Form	ggn
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** 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)

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

Department of the Treasury Internal Revenue Service

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



AF	or th	e 2021 calendar year, or tax year beginning JUN 1, 2021 and e	ending M2	AY 31, 2022											
B c a	heck if pplicab	e: C Name of organization		D Employer identific	cation number										
	Addre chang														
	Name			91-1886289											
	Initial returr	· · · · · · · · · · · · · · · · · · ·	Room/suite	E Telephone number											
	Final returr	491 A1A BEACH BLVD.		973-216-8761											
	termii ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	7,636,096.										
	Amer returr	H(a) is this a group return													
	Applica- tion F Name and address of principal officer: DAVID SUTHERLAND for subordinates? Yes X														
	-	7498 SHERIDAN PLACE, LA PLATA, MD 20646		H(b) Are all subordinates in	cluded? Yes No										
		empt status: $X = 501(c)(3) = 501(c) () $ (insert no.) 4947(a)(1) of	r 527	If "No," attach a	list. See instructions										
		te: N/A		H(c) Group exemption	· · · · · · · · · · · · · · · · · · ·										
		organization: X Corporation Trust Association Other	L Year (of formation: 1997	State of legal domicile: WA										
Pa	rt I	Summary													
ø	1	Briefly describe the organization's mission or most significant activities:	THE POO	REST OF THE POOR											
Governance	-	FROM PHYSICAL, EMOTIONAL AND SPIRITUAL BONDAGE.													
ern	2	Check this box if the organization discontinued its operations or dispose													
Š	3	Number of voting members of the governing body (Part VI, line 1a)			3										
ن اکت	4	Number of independent voting members of the governing body (Part VI, line 1b)			3										
es	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)			4										
ivit	6	Total number of volunteers (estimate if necessary)		6	4										
Activities &		Total unrelated business revenue from Part VIII, column (C), line 12			0.										
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u> </u>		0.										
				Prior Year	Current Year										
e	8	Contributions and grants (Part VIII, line 1h)		8,165,797.	7,635,749.										
ent	9	Program service revenue (Part VIII, line 2g)		0.	0.										
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		301.	347.										
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.										
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		8,166,098.	7,636,096.										
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		7,339,848.	6,972,257.										
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.										
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		351,482.	629,165.										
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		3,333.	141,890.										
ďx		Total fundraising expenses (Part IX, column (D), line 25)													
ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		269,569.	405,094.										
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		7,964,232.	8,148,406.										
	19	Revenue less expenses. Subtract line 18 from line 12		201,866.	-512,310.										
s or			Be	ginning of Current Year	End of Year										
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		2,019,473.	1,310,603.										
t As	21	Total liabilities (Part X, line 26)		852,466.	655,906.										
		Net assets or fund balances. Subtract line 21 from line 20		1,167,007.	654,697.										
	irt II	Signature Block													
Und	er pen	Ities of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	ents, and to the best of my	knowledge and belief, it is										

true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign		Signature of officer		Date										
Here		DAVID SUTHERLAND, PRESIDENT												
		Type or print name and title												
	Prir	t/Type preparer's name	Preparer's signature	Date		Check	PTIN							
Paid	FRA	NCES OLSON	FRANCES OLSON	03/31/23 self-employe			P01228048							
Preparer		n's name 🍃 CLARK NUBER, PS			Firm's	s EIN 🕨 9:	1-1194016							
Use Only	Firn	n's address 🕨 10900 NE 4TH STREET, SUI	TE 1400											
	BELLEVUE, WA 98004 Phone no.425-454-4919													
May the I	RS d	scuss this return with the preparer shown abov	ve? See instructions				X Yes	No						
132001 12-0	9-21	132001 12-09-21 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2021)												

Form	1990 (2021) INTERNATIONAL CARE MINISTRIES 91-1886289 Page 2
	1990 (2021) 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
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 7,338,700. including grants of \$ 6,972,257.) (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 \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 7,338,700.
	- 000 (2003)

INTERNATIONAL CARE MINISTRIES Form 990 (2021) INTERNATIONAL CARE
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		x
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		x
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000		v	
45	or more? If "Yes," complete Schedule F, Parts I and IV	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	45	х	
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Δ	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	10		
47	or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	4-	v	
40	column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions	17	X	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40		x
10	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u>^</u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"	40		x
00-	complete Schedule G, Part III	<u>19</u>		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic approximation of the second secon	.		x
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		1 1

Form **990** (2021)

Form 990 (2021)	INTERNATIONAL		
Part IV	Checkl	ist of Required Schedu	ules (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		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes, " complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	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			x
~~	entity (including an employee thereof) or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>	27		
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
_	instructions for applicable filing thresholds, conditions, and exceptions):			
а		000		x
h	"Yes," complete Schedule L, Part IV	28a 28b		x
	A family member of any individual described in line 28a? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	200		
U		28c		x
29	"Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	x	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	25		
00	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		x
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		x
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		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		x
	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		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
		38	х	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	-		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b	2		

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

1c

Form	990 ((2021) INTERNATIONAL CARE MINISTRIES 91-188628	9	Р	age 5				
Par		Statements Regarding Other IRS Filings and Tax Compliance (continued)			U				
				Yes	No				
2a	Ente	er 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 2a 4							
b		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 <i>e-file</i> . See instructions.								
3a	Did t	the organization have unrelated business gross income of \$1,000 or more during the year?	3a		x				
b	lf "Ye	es," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b						
4a	At ar	ny time during the calendar year, did the organization have an interest in, or a signature or other authority over, a							
	finan	ncial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x				
b	lf "Ye	es," enter the name of the foreign country 🕨							
	See	instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).							
5a	Was	the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		x				
b	Did a	any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		x				
с	lf "Ye	es" to line 5a or 5b, did the organization file Form 8886-T?	5c						
6a	Does	s the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit							
	any o	contributions that were not tax deductible as charitable contributions?	6a		x				
b	lf "Ye	es," did the organization include with every solicitation an express statement that such contributions or gifts							
	were	e not tax deductible?	6b						
7	Orga	anizations that may receive deductible contributions under section 170(c).							
а	Did tl	he organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		x				
b	lf "Ye	es," did the organization notify the donor of the value of the goods or services provided?	7b						
с	Did t	the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required							
	to file	e Form 8282?	7c		x				
d	lf "Ye	es," indicate the number of Forms 8282 filed during the year 7d							
е	Did t	the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e						
f	Did t	the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f						
g	If the	e organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g						
h	If the	e organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h						
8	Spor	nsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the							
	spor	nsoring organization have excess business holdings at any time during the year?	8						
9	Spor	nsoring organizations maintaining donor advised funds.							
а	Did t	the sponsoring organization make any taxable distributions under section 4966?	9a						
b	Did t	the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b						
10	Sect	tion 501(c)(7) organizations. Enter:							
а	Initia	ation fees and capital contributions included on Part VIII, line 12 10a							
b	Gros	ss receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b							
11	Sect	tion 501(c)(12) organizations. Enter:							
а		ss income from members or shareholders							
b	Gros	ss income from other sources. (Do not net amounts due or paid to other sources against							
	amo	unts due or received from them.)							
12a	Sect	tion 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a						
b	lf "Ye	es," enter the amount of tax-exempt interest received or accrued during the year							
13	Sect	tion 501(c)(29) qualified nonprofit health insurance issuers.							
а	Is the	e organization licensed to issue qualified health plans in more than one state?	13a						
	Note	e: See the instructions for additional information the organization must report on Schedule O.							
b	Ente	er the amount of reserves the organization is required to maintain by the states in which the							
	orga	inization is licensed to issue qualified health plans							
С	Ente	er the amount of reserves on hand							
14a	Did t	the organization receive any payments for indoor tanning services during the tax year?	14a		X				
b		es," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b						
15	Is the	e organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or							
	exce	ess parachute payment(s) during the year?	15		x				
	lf "Ye	es," see the instructions and file Form 4720, Schedule N.							
16	Is the	e organization an educational institution subject to the section 4968 excise tax on net investment income?	16		x				
	lf "Ye	es," complete Form 4720, Schedule O.							
17	Sect	tion 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any							
	activ	vities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17						
	lf "Ye	es," complete Form 6069.							

Form	990 (2021) INTERNATIONAL CARE MINISTRIES		91-1886	289	P	age 6
Pa	t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 th	nrough	7b below, and for	ra "No" r	espon	se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.					
	Check if Schedule O contains a response or note to any line in this Part VI					X
Sec	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	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 0.					
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 a	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	e direct	supervision			
						X
4	Did the organization make any significant changes to its governing documents since the prior Form 9		s filed?		X	
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		. 5		X X
6	Did the organization have members or stockholders?			6		
<i>1</i> a	Did the organization have members, stockholders, or other persons who had the power to elect or ap					x
L	more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, st			<u>7a</u>		
D				76		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the yea			7b		
a	The governing body?	-	-	8a	х	
	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 read					
-	organization's mailing address? <i>If "Yes," provide the names and addresses on Schedule O</i>			9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re			· .		
		0.100	00009		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 ch	apters	, 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	/ befor	e filing the form?	11a	Х	
b	Describe on 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			<u>12a</u>	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			. 12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	,				
	on Schedule O how this was done			12c	X	<u> </u>
13	Did the organization have a written whistleblower policy?				X	
14	Did the organization have a written document retention and destruction policy?			14	X	
15	Did the process for determining compensation of the following persons include a review and approva	nı yanı	lependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			150	х	
a h	The organization's CEO, Executive Director, or top management official				X	
U	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			130		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent w	ith a			
iou	taxable entity during the year?			16a		х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	-	-			
	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, N	J,NM,	NC,OR,PA,RI			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	nd 990	-T (section 501(c)(3)s only)	availat	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 Sc	hedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	nflict o	f interest policy, a	nd 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 boo	ks and	l records			
	ALICE PASTERNAK - (240)349-2045					
	7498 SHERIDAN PLACE, LA PLATA, MD 20646			Eor~~	990	(2021)

Form 990 (91-1886289	Page 7
Part VII	Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compens		
	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 Comple	te this table for all persons required to be listed. Report compensation for the calendar year end	ling with or within the organization's	tax year.
 List a 	Il of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensi	ation.

 List all of the organization's current officers, directors, trustees (whether inc 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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the instructions for the order in which to list the persons above.

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

(A)	(B)	(C)						(D)	(E)	(F)
Name and title	Average	Position (do not check more than one						Reportable	Reportable	Estimated
	hours per	box, unless person is both an officer and a director/trustee)				s both	n an	compensation	compensation	amount of
	week				lirecto	or/trus	tee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or dir	e			ated		organization	(W-2/1099-MISC/	from the
	related	istee	truste		æ	bens		(W-2/1099-MISC/	1099-NEC)	organization
	organizations below	ual tru	ional		ploye	t com		1099-NEC)		and related
	line)	ndividual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) DAVID JONES	40.00	-	<u> </u>	0	\leq	Ξ	Ē			
CHIEF DEVELOPMENT OFFICER		1		x				193,700.	0.	65,000.
(2) HUGH MCNALLY	40.00									
MANAGING DIRECTOR THRU 2/22		1				x		175,000.	0.	0.
(3) SHELLEY TREBESCH	40.00									
MANAGING DIRECTOR/CHIEF OF STAFF				х				76,200.	0.	43,800.
(4) DAVID SUTHERLAND	5.00									
PRESIDENT		Х		х				0.	0.	0.
(5) BRUCE HALDORS	0.10									
SECRETARY/TREASURER		Х		Х				0.	0.	0.
(6) RANDY WILCOX	4.00									
VICE PRESIDENT		Х		x				0.	0.	0.
		•								
		-	<u> </u>		-					
	1	I	I	I		1	1	1	I	

	990 (2021) INTERNATIONAL	CARE MINIS	STR	IES						91-18	8628	9	Р	age 8
Par	t VII Section A. Officers, Directors, Trust	ees, Key Emp	loye	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)				
	(A) Name and title	(B) Average hours per week	not c unles	Pos heck i ss per	(C) osition k more than one person is both an director/trustee)			(D) Reportable compensation from	(E) Reportable compensatio from related	on d	(F) Estimated amount of other			
		(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organization (W-2/1099-MIS 1099-NEC)	SC/	fi org an	pensa rom th anizat d relat anizati	e ion ed
						_								
	Subtotal								444,900.		0.		108,	800.
	Total from continuation sheets to Part VII Total (add lines 1b and 1c)								0. 444,900.		0. 0.		108	0. 800.
2	Total number of individuals (including but no							o re	,	000 of reportable	i ;		,	
	compensation from the organization												Yes	3 No
3	Did the organization list any former officer,	director, truste	e, k	ey e	empl	oye	e, or	hig	hest compensated empl	oyee on			100	110
	line 1a? If "Yes," complete Schedule J for su											3		х
4	For any individual listed on line 1a, is the su											4	х	
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a													
	rendered to the organization? If "Yes," com											5		Х
<u>Sec</u>	tion B. Independent Contractors Complete this table for your five highest cor	nnensated ind	ene	nder	nt co	ontra	actor	rs th	nat received more than \$	100 000 of comr	hensa	tion fr	h	
	the organization. Report compensation for t		-											
	(A) Name and business	address	NO	NE					(B) Description of s	ervices	С) ompe	C) nsatio	n
2	Total number of independent contractors (in \$100,000 of compensation from the organiz		ot lin	nitec	d to f		se lis D	ted	above) who received mo	ore than				

						ARE	MINISTRIES			91-188628	9 Page 9
Pa	rt VI		Statement of Re	venu	le						
			Check if Schedule O	contai	ins a resp	onse	or note to any lin		(2)	(2)	
								(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ts S	1 a	а	Federated campaigns		1a						
ran	k		Membership dues								
fts, Gran r Amoun	c	с	Fundraising events								
Gift: lar /	C	d	Related organizations		1d						
imil	e	е	Government grants (contr	ributio	ns) 1e		132,171.				
tior sr S	f	f	All other contributions, gifts,								
Dthe			similar amounts not included				7,503,578.				
onti od (ç	-	Noncash contributions included in				3,771,709.				
<u>a</u> C	ł	h	Total. Add lines 1a-1f				Business Code	7,635,749.			
	•	_					Business Code				
/ice	28										
Serv											
m S											
ogra Re	e										
Pro	f	-	All other program service	reven	ue						
	ç		Total. Add lines 2a-2f								
	3		Investment income (includ								
			other similar amounts)				►	347.			347.
	Accente Bevenue Coner revenue Coner revenue Con		Income from investment of	of tax-	exempt b	ond p	roceeds 🕨 🕨				
	5		Royalties	··· ·····							
				1	(i) Rea	al	(ii) Personal				
	Acenter Acente		Gross rents	6a							
			Less: rental expenses	6b							
			Rental income or (loss)	6c							
			Net rental income or (loss Gross amount from sales of	5)	(i) Secur		(ii) Other				
	1 6	d	assets other than inventory	7a	(1) 00001	1100					
	ŀ	h	Less: cost or other basis	14							
e		~	and sales expenses	7b							
/ent	c	с	Gain or (loss)	7c							
Re			Net gain or (loss)			<u></u>	►				
her	8 8	а	Gross income from fundraisi	ng eve	nts (not						
₽			including \$		of						
			contributions reported on		-						
Other Revenue			Part IV, line 18								
			Less: direct expenses								
Other Revenue			Net income or (loss) from				▶				
	98	а	Gross income from gamin Part IV, line 19								
	ł	h	Less: direct expenses								
			Net income or (loss) from								
			Gross sales of inventory, I								
			and allowances			10a					
	k	b	Less: cost of goods sold								
	c	с	Net income or (loss) from	sales	of invento	ory	►				
s		_					Business Code				
∋ou:	11 a	а									ļ
lane enu	k	b									ļ
Sev	0	-	<u> </u>								ļ
Mis	C		All other revenue								
			Total. Add lines 11a-11d					7,636,096.	0.	0.	347.

Form 990 (2021) INTERNATIONAL CARE MINISTRIES
Part IX Statement of Functional Expenses

Page 10 91-1886289

	Check if Schedule O contains a response not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
<i>D,</i> 1	8b, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations		expenses	general expenses	expenses
•	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
2					
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	6,972,257.	6,972,257.		
1	Benefits paid to or for members				
5	Compensation of current officers, directors,				
,	trustees, and key employees	370,000.	120,000.		250,00
6	Compensation not included above to disqualified				
,	persons (as defined under section 4958(f)(1)) and				
	1000000000000000000000000000000000000				
,	Other salaries and wages	225,620.			225,6
3	Pension plan accruals and contributions (include				,•
-	section 401(k) and 403(b) employer contributions				
)	Other employee benefits				
,)	Payroll taxes	33,545.	6,116.		27,4
,	Fees for services (nonemployees):	,	-,		,-
а					
a b	F				
	• • • • • • • • • • • • • • • • • • •	18,869.		18,869.	
	2 E				
d		141,890.			141,8
e 4	• • •				111,0
f	Investment management fees				
g	column (A), amount, list line 11g expenses on Sch 0.)	28,150.	18,000.		10,1
2	Advertising and promotion	7,581.			7,5
		31,295.		29,893.	1,4
3	Office expenses				-,-
ŀ -	Information technology				
5	Royalties				
; ,		51,744.		27,174.	24,5
		51,711.		27,171.	21,5
	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
)	Conferences, conventions, and meetings				
)	Interest				
	Payments to affiliates				
	Depreciation, depletion, and amortization	3,322.		3,322.	
	Insurance	5,544.		5,322.	
	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount list line 24e expenses on Specific (A).				
а	amount, list line 24e expenses on Schedule 0.)	222,327.	222,327.		
a h	DONATED GOODS	41,806.	,027.		41,8
2		,000.			
с С					
d	All other expenses				
	All other expenses	8,148,406.	7,338,700.	79,258.	730,4
	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization	3,140,400.	,,550,700.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,50,4
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation. Check here Fight following SOP 98-2 (ASC 958-720)				

	INTERNATIONAL	CARE	MINISTRIES	
sot.				

		Check if Schedule O contains a response or	note to any line in this Part X		·····	
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		1,159,120.	1	654,651
	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 curren	t or former officer, director,			
		trustee, key employee, creator or founder, su	bstantial contributor, or 35%			
		controlled entity or family member of any of t	hese persons		5	
	6	Loans and other receivables from other disqu	ualified persons (as defined			
		under section 4958(f)(1)), and persons descri	bed in section 4958(c)(3)(B)		6	
s	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
¥	9			7,887.	9	46
	10a	Land, buildings, and equipment: cost or othe	r			
		basis. Complete Part VI of Schedule D	10a			
	b	Less: accumulated depreciation	10b		10c	
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, lir	ne 11		12	
	13	Investments - program-related. See Part IV, li	ne 11		13	
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11	852,466.	15	655,90	
	16	Total assets. Add lines 1 through 15 (must e		2,019,473.	16	1,310,60
	17	Accounts payable and accrued expenses		17		
	18	Grants payable	852,466.	18	655,906	
	19	Deferred revenue		19		
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Comple			21	
s	22	Loans and other payables to any current or f	ormer officer, director,			
Liabilities		trustee, key employee, creator or founder, su				
abil		controlled entity or family member of any of t		22		
Ë	23	Secured mortgages and notes payable to un		23		
	24	Unsecured notes and loans payable to unrela	ated third parties		24	
	25	Other liabilities (including federal income tax,				
		parties, and other liabilities not included on li	nes 17-24). Complete Part X			
		of Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		852,466.	26	655,906
		Organizations that follow FASB ASC 958, o	check here 🕨 🔀			
ses		and complete lines 27, 28, 32, and 33.				
and	27	Net assets without donor restrictions		967,007.	27	404,697
Ba	28	Net assets with donor restrictions		200,000.	28	250,000
D D		Organizations that do not follow FASB AS				
Ъ		and complete lines 29 through 33.				
ŗ	29	Capital stock or trust principal, or current fun	ds		29	
sets	30	Paid-in or capital surplus, or land, building, o			30	
As	31	Retained earnings, endowment, accumulated			31	
Net Assets or Fund Balances	32	Total net assets or fund balances		1,167,007.	32	654,697
~	33	Total liabilities and net assets/fund balances		2,019,473.	33	1,310,603

Form 990 (2021)

INTERNATIONAL CARE MINISTRIES

Form 990 (2021)

Form	990 (2021) INTERNATIONAL CARE MINISTRIES	91-188628	9	Pa	_{ae} 12
	rt XI Reconciliation of Net Assets				0
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	7,	636,	096.
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,	148,	406.
3	Revenue less expenses. Subtract line 2 from line 1	3	-	512,	310.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,	167,	007.
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		654,	697.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	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	X	
	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	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	000	

Form **990** (2021)

Department of the Treasury Internal Revenue Service

(Form 990)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2021
Open to Public

Inspection

-

Nan	ne of t	ne organization							identification number
Do			ATIONAL CARE MI						91-1886289
	art I	Reason for Public (ee instruction	S.	
	organ	ization is not a private found							
1		A church, convention of chu				on 170(b)(1	1)(A)(i).		
2		A school described in section							
3		A hospital or a cooperative							Ale a la constantina de la constantina
4		A medical research organiza	ation operated in col	njunction with a nospital	described	in sectio	on 170(b)(1)(A)	(III). Enter	the hospital's name,
_		city, and state:	with a banafit of a cal		or operat		veremental	ait describe	ad in
5		An organization operated for		lege of university owned	or operation	eu by a go		III describe	
~		section 170(b)(1)(A)(iv). (C				70(1-)(4)(4)	()		
6 7	X	A federal, state, or local gov	-						while described is
'		An organization that norma section 170(b)(1)(A)(vi). (C	•	mai part of its support in	om a gove	ernmentai		ie general p	
8		A community trust describe		(1)(A)(vi) (Complete Par	• II)				
9	\square	An agricultural research org				ad in coniu	unction with a	land-grant	college
9		or university or a non-land-g				-		-	-
		university:	frant college of agric			name, ony	, and state of	the college	
10		An organization that norma	Ilv receives (1) more	than 33 1/3% of its supp	ort from c	ontribution	ns membersh	in fees and	d aross receipts from
		activities related to its exem						•	•
		income and unrelated busir							-
		See section 509(a)(2). (Cor					, ,		
11		An organization organized a		ively to test for public sat	ety. See	section 50	09(a)(4).		
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform tl	he functio	ns of, or to ca	rry out the	purposes of one or
		more publicly supported or	ganizations describe	d in section 509(a)(1) o	r section &	509(a)(2).	See section &	509(a)(3).	Check the box on
	more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on 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								
а		Type I. A supporting orga	anization operated, s	upervised, or controlled	by its supp	ported org	anization(s), ty	pically by	giving
		the supported organization	on(s) the power to reg	gularly appoint or elect a	majority o	of the direc	tors or trustee	es of the su	ipporting
		organization. You must o	complete Part IV, Se	ections A and B.					
b		Type II. A supporting org	anization supervised	or controlled in connect	ion with its	s supporte	ed organizatio	n(s), by hav	ving
		control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manag	ge the supp	ported
		organization(s). You mus	-						
С		Type III functionally inte	• •					ly integrate	d with,
		its supported organization		-					
d		Type III non-functionally						-	
		that is not functionally int	0	o ,			-	an attentiv	/eness
_		requirement (see instructi		-					
е	, [Check this box if the orga					турет, турет	ii, Type iii	
f	Ente	functionally integrated, or er the number of supported o		, , , , , , , , , , , , , , , , , , , ,	0 0				
י מ		vide the following information	-	d organization(s)					
9		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	anization listed	(v) Amount of	monetary	(vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see in	structions)	support (see instructions)
- ·	- 1								
Tota	ai								l

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.)

Sei	ction A. Public Support								
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total		
1	Gifts, grants, contributions, and membership fees received. (Do not								
	include any "unusual grants.")	4,272,079.	7,248,643.	9,408,023.	8,165,797.	7,635,749.	36,730,291.		
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	4,272,079.	7,248,643.	9,408,023.	8,165,797.	7,635,749.	36,730,291.		
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)						2,432,750.		
	Public support. Subtract line 5 from line 4.						34,297,541.		
See	ction B. Total Support								
Cale	ndar year (or fiscal year beginning in) 🕨 🛛	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total		
7	Amounts from line 4	4,272,079.	7,248,643.	9,408,023.	8,165,797.	7,635,749.	36,730,291.		
8	Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties,								
	and income from similar sources	4.	46.	272.	301.	347.	970.		
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						36,731,261.		
12	Gross receipts from related activities,		,			12			
13	First 5 years. If the Form 990 is for th	•					. —		
0	organization, check this box and stop	here					▶∟		
	ction C. Computation of Public		-				02.25		
14	Public support percentage for 2021 (li		•			14	93.37 %		
15	Public support percentage from 2020					15	93.37 %		
16a	33 1/3% support test - 2021. If the o								
	stop here. The organization qualifies a		0						
b	33 1/3% support test - 2020. If the o								
4-	and stop here. The organization quali		•••						
17a	10% -facts-and-circumstances test								
	and if the organization meets the facts			-		-			
	meets the facts-and-circumstances tes	e e	•	,	•				
	b 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or								
b		-							
b	more, and if the organization meets th	e facts-and-circum	stances test, chec	k this box and st					
t 18		e facts-and-circum Imstances test. Th	stances test, chec e organization qua	k this box and ste lifies as a publicly :	supported organiz	ation			

Schedule A (Form 990) 2021 INTERNATIONAL CARE MINISTRIES Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support	<u>, prodoc comp</u>					
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 202 [.]	1 (f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7:	a Amounts included on lines 1, 2, and 3 received from disqualified persons						
I	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						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support		•	•	•	•	
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 202 [.]	1 (f) Total
9	Amounts from line 6						
10;	a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
I	• Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included on 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.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for th	-			-		
80	check this box and stop here						
	Public support percentage for 2021 (I			olumn (f))		15	04
	Public support percentage from 2020 (Public support percentage from 2020		-			16	<u> </u>
	ction D. Computation of Inves						/0
	Investment income percentage for 20			ne 13. column (f))		17	%
18						18	%
	a 33 1/3% support tests - 2021. If the					·	
	more than 33 1/3%, check this box ar 3 3 1/3% support tests - 2020. If the	nd stop here. The	organization quali	fies as a publicly s	supported organiza	tion	
	line 18 is not more than 33 1/3%, che						
20	.						

1

2

Yes

No

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")? *If* "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).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If* "Yes." *complete Part I of Schedule L (Form 990).*
- **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 on 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 on 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.)

3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a

	(Form 990) 2021	INTERNATIONAL C
Part IV	Supporting Org	anizations (continued)

INTERNATIONAL CARE MINISTRIES

Yes

1

2

No

	Yes	No
11a		
11b		
11c		
_		

Section B. Type I Supporting Organizations

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 officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove 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.	
2	Did the organization operate for the benefit of any supported organization other than the supported	

organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in

Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,

supervised, or controlled the supporting organization. Section C. Type II Supporting Organizations

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? 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 sum article argonization (a)	1		

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
3	the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described on 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	2		
	supported organizations played in this regard	3		

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method	that the organization used	to satisfy the Integral Part	Test during the year	(see instructions)
•		linal line organization used	to satisfy the integral Fart	rest during the year	1300 1130 000

- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

с		The organization supported a governmental entity.	Describe in Part VI how w	you supported a governmental entity	(see instructions).
---	--	---------------------------------------------------	---------------------------	-------------------------------------	---------------------

- 2 Activities Test. Answer lines 2a and 2b below.
- **a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? 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.
- b Did the activities described on 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.*
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- **a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "*No*" *provide details in* **Part VI.**
- **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.*

2a

2b

3a

Yes No

<u>chedul</u> e	A (Form 990) 2021 INTERNATIONAL CARE MINISTRIES			91-1886289 Pag
Part V	Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organi	zations	
1] Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on N	ov. 20, 1970 (<i>explain i</i>	n Part VI). See instruction
	All other Type III non-functionally integrated supporting organizations mu	st complete S	Sections A through E.	
ection A	A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net	short-term capital gain	1		
2 Rec	coveries of prior-year distributions	2		
B Oth	er gross income (see instructions)	3		
4 Add	l lines 1 through 3.	4		
5 Dep	preciation and depletion	5		
B Por	tion of operating expenses paid or incurred for production or			
coll	ection of gross income or for management, conservation, or			
mai	ntenance of property held for production of income (see instructions)	6		
' Oth	er expenses (see instructions)	7		
3 Adj	usted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
ection E	3 - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Agg	regate fair market value of all non-exempt-use assets (see			
inst	ructions for short tax year or assets held for part of year):			
a Ave	rage monthly value of securities	1a		
b Ave	rage monthly cash balances	1b		
c Fair	market value of other non-exempt-use assets	1c		
d Tot	al (add lines 1a, 1b, and 1c)	1d		
e Dis	count claimed for blockage or other factors			
(exc	olain in detail in Part VI):			
2 Acc	uisition indebtedness applicable to non-exempt-use assets	2		
Sub	otract line 2 from line 1d.	3		
4 Cas	h 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 Mul	tiply line 5 by 0.035.	6		
7 Rec	overies of prior-year distributions	7		
3 Min	imum Asset Amount (add line 7 to line 6)	8		
ection C	C - Distributable Amount			Current Year
1 Adji	usted net income for prior year (from Section A, line 8, column A)	1		
ente	er 0.85 of line 1.	2		
B Min	imum asset amount for prior year (from Section B, line 8, column A)	3		
1 Ente	er greater of line 2 or line 3.	4		
5 Inco	ome tax imposed in prior year	5		
6 Dis	tributable Amount. Subtract line 5 from line 4, unless subject to			
eme	ergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrated	Type III supporting or	nanization (see

instructions).

Schedule A (Form 990) 2021

132027 01-04-22

3	Administrative expenses paid to accomplish exempt purpose	3			
4	Amounts paid to acquire exempt-use assets	4			
5	Qualified set-aside amounts (prior IRS approval required - pro	5			
6	Other distributions (describe in Part VI). See instructions.	6			
7	Total annual distributions. Add lines 1 through 6.		7		
8	Distributions to attentive supported organizations to which the	e organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2021	าร	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
а	From 2016				
b	From 2017				
с	From 2018				
d	From 2019				
е	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
a	Excess from 2017				
b	Excess from 2018				
C	Excess from 2019				
d	Excess from 2020				
е	Excess from 2021				

INTERNATIONAL CARE MINISTRIES

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

1 Amounts paid to supported organizations to accomplish exempt purposes

organizations, in excess of income from activity

Amounts paid to perform activity that directly furthers exempt purposes of supported

Schedule A (Form 990) 2021

Section D - Distributions

2

Schedule A (Form 990) 2021

Current Year

1

2

Schedule A	(Form 990) 2021 INTERNATIONAL CARE MINISTRIES	91-1886289	Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a of 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; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any addition (See instructions.)	1 and 2; Part IV, Section V, Section B, line 1e; Pa	n C, art V,

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

► Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

202⁻

Employer identification number

Internal Revenue Service
Name of the organization

Organization type (check one):

Schedule B

Department of the Treasury

(Form 990)

INTERNATIONAL C	ARE MINISTRIES	91-1886289

Filers of:	Section:
Form 990 or 990-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
	501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

X 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), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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).

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

Schedule B (Form 990) (2021)

No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1		\$250,000.	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		\$475,000.	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$282,000.	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$3,670,186.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
4 (a) No.	(b) Name, address, and ZIP + 4	\$3,670,186. (c) Total contributions	Payroll Noncash X (Complete Part II for
(a)		(c)	Payroll Noncash X (Complete Part II for noncash contributions.) (d)
(a) No.		(c) Total contributions	Payroll Image: Complete Part II for noncash contributions.) (Complete Part II for noncash contributions.) (d) Type of contribution Person X Payroll Image: Complete Part II for Noncash Image: Complete Part II for

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

(b)

91-1886289

(c)

Employer identification number

(d)

123452 11-11-21

Schedule B (Form 990) (2021)

INTERNATIONAL CARE MINISTRIES

Name of organization

Part I

(a)

(a)	(b)	(c)	(d)
<u>No.</u> <u>7</u> 	Name, address, and ZIP + 4	Total contributions \$ 500,000.	Type of contribution 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
		\$	Person Payroll On Complete Part II for noncash contributions.)
(a) No.	(b)	(c) Total contributions	(d)
	Name, address, and ZIP + 4	\$	Type of contribution Person
(a)	(b)	(c)	(d)
<u>No.</u>	Name, address, and ZIP + 4	Total contributions	Type of contribution Person Payroll Noncash

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

No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Payroll (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

INTERNATIONAL CARE MINISTRIES

Name of organization

Part I

Schedule B (Form 990) (2021)

91-1886289

NTERNAT	IONAL CARE MINISTRIES	91	L-1886289
Part II	Noncash Property (see instructions). Use duplicate copies of P	art II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	FOOD		
4			
		\$3,670,186.	01/01/22
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
		φ	
(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
		—	
		(\$	

Schedule B (Form 990) (2021) Name of organization

Schedule B (Form 990) (2021)

Employer identification number

Schedule B	(Form	990)	(2021)
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ame of or	ganization		Employer identification number
NTERNAT	IONAL CARE MINISTRIES		91-1886289
Part III	Exclusively religious, charitable, etc., contribution from any one contributor. Complete columns (a) th completing Part III, enter the total of exclusively religious, cha Use duplicate copies of Part III if additional spi	rough (e) and the following line er ritable, etc., contributions of \$1,000 o	section 501(c)(7), (8), or (10) that total more than \$1,000 for the year. entry. For organizations or less for the year. (Enter this info. once.) \$
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferracia name address and	(e) Transfer of gi	
-	Transferee's name, address, and	<u></u>	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of gi	ift
-	Transferee's name, address, and	ZIP + 4	Relationship of transferor to transferee
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gi	
	Transferee's name, address, and	<u></u>	Relationship of transferor to transferee
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
—			
	T 1	(e) Transfer of gi	
-	Transferee's name, address, and	<u> </u>	Relationship of transferor to transferee

~~		Supplementa	l Einancial Statement	~		OMB No. 1545-00	347
	HEDULE D		I Financial Statement nization answered "Yes" on Form 990			2024	
(Fori	n 990)	Part IV, line 6, 7, 8, 9, 10,	11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12	, 2b.		_ ZUZ I	1
	ment of the Treasury	A	ttach to Form 990.			Open to Pub Inspection	lic
	al Revenue Service		0 for instructions and the latest inform		Employer	identification nur	mbor
Nam		INTERNATIONAL CARE MINISTRIE	S			91-1886289	nbei
Pa	rt I Organiza	ations Maintaining Donor Advised	Funds or Other Similar Funds	or Ac	counts.	Complete if the	
		n answered "Yes" on Form 990, Part IV, line				·	
			(a) Donor advised funds	()	b) Funds and	d other accounts	
1	Total number at er	nd of year					
2		f contributions to (during year)					
3		f grants from (during year)					
4		t end of year					
5		on inform all donors and donor advisors in w	riting that the assets held in donor advis	ed fund	s		
	are the organizatio	n's property, subject to the organization's e	xclusive legal control?			Yes	No
6	Did the organizatio	on inform all grantees, donors, and donor ad	visors in writing that grant funds can be	used or	nly		
	for charitable purp	oses and not for the benefit of the donor or	donor advisor, or for any other purpose	conferri	ng		
	impermissible priva	ate benefit?				Yes	No
Pa	rt II Conserva	ation Easements. Complete if the orga	anization answered "Yes" on Form 990,	Part IV,	line 7.		
1	Purpose(s) of cons	ervation easements held by the organization	n (check all that apply).				
	Preservation	of land for public use (for example, recreation	on or education)	f a histo	rically impor	tant land area	
	Protection o	f natural habitat	Preservation o	f a certif	ied historic :	structure	
	Preservation	of open space					
2	•	through 2d if the organization held a qualifie	ed conservation contribution in the form	of a con			
	day of the tax year				Held	at the End of the Tax	Year
а	Total number of co	onservation easements			2a		
b	•				2b		
с		vation easements on a certified historic struc			2c		
d		vation easements included in (c) acquired af		ure			
	listed in the Nation			l	2d		
3		vation easements modified, transferred, relea	ased, extinguished, or terminated by the	e organiz	ation during	g the tax	
	year 🕨						
4		where property subject to conservation ease					
5	•	tion have a written policy regarding the peric					۰. ר
_	,	orcement of the conservation easements it h				Yes	No
6	Staff and voluntee	r hours devoted to monitoring, inspecting, h	andling of violations, and enforcing con-	servatior	n easements	s during the year	
_		<u> </u>					
7	N .	es incurred in monitoring, inspecting, handli	ng ot violations, and enforcing conserva	tion eas	ements duri	ng the year	
_	►\$			a \ / a\ /=- · ·			
8		vation easement reported on line 2(d) above			1)		۰. ר
	and section 170(h)	(4)(B)(ii)?				Yes	No

9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the
	organization's accounting for conservation easements.

Par	t III	Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
		Complete if the organization answered "Yes" on Form 990, Part IV, line 8.
1a	If the	organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works

	of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public
	service, provide in Part XIII the text of the footnote to its financial statements that describes these items.
ь.	If the experimentation of the device of the second state of the se

b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance she	et v	vorks of
	art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of p	publ	ic service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1	▶ \$	

	(ii) Assets included in Form 990, Part X	\$	
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provid	е	
	the following amounts required to be reported under FASB ASC 958 relating to these items:		
а	Revenue included on Form 990, Part VIII, line 1	\$	
b	Assets included in Form 990, Part X	\$	

<u>d</u>	Assets included in Form 990	<u>, Part X .</u>				<u></u>
LHA	For Paperwork Reduction A	Act Notice,	see the	Instruction	ns for Form	990.

Schedule D (Form 990) 2021

132051 10-28-21

Sche		AL CARE MINISTRI					91-188		Pa	age 2
Par	t III Organizations Maintaining Co	ollections of Art,	Historical Tre	easures, or (Other S	imilar /	Assets	(continu	led)	
3	Using the organization's acquisition, accessio	n, and other records,	check any of the f	following that m	nake signi [.]	ficant us	e of its			
	collection items (check all that apply):									
а	Public exhibition	d	Loan or exc	hange program	ı					
b	Scholarly research	е	Other							
с	Preservation for future generations									
4	Provide a description of the organization's col	lections and explain h	now they further th	ne organization	s exempt	purpose	in Part	XIII.		
5	During the year, did the organization solicit or	receive donations of	art, historical treas	sures, or other :	similar ass	sets				
	to be sold to raise funds rather than to be main	intained as part of the	organization's co	llection?			🗌	Yes		No
Par	t IV Escrow and Custodial Arrang	jements. Complete	e if the organizatio	n answered "Y	es" on Fo	rm 990,	Part IV, I	ine 9, or		
	reported an amount on Form 990, Part	: X, line 21.								
1a	Is the organization an agent, trustee, custodia	n or other intermedia	ry for contribution	s or other asset	ts not incl	uded		_		_
	on Form 990, Part X?						🗆	Yes		No
b	If "Yes," explain the arrangement in Part XIII a	nd complete the follo	wing table:							
								Amount		
с	Beginning balance					1c				
d	Additions during the year					1d				
е	Distributions during the year					1e				
f	Ending balance					1f		_		
2a	Did the organization include an amount on Fo	rm 990, Part X, line 2 ⁻	1, for escrow or cu	ustodial accoun	t liability?			Yes		No
	If "Yes," explain the arrangement in Part XIII.									
Par	t V Endowment Funds. Complete if			1						
		(a) Current year	(b) Prior year	(c) Two years	back (d)	Three yea	ars back	(e) Four	years	back
1a	Beginning of year balance									
b	Contributions									
с	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curre	ent year end balance (line 1g, column (a)) held as:						
а	Board designated or quasi-endowment		%							
b	Permanent endowment	%								
с	Term endowment	6								
	The percentages on lines 2a, 2b, and 2c should	ld equal 100%.								
3a	Are there endowment funds not in the posses	sion of the organization	on that are held ar	nd administered	for the o	rganizati	on	_		
	by:								Yes	No
	(i) Unrelated organizations							3a(i)		
	(ii) Related organizations							3a(ii)		
b	If "Yes" on line 3a(ii), are the related organizat							3b		
4	Describe in Part XIII the intended uses of the									
Par	t VI Land, Buildings, and Equipme	ent.								
	Complete if the organization answered	"Yes" on Form 990, I	Part IV, line 11a. S	ee Form 990, F	Part X, line	9 10.				
	Description of property	(a) Cost or oth	er (b) Cost	t or other	(c) Accu	imulated		(d) Book	value	Э
		basis (investme	ent) basis	(other)	depre	ciation				
1a	Land									
	Buildings									
	Leasehold improvements									
d	Equipment									
	Other									
Tota	. Add lines 1a through 1e. (Column (d) must ec	ual Form 990. Part X.	column (B). line 1	0c.)						0.
	· · · · ·			-		S	chedule	D (Form	990)	2021

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

	(a) Description	(b) Book value
(1) GI	IFTS-IN-KIND SUPPLIES ON HAND	655,906.
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Co.	lumn (b) must equal Form 990, Part X, col. (B) line 15.)	655,906.
Part X	Other Liabilities.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.	
1.	(a) Description of liability	(b) Book value
(1) Fe	ederal income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...

Sche	dule D (Form 990) 2021 INTERNATIONAL CARE MINISTRIES	91-1886289	Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Ret	urn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	7,797,575.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities 2b 161,479.		
с	Recoveries of prior year grants		
d	Other (Describe in Part XIII.) 2d		
е	Add lines 2a through 2d	2e	161,479.
3	Subtract line 2e from line 1	3	7,636,096.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.) 4b		
с		4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	7,636,096.
Pa	t XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Re	eturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	8,309,885.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities 2a 161,479.		
b	Prior year adjustments 2b		
с	Other losses		
d	Other (Describe in Part XIII.) 2d		
е	Add lines 2a through 2d	2e	161,479.
3	Subtract line 2e from line 1	3	8,148,406.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.) 4b		
с		4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	8,148,406.
Pa	rt XIII Supplemental Information.		

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

T NJ00 T	THIN TOWN CAPE NTW					01 1006200	
Pa	TI General Infor		ctivities Out	side the United States. Comple	ete if the organ	91-1886289	es" on
	Form 990, Part IV				ete il the organ	Ization answered T	65 011
1			maintain record	ds to substantiate the amount of its gra	ants and other a	assistance.	
-	-	-		he selection criteria used to award the			Yes 🗌 No
2	-	ribe in Part V the	organization's p	procedures for monitoring the use of its	s grants and ot	her assistance outsi	de the
_	United States.						
3	Activities per Region. (Tr (a) Region	he following Part (b) Number of		n be duplicated if additional space is n (d) Activities conducted in the region	1	vity listed in (d)	(f) Total
	(a) negion	offices in the region	employees, agents, and independent contractors in the region	(by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	is a pro describe	gram service, specific type (s) in the region	expenditures for and investments in the region
					PROVIDE CHA	ARITY WORK IN	_
					THE FORM OF		
EAST	ASIA AND THE					ID RESOURCES,	
PACI		0	0			CAL CLINICS,	222,327.
PACI	S ASIA AND THE	0	0	GRANTS TO RECIPIENTS			6,972,257.
FACI	IFIC	0	0	SRANIS TO RECIFIENTS			0,972,237.
3 a	Subtotal	0	0				7,194,584.
	Total from continuation sheets to Part I	0	0				0.
с	Totals (add lines 3a and 3b)	0	0				7,194,584.

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.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. SEE PART V FOR COLUMN (E) DESCRIPTIONS OMB No. 1545-0047

Open to Public

Inspection

Employer identification number

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV appraisal, other)
			TO FREE THE POOREST					
			OF THE POOR FROM					
		EAST ASIA AND THE	PHYSICAL, EMOTIONAL &					
			SPIRITUAL BONDAGE	2,610,265.	WIRE TRANSFER	41,806.	DONATED JEWELRY	FMV
			TO FREE THE POOREST					
			OF THE POOR IN THE					
		EAST ASIA AND THE	PHILIPPINES FROM					
		PACIFIC	PHYSICAL, EMOTIONAL &	٥.		3,670,186.	FOOD	OTHER
			TO RUN A TRAUMA AND					
			HEALING PROGRAM					
		EAST ASIA AND THE	SERVING THE ULTRA					
		PACIFIC	POOR THAT WERE	650,000.	WIRE TRANSFER	٥.		
2 Enter total number of	recipient organization	ns listed above that are r	ecognized as charities by the f	oreign country,	recognized as a tax			
			or counsel has provided a sect			►		
	•	-			• • • • • • • • • • • • • • • • • • • •	>		

SEE PART V FOR COLUMN (D) DESCRIPTIONS

Schedule F (Form 990) 2021

INTERNATIONAL CARE MINISTRIES

91-1886289

Page 3

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

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

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? <i>If</i> "Yes," <i>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)</i>	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? <i>If</i> "Yes," <i>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)</i>	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)</i>	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? <i>If</i> "Yes," <i>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)</i>	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? <i>If</i> "Yes," <i>the organization may be required to separately file Form 5713, International Boycott Report (see</i> <i>Instructions for Form 5713; don't file with Form 990)</i>	Yes	X No

Schedule F (Form 990) 2021

Schedule F (Form 990) 2021 INTERNATIONAL CARE MINISTRIES

91-1886289 Page **5**

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 RUN A TRAUMA AND HEALING PROGRAM SERVING THE

ULTRA POOR THAT WERE IMPACTED BY TYPHOON ODETTE IN THE PHILIPPINES

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.

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

CORPORATION DOES NOT MEET THE REPORTING REQUIREMENTS IN IRC SEC.

6038(A)(1)(A).

SCHEDULE G	Suppleme	ntal Information Regarding	Func	Iraisi	ing or Gaming Ad	ctiv	ities	OMB No. 1545-0047
(Form 990)		e organization answered "Yes" on organization entered more than \$15				19,	or if the	2021
Department of the Treasury		Attach to Form 990	or Fo	rm 99	0-EZ.			Open to Public
Internal Revenue Service	► Go	o to www.irs.gov/Form990 for instr	uction	s and	the latest information	n.		Inspection
Name of the organizatio	n						Employer in	lentification number
	INTERNATIO	NAL CARE MINISTRIES					91-18862	289
	complete this par	 Complete if the organization answe t. 	ered "Y	'es" or	n Form 990, Part IV, lir	ne 1	7. Form 990-E	Z filers are not
1 Indicate whether th	e organization rais	ed funds through any of the followin	g activ	/ities.	Check all that apply.			
a 📃 Mail solicita	tions			-	overnment grants			
b X Internet and	email solicitations	s f X Solicita	tion of	gover	nment grants			
c X Phone solic	itations	g Special	fundra	aising	events			
d 🛛 In-person so								
•		or oral agreement with any individual	•	Ũ		ees,		
		art VII) or entity in connection with p			•		X Ye	
	•	viduals or entities (fundraisers) pursu	ant to	agree	ments under which the	e fur	ndraiser is to l	be
compensated at le	east \$5,000 by the	organization.	-					
	e		(iii)	Did			Amount paid	(vi) Amount paid
(i) Name and addres or entity (fund		(ii) Activity	have c	raiser ustody	(iv) Gross receipts from activity		or retained by fundraiser) to (or retained by)
or entity (idin			or cor contrib	ntrol of utions?	nom activity		ted in col. (i)	organization
MASTERWORKS - 1946	2 POWDER	DIGITAL MARKETING AND	Yes	No				
HILL PL. NE, POULS	BO, WA	FUNDRAISING VIA SOCIAL		X	16,784.		141,890	-125,106.
		1	1	1				
Total	<u></u>		<u></u>		16,784.		141,890	-125,106.
3 List all states in wh	ich the organizatio	on is registered or licensed to solicit o	contrib	utions	or has been notified i	t is e	exempt from I	registration

or licensing. AL,AK,AR,CA,CO,CT,DC,FL,GA,HI,KS,KY,ME,MD,MA,MI,MN,MS,MO,NV,NH,NJ,NM,NY,NC

ND,OH,OK,OR,PA,RI,SC,TN,UT,VA,WA,WV,WI

Schedule G	(Form 990) 2021	INTERNATIONAL CARE MINISTRIES	91-1886289	Page
Part II	Fundraising Events.	Complete if the organization answered "Yes" on Form 990, Part IV,	line 18, or reported more than \$15	,000
		outions and gross income on Form 990-FZ_lines 1 and 6b_List event		

					v 1	•
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
Revenue						
eve	1	Gross receipts				
Œ						
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
s	5	Noncash prizes				
Direct Expense	6	Rent/facility costs				
irect E	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses				
	10					
		Net income summary. Subtract line 10 from lin	ne 3, column (d)			
Pa	nrt I	II Gaming. Complete if the organization a	answered "Yes" on Form	n 990, Part IV, line 19, or r	reported more than	
		\$15,000 on Form 990-EZ, line 6a.				
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
leve						
ш.	1	Gross revenue				
S	2	Cash prizes				
xpense	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses				

	5		1				
	6	Volunteer labor	└── Yes % └── No	└── Yes % └── No	└── Yes % └── No		
	7	Direct expense summary. Add lines 2 through	5 in column (d)		►		
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)				
	Is t	ter the state(s) in which the organization conduct he organization licensed to conduct gaming ac No," explain:	· · · _	states?		Yes	No
10a		ere any of the organization's gaming licenses re	voked, suspended, or te	rminated during the tax y	/ear?	Yes	No
k) If "	Yes," explain:					

Schedule G (Form 990) 2021

Sch	iedule G (Form 990) 2021 INTE	ERNATIONAL CARE	MINISTRIES	91-188628	89	Page 3
11	Does the organization conduct gaming a	activities with nonmer	mbers?		Yes	No
			or a member of a partnership or other entity formed			
	to administer charitable gaming?				Yes	No No
13	Indicate the percentage of gaming activi	ty conducted in:		1		
						9
				13b		9
14	Enter the name and address of the perso	on who prepares the	organization's gaming/special events books and records:			
	Namo N					
	Name					
	Address 🕨					
						— .
15a	a Does the organization have a contract w	ith a third party from	whom the organization receives gaming revenue?		Yes	L No
	If "Yes " enter the amount of gaming rev	enue received by the	e organization 🕨 💲 and the amour	nt		
	of gaming revenue retained by the third					
	If "Yes," enter name and address of the					
-						
	Name 🕨					
	Address 🕨					
16	Gaming manager information:					
	Name 🕨					
	Gaming manager compensation \blacktriangleright \$					
	Description of services provided 🕨					
	Director/officer	Employee	Independent contractor			
17	Mandatory distributions:					
	-	law to make charitab	le distributions from the gaming proceeds to			
					Yes	No
ł			be distributed to other exempt organizations or spent in t			
	organization's own exempt activities dur					
Pa	rt IV Supplemental Information)n. Provide the expl	anations required by Part I, line 2b, columns (iii) and (v); ar	nd Part III, lir	nes 9, 9	9b, 10b,
			ny additional information. See instructions.			
SCH	EDULE G, PART I, LINE 2B, LIST	OF TEN HIGHEST	PAID FUNDRAISERS:			
(T)	NAME OF FUNDRAISER: MASTERWOR	KS				
<u>(</u> <u></u> ,						
(I)	ADDRESS OF FUNDRAISER: 19462	POWDER HILL PL.	NE, POULSBO, WA 98370			
(11) ACTIVITY: DIGITAL MARKETING	AND FUNDRAISING	VIA SOCIAL MEDIA.			

	F
art IV Supplemental Information (continued)	
Continued/	

SC	HEDULE J	Compen	sation Information	1	OMB No. 1	1545-004	47
(Fo	rm 990)	-	tors, Trustees, Key Employees, and Highest		20	91	
			npensated Employees answered "Yes" on Form 990, Part IV, line 23.		20		I
Depa	tment of the Treasury		Attach to Form 990.		Open to		ic
	al Revenue Service		990 for instructions and the latest information.	F aran Jawan Jalu	Inspe		
Nam	e of the organization		DIEG	Employer ide		on nur	nber
Da	rt I Question	INTERNATIONAL CARE MINIST: S Regarding Compensation	RIES	91-18	86289		
Га		s Regarding Compensation				Vee	
10	Chook the appropri	to hav(aa) if the arganization provided an	u of the following to or for a parson listed on Form	000		Yes	No
1a		line 1a. Complete Part III to provide any re	y of the following to or for a person listed on Form	990,			
	First-class or c	, , ,	X Housing allowance or residence for perso	naluca			
	Travel for com		Payments for business use of personal re-				
		ation and gross-up payments	Health or social club dues or initiation fee				
		pending account	Personal services (such as maid, chauffel				
		pending account		ir, chei)			
h	If any of the boyes	on line 1a are checked, did the organizatio	n follow a written policy regarding payment or				
D			bove? If "No," complete Part III to explain		1b	х	
2			g or allowing expenses incurred by all directors,				
2			egarding the items checked on line 1a?		2	х	
	indsiees, and onice	s, including the OLO/Executive Director, i					
3	Indicate which if ar	v of the following the organization used to	o establish the compensation of the organization's				
•			ny boxes for methods used by a related organization				
		tion of the CEO/Executive Director, but ex					
	Compensation		X Written employment contract				
	·	ompensation consultant	Compensation survey or study				
		her organizations	X Approval by the board or compensation c	ommittee			
		nor organizationo		ommittee			
4	During the year, did	any person listed on Form 990, Part VII, S	Section A, line 1a, with respect to the filing				
	organization or a re						
а		e payment or change-of-control payment?			4a		x
b		eive payment from a supplemental nonqua			41		x
с		eive payment from an equity-based compe			4c		x
	-		pplicable amounts for each item in Part III.				
	2	· · ·					
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizatio	ns must complete lines 5-9.				
5			d the organization pay or accrue any compensatio	n			
	contingent on the re						
а	The organization?				5a		x
b	Any related organiz	ation?			5b		X
		r 5b, describe in Part III.					
6	For persons listed of	n Form 990, Part VII, Section A, line 1a, di	d the organization pay or accrue any compensatio	n			
	contingent on the n	et earnings of:					
а	The organization?				6a		x
b	Any related organiz	ation?			6b		x
		r 6b, describe in Part III.					
7	For persons listed of	n Form 990, Part VII, Section A, line 1a, di	d the organization provide any nonfixed payments				
	not described on lir	es 5 and 6? If "Yes," describe in Part III $_{}$			7		x
8			crued pursuant to a contract that was subject to th				
		ption described in Regulations section 53.			. 8		x
9	If "Yes" on line 8, d	d the organization also follow the rebuttab	e presumption procedure described in				
			· · · · · · · · · · · · · · · · · · ·		9		
LHA		eduction Act Notice, see the Instruction			le J (Forn	n 990)	2021

Schedule J (Form 990) 2021

91-1886289

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

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

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

	(B) Breakdown of W	/-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) DAVID JONES	(i)	143,700.	50,000.	0.	0.	65,000.	258,700.	0.
CHIEF DEVELOPMENT OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) HUGH MCNALLY	(i)	175,000.	0.	0.	0.	0.	175,000.	0.
MANAGING DIRECTOR THRU 2/22	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 1A:

HOUSING ALLOWANCES ARE PROVIDED TO ORDAINED MINISTERS. SHELLEY TREBESCH AND

DAVID JONES WERE ENTITLED TO THIS ALLOWANCE. THE WHOLE AMOUNT OF THE

HOUSING ALLOWANCE WAS TREATED AS NON-TAXABLE COMPENSATION TO THE

RECIPIENTS.

Schedule J (Form 990) 2021

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Department of the Treasury	
Internal Revenue Service	

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

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

2021 **Open to Public** . Inspection

Name of the	organization
-------------	--------------

n				
	INTERNATIONAL	CARE	MINISTRIES	

Employer identification number
91-1886289

	INTERNATIONAL CAR	C MINISIKI	-E9		91-1000209
Par	rt I Types of Property				
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
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	X	2	59,717.	FAIR MARKET VALUE
10	Securities - Closely held stock				

9	Securities - Publicly traded	X	2		59,717.	FAIR MARKET V	VALUE		
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		56	3,6	70,186.	FAIR MARKET V	VALUE		
20	Drugs and medical supplies								
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts								
25	Other (<u>JEWELRY</u>)	Х	1		41,806.	FAIR MARKET V	VALUE		
26	Other ► ()								
27	Other ► ()								
28	Other ()								
29	Number of Forms 8283 received by the organi	ization during	the tax year for co	ontributions					
	for which the organization completed Form 82	283, Part V, D	onee Acknowledge	ement	29			0	
							_	Yes	No
30a	During the year, did the organization receive b	y contributior	n any property rep	orted in Part I, lines	s 1 throug	gh 28, that it			
	must hold for at least three years from the dat	e of the initial	contribution, and	which isn't require	d to be u	sed for			
	exempt purposes for the entire holding period	?					30 a		X
b	If "Yes," describe the arrangement in Part II.								
31	Does the organization have a gift acceptance	. ,	•	•		tions?	31	Х	
32a	Does the organization hire or use third parties	or related org	ganizations to solic	it, process, or sell	noncash			ſ	
	contributions?						32a		х
b	If "Yes," describe in Part II.								
33	If the organization didn't report an amount in c	column (c) for	a type of property	for which column	(a) is che	cked,			
	describe in Part II.								

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

Schedule M (Form 990) 2021

Part II		91-1886289	Page
	Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, a is reporting in Part I, column (b), the number of contributions, the number of items received, or a combin this part for any additional information.	and whether the organiz nation of both. Also cor	ation nplete
CHEDULE	M, PART I, COLUMN (B):		
HE NUMB	R ON LINE 9, COLUMN (B) AND LINE 25, COLUMN (B) IS THE NUMBER		
F CONTR	BUTIONS.		
HE NUMB	R OF CONTRIBUTIONS ON LINE 19, COLUMN (B) IS THE NUMBER OF		
ONTAINE	S SHIPPED AND IN TRANSIT TO THE PHILIPPINES. VIRTUALLY EVERY		
ONTAINE	CONTAINS OVER 270,000 MEALS FOR HUNGRY CHILDREN AND THEIR		
AMILIES			

SCHEDULE O	Supplemental Information to Form 990 or 990	-EZ	OMB No. 1545-0047
(Form 990)	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 Form 990-EZ. ▶ Go to www.irs.gov/Form990 for the latest information.		2021
Department of the Treasury Internal Revenue Service			Open to Public Inspection
Name of the organizatio	N INTERNATIONAL CARE MINISTRIES	Employer identification number 91-1886289	
FORM 990, PART I,	LINE 6, DESCRIPTION OF VOLUNTEERS		
THREE VOLUNTEERS F	EPRESENT THE VOTING MEMBERS OF THE BOARD OF DIRECTORS		
WHOSE HOURS OF SEF	VICE RANGE BETWEEN 5 HOURS PER WEEK TO 1 DAY PER		
QUARTER. THE OTHER	VOLUNTEER ACTS AS THE BOOKKEEPER FOR INTERNATIONAL		
CARE MINISTRIES WH	IO SERVES ABOUT 12 HOURS PER WEEK.		
FORM 990, PART VI,	SECTION A, LINE 4:		
THE BYLAWS WERE AN	IENDED AND RESTATED TO INCREASE THE BOARD SIZE.		
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 COME	PLETED FORM 990 WAS PREPARED BY AN OUTSIDE ACCOUNTING FIRM		
AND REVIEWED BY MA	NAGEMENT AND CIRCULATED TO ALL BOARD MEMBERS PRIOR TO		
FILING.			
FORM 990, PART VI,	SECTION B, LINE 12C:		
THE CONFLICT OF IN	TEREST POLICY COVERS ALL BOARD MEMBERS. THE PRESIDENT		
RECEIVES THE QUEST	IONNAIRES BACK FROM THE BOARD MEMBERS AND TO THE EXTENT		
CONFLICT OF INTERE	STS 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 V	HETHER A CONFLICT EXISTS.		

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

Employer identification number 91-1886289	

QUALIFICATIONS, AND GEOGRAPHICAL LOCATION. THE PRESIDENT ALSO CONSIDERS

ICM'S OBJECTIVES AND SHORT/LONG-TERM OUTLOOK WHEN DETERMINING COMPENSATION.

THE FINAL DETERMINATION OF COMPENSATION FOR ICM'S OFFICERS AND KEY

EMPLOYEES IS MADE BY THE PRESIDENT AND WAS LAST REVIEWED IN JANUARY 2022.

GIVEN RECENT TURNOVER, ICM EXPECTS EMPLOYEE/OFFICER COMPENSATION TO BE

MATERIALLY LOWER IN 22/23 THAN IN 21/22.

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.