Maintaining			orical Tro	acurec or	Other S			<u> </u>	age 2
_								• (conti	nued)	
3	Using the organization's acquisition, acces	ision, and other records	s, check	any or the	iollowing that i	nake signi	ilcant use of its			
	collection items (check all that apply):				la a a a a a a a a a a a a a a a a a a	_				
a		d			hange progran					
b	′	е		Otner						
C				6				VIII		
4	Provide a description of the organization's							XIII.		
5	During the year, did the organization solicit							٦.,		٦
Dai	to be sold to raise funds rather than to be r							<u>Yes</u>		No
Fai	reported an amount on Form 990, F		ete if the	e organizatio	n answered "Y	es" on Fo	rm 990, Part IV,	line 9, or		
_										
па	Is the organization an agent, trustee, custo							7		٦
	on Form 990, Part X?							Yes		_ No
b	If "Yes," explain the arrangement in Part XI	II and complete the fol	lowing 1	able:						
	5							Amour	it	
							1c			
	Additions during the year						1d			
_	Distributions during the year						1e			
f	9							7		7
	Did the organization include an amount on					•		Yes		∐ No □
	rt V Endowment Funds. Complet									
	Complet	(a) Current year		Prior year	(c) Two years		Three years back	(e) Fou	r voore	hack
10	Beginning of year balance	·	(D)	Tioi yeai	(C) TWO years	Dack (u)	Tillee years back	(e) 1 0u	i years	Dack
	Contributions Net investment earnings, gains, and losses									
d	1									
-	Other expenditures for facilities									
	and programs									
	Administrative expenses									
g 2	End of year balance Provide the estimated percentage of the cu	•	/line 1	a column (o) bold oo:			1		
	Board designated or quasi-endowment	•	ov (III le T	y, coluitiii (a)) Helu as.					
	Permanent endowment	%								
	Term endowment									
·	The percentages on lines 2a, 2b, and 2c sh	_								
32	Are there endowment funds not in the post	•	tion the	it are held ar	nd administere	d for the o	rganization			
Ja	by:	session of the organiza	מוטוז נוופ	it are rielu ai	id administere		rgariizatiori		Yes	No
	(i) Unrelated organizations							3a(i)	163	140
	(ii) Related organizations							3a(ii)		
h	If "Yes" on line 3a(ii), are the related organi							3b		
4	Describe in Part XIII the intended uses of the							_ GD		
Par	rt VI Land, Buildings, and Equip		WITICITE	urius.						
	Complete if the organization answe		. Part I\	/. line 11a S	See Form 990	Part X. line	e 10.			
	Description of property	(a) Cost or o			or other	(c) Accu		(d) Boo	ık valı	е
	2000 I property	basis (investn			(other)		ciation	(4) 500	vaiu	-
1a	Land	 	,		. ,					
	Leasehold improvements									
-										

0. Schedule D (Form 990) 2020

e Other.

d Equipment

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

Part VII	Investments - Other Securities.			
	Complete if the organization answered "Yes"			
	ption of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
	ial derivatives			
	held equity interests			
(3) Other				
(A)				
(B)				
(C)				
<u>(D)</u>				
<u>(E)</u>				
(F)				
(G)				
(H)	(h) must squal Form 000 Port V sol (P) line 10)			
Part VIII	(b) must equal Form 990, Part X, col. (B) line 12.) Investments - Program Related.			
i dit viii	_	are Farmer 000. Don't IV. line	11 - Car Faura 000 Bart V line 10	
	Complete if the organization answered "Yes" (a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-vear market value
	(a) Description of investment	(b) Book value	(c) Wethod of Valuation. Cost of en	u-or-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
<u>(8)</u> (9)				
	(b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.			
	Complete if the organization answered "Yes"	on Form 990. Part IV. line	11d. See Form 990. Part X. line 15.	
		Description		(b) Book value
(1) GI	FTS-IN-KIND SUPPLIES ON HAND	·		852,466.
(2)				·
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colu	umn (b) must equal Form 990, Part X, col. (B) line	e 15.)		852,466.
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	5.
1.	(a) Description of liability			(b) Book value
(1) Fed	deral income taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colu	umn (b) must equal Form 990, Part X, col. (B) line	e 25.)	>	
-	y for uncertain tax positions. In Part XIII, provide		_	
organiz	zation's liability for uncertain tax positions under	FASB ASC 740. Check he	ere if the text of the footnote has been pr	rovided in Part XIII

Schedule D (Form 990) 2020

 Total revenue, gains, and 	other support per audited financial statements			1	8,420,581
2 Amounts included on line	e 1 but not on Form 990, Part VIII, line 12:				, , , , , , , , , , , , , , , , , , , ,
	ses) on investments	2a			
	e of facilities		254,483.		
	grants		,		
d Other (Describe in Part X		اما			
e Add lines 2a through 2d	,			2e	254,483
•	-1			3	8,166,098
	rm 990, Part VIII, line 12, but not on line 1:				
a Investment expenses not	included on Form 990, Part VIII, line 7b	4a			
	III.)				
A 1 1 12 A 1 A 1				4c	0
5 Total revenue. Add lines	3 and 4c. (This must equal Form 990. Part I. line 12.)		5	8,166,098
Part XII Reconciliation	n of Expenses per Audited Financial St	atements With E	xpenses per F	leturn.	
Complete if the or	ganization answered "Yes" on Form 990, Part IV, lir	ne 12a.			
Total expenses and losse	es per audited financial statements			1	8,218,715
	e 1 but not on Form 990, Part IX, line 25:				
a Donated services and use	e of facilities	2a	254,483.		
		l I			
	III.)				
e Add lines 2a through 2d				2e	254,483
	1			3	7,964,232
	rm 990, Part IX, line 25, but not on line 1:				
a Investment expenses not	included on Form 990, Part VIII, line 7b	4a			
b Other (Describe in Part X	III.)	4b			
c Add lines 4a and 4b				4c	0
5 Total expenses. Add lines Part XIII Supplemental	s 3 and 4c. (This must equal Form 990. Part I. line 1	8.)		5	7,964,232
nes 2d and 4b; and Part XII, lir	nes 2d and 4b. Also complete this part to provide a	ny additional informa	tion.		

SCHEDULE F (Form 990)

Department of the Treasury

Internal Revenue Service

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.

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

2020
Open to Public Inspection

Name of the organization

Employer identification number

INTERNATIONAL CARE MINISTRIES 91-1886289 General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b. 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, X Yes the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (b) Number of (e) If activity listed in (d) (c) Number of (d) Activities conducted in the region (f) Total (a) Region employees, agents, and expenditures offices (by type) (such as, fundraising, prois a program service, for and in the region gram services, investments, grants to describe specific type independent investments contractors recipients located in the region) of service(s) in the region in the region in the region PROVIDE CHARITY WORK IN THE FORM OF SUPPORT. TRAINING AND RESOURCES. EAST ASIA AND THE PACIFIC 0 0 PROGRAM SERVICES FOOD, MEDICAL CLINICS 188,725. EAST ASTA AND THE PACIFIC 0 0 GRANTS TO RECIPIENTS 7,065,743. CENTRAL AMERICA AND THE CARIBBEAN 104,105. 0 0 GRANTS TO RECIPIENTS

And 3b) 0 0 0 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

SEE PART V FOR COLUMN (E) DESCRIPTIONS

0

0

0

0

Schedule F (Form 990) 2020

7,358,573.

7,358,573.

0.

3 a Subtotal ______ **b** Total from continuation

sheets to Part I

Totals (add lines 3a

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			TO FREE THE POOREST					
			OF THE POOR IN THE					
		EAST ASIA AND THE	PHILIPPINES FROM					
			PHYSICAL, EMOTIONAL &	2,375,000.	WIRE TRANSFER	0.		
			TO FREE THE POOREST	, ,				
			OF THE POOR IN THE					
		EAST ASIA AND THE						
			PHYSICAL, EMOTIONAL &	0.		4,690,743.	FOOD	OTHER
			TO PILOT AN					
			INTEGRATED TRAUMA AND					
			HEALING PROGRAM					
		AND THE CARIBBEAN	SERVING THE ULTRA	104,105.	WIRE TRANSFER	0.		

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

ightharpoons	

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 ac	dditional space is needed	1.					
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Schedule F (Form 990) 2020 Part IV Foreign Forms

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

Schedule F (Form 990) 2020

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

REGION: CENTRAL AMERICA AND THE CARIBBEAN

(D) PURPOSE OF GRANT: TO PILOT AN INTEGRATED TRAUMA AND HEALING PROGRAM

Part V Supplemental Info	rmation	
	required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of	
	tures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c)	
(estimated number of red	cipients), as applicable. Also complete this part to provide any additional information. See instructions.	_
SERVING THE ULTRA POOR IN GU	JATEMALA	
		_
		_
PART IV, LINE 1:		
FORM 926 IS NOT REQUIRED TO	BE FILED BECAUSE THE TRANSFER TO A FOREIGN	_
CORPORATION DOES NOT MEET TH	HE REPORTING REQUIREMENTS IN IRC SEC.	
		_
6038(A)(1)(A).		
		_
		_
		_
		_
		_
		_
		_
		_
		_
		_
		_
		_

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

➤ Attach to Form 990.

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

2020 Open to Public

Inspection

Name of the organization	a. D. T. W. T. W. T. G. T.						Employer identification number
Part I General Information on Grants a	CARE MINISTRI	LES					91-1886289
					. f		
1 Does the organization maintain records							
criteria used to award the grants or assis Describe in Part IV the organization's pro							res NC
Part II Grants and Other Assistance to					anization answered "\	Ves" on Form 990 Part	t IV line 21 for any
recipient that received more than 9	_				anization answered	103 0111 01111 000, 1 a11	TV, IIIC 21, IOI ally
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
							TO PROVIDE ASSISTANCE TO
BOOST OTHERS							FAMILIES OR INDIVIDUALS
480 MALCOLM RD NW							IN URGENT NEED WITHIN THE
VIENNA, VA 22180-4121	84-3112493	501(C)(3)	100,000.	0.			COMMUNITY.
							TO SUPPORT THE INCREASED
FEED MY STARVING CHILDREN							COSTS OF PACKAGING FOOD
401 93RD AVE NW							IN THE US FOR SENDING
COON RAPIDS, MN 55433	41-1601449	501(C)(3)	70,000.	0.			ABROAD TO THE POOR DURING
							-
							+
2 Enter total number of section 501(c)(3) a	nd government ord	ganizations listed in th	ne line 1 table				1
3 Enter total number of other organizations	s listed in the line	- 1 table					

Schedule I (Form 990) 2020 INTERNATIONAL CARE MINISTRIES 91-1886289 Page 2

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
t IV Supplemental Information. Provide the informa	tion required in Part I line	e 2: Part III. columr	(b): and any other ad	ditional information	
! I, LINE 2:	non roquires in raising in the	<u> </u>	. (2), a.i.a a.i., a.i.a		
CAREFULLY SELECTS CHARITABLE ORGANIZATION	S TO DROWING CRANT	S TO IN THE			
THEIR NEED FOR FUNDING IS ASSESSED BEFORE					
JEST PROOF OF THE USE OF THE GRANT IF NECE	SSARY. IN THE CASE	OF			
NUATING CIRCUMSTANCES LIKE THE COVID OUT	BREAK, THE USE OF	THE GRANT			
BE VALIDATED BY OBSERVING THE GRANTEE'S C	ONTINUATION OF THE	IR			
RATION.					

PART II, LINE 1, COLUMN (H):

Schedule I (Form 990) 2020

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

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.

Name of the organization INTERNATIONAL CARE MINISTRIES Employer identification number 91-1886289

Pai	TI Types of Property							
		(a)	(b)	(c)	(d)			
		Check if	Number of contributions or	Noncash contribution amounts reported on	Method of de noncash contribu		_	•
		applicable		Form 990, Part VIII, line 1g	Horicasii contribu	lion an	lourite	•
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	Х	5	122,650.	FAIR MARKET VALUI	3		
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory	Х	71	4,690,743.	FAIR MARKET VALUI	3		
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 organization	ation during	the tax year for co	ontributions				
	for which the organization completed Form 8283, Part V, Donee Acknowledgement 29						0	
							Yes	No
30a	During the year, did the organization receive by	contributio	n any property rep	orted in Part I, lines 1 throug	h 28, that it			
	must hold for at least three years from the date		l contribution, and	which isn't required to be us	sed for			
	exempt purposes for the entire holding period?					30a	\longrightarrow	Х
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?					31	Х	
32a	Does the organization hire or use third parties of	r related or	ganizations to solid	cit, process, or sell noncash				
	contributions?					32a		Х
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in co	olumn (c) foi	a type of property	for which column (a) is chec	ked,			
	describe in Part II.							

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2020

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

Inspection

Employer identification number Name of the organization INTERNATIONAL CARE MINISTRIES 91-1886289 FORM 990, PART I, LINE 6, DESCRIPTION OF VOLUNTEERS THREE VOLUNTEERS REPRESENT THE VOTING MEMBERS OF THE BOARD OF DIRECTORS 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 B, LINE 15A: THE PRESIDENT REVIEWS THE COMPENSATION OF THE CHIEF DEVELOPMENT OFFICER AND

Schedule O (Form 990 or 990-EZ) 2020	Page 2
Name of the organization INTERNATIONAL CARE MINISTRIES	Employer identification number 91–1886289
PROCESS WAS LAST PERFORMED IN NOVEMBER 2020.	•
FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:	
CA,MD,MN,NY,MO,NH,NJ,NM,NC,OR,PA,RI,SC,TN,UT,VA,WV,WI,AL,AR,FL,GA,HI,IL,KS	
KY,MA,MI	
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	
REQUEST.	