Form **990**

(Rev. January 2020)

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Α	For ti	ne 2019 calen	idar year, or tax year begin	ning 4/U⊥	, 2019,	and ending	3/.	3 L	,	2020			
В	Check	if applicable:	С					D Employ	er identifi	cation number			
	Ad	ddress change	INTERACT MINISTR	IES, INC.				92-	60045	61			
	Na	ame change	31000 SE KELSO R					E Telepho			-		
	In	itial return	BORING, OR 97009					503	-668-	5571			
	\vdash	nal return/terminated						303	000	3371			
		mended return						G Gross re	anninta Š	2 001	027		
	\vdash		F Name and address of principal	l officer		l Li	(a) le this	a group retur			7.7		
	Ap	pplication pending		omcer: DALE SMIT!	H						X No		
			SAME AS C ABOVE		1 1		If "No,"	subordinates attach a list.	(see inst	ructions) Yes	No		
<u> </u>		exempt status:	X 501(c)(3) 501(c) ()◀ (insert no.)	4947(a)(1) or	527							
J	We	bsite: ► Ww	W.INTERACTMINISTE	RIES.ORG			(-)	exemption nu	ımber 🟲				
K		n of organization:	X Corporation Trust	Association Other ►	LY	ear of formation	: 1959	9 M s	state of leg	gal domicile: OR			
Pa	art I	Summar											
	1		ibe the organization's missi						S <u>A</u> R	ELIGIOUS			
ģ	ORGANIZATION ASSOCIATED WITH CHURCHES OF THE PROTESTANT FAITH.												
Activities & Governance													
Ë													
Š	2		ox ► if the organization							ets.	_		
প্ৰ	3		oting members of the gover						3				
S	4		ndependent voting members						4		7		
Ě	5 6		r of individuals employed in r of volunteers (estimate if						5 6		44		
듕	72		ed business revenue from F						7a		30		
⋖			d business taxable income						7a 7b		<u> </u>		
	D	Net unrelated	d business taxable income	TOTT TOTTI 330-1, line	33			rior Year	70	Current Ye			
	8	Contributions	s and grants (Part VIII, line	1h)				, 931, 7	110	1,943			
ne	9		vice revenue (Part VIII, line					108,1			, 213. , 139.		
Revenue	10		ncome (Part VIII, column (A					50,3			, 139. , 410.		
Re)	11		ie (Part VIII, column (A), lir	-				1,5			, 410. , 063.		
	12		e – add lines 8 through 11				2	1,3		2,091			
	13		similar amounts paid (Part I					820,1			,334.		
	14		to or for members (Part I)	• •	-			020,1	41.	102	, 334.		
	15		er compensation, employee					701 0	7.0	700	727		
S	15					-		781,9	76.	702,	,737.		
Expenses	16a		fundraising fees (Part IX, o										
- dx	b	Total fundrais	sing expenses (Part IX, col	umn (D), line 25) ► _	4	6,253.							
Ш	17	Other expens	ses (Part IX, column (A), lir	nes 11a-11d, 11f-24e).				628,7	96.	753	,427.		
	18	Total expens	es. Add lines 13-17 (must e	equal Part IX, column	(A), line 25)		2	,230,9		2,218			
	19	Revenue less	s expenses. Subtract line 1	8 from line 12				-139,1			,671.		
Jo S							Reginnin	ng of Curren		End of Ye			
anc anc	20	Total assets	(Part X, line 16)					,189,2		2,017			
Asse Bal	21		es (Part X, line 26)					229,3		184	,286.		
Net Assets Fund Balanc	22	Net assets of	r fund balances. Subtract li	ne 21 from line 20			1	•		1,833			
D	art II	Signatui		ne 21 nom me 20			1	. , 959 , 9	34.	1,033	,		
com	er penai plete. D	ities of perjury, i di eclaration of prepa	eclare that I have examined this retu arer (other than officer) is based on a	rn, including accompanying si all information of which prepa	chedules and staten rer has any knowled	nents, and to the dge.	e best of m	y knowledge	and belief	, it is true, correct	, and		
c:	~ m	Signatu	ure of officer				Da	te					
Sig He	JII	DAT	г смтти				EVECT	1TT 17E T	TDEC	TOD			
110			E SMITH r print name and title				LALCO	JTIVE I	JIKEC	10K			
			preparer's name	Preparer's signature		Date		Observation 5	7 : P	TIN			
_			•					_	<u> </u>				
Pa			L L. MORGAN, CPA	L C				self-employe	eu E	00168869			
Pro	epare e On				E 410					44554.0			
US	e Un	Firm's addr			E 410			Firm's EIN		1157146			
			•	97201				Phone no.	(503				
Ma	y the I	IRS discuss th	nis return with the preparer	shown above? (see in	nstructions)					X Yes	No		

Par	<u> </u>	X
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission:	
	INTERACT MINISTRIES IS A RELIGIOUS ORGANIZATION ASSOCIATED WITH CHURCHES	<u> OF THE </u>
	PROTESTANT FAITH.	
2	Did the organization undertake any significant program services during the year which were not listed on the prior	
	Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as mea	sured 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.	
	(0.1	
4 a	(Code:) (Expenses \$)
	EVANGELISM AND DISCIPLESHIP - CANADA - THE ORGANIZATION PROVIDES FUNDING	
	ADMINISTRATIVE SUPPORT FOR OVER 32 MISSIONARY FAMILIES WHO PROVIDE EVANG	
	DICIPLESHIP AMONG THE LEAST-REACHED PEOPLE GROUPS IN APPROXIMATELY 16 COL	MMUNITIES
	THROUGHOUT WESTERN CANADA. MINISTRIES INCLUDE YOUTH OUTREACH AND CONFERE	NCES,
	LEADERSHIP TRAINING, FRIENDSHIP EVANGELISM, BIBLE STUDIES, WORSHIP SERVI	CES, AND
	OTHER CHURCH-RELATED ACTIVITIES.	
1 h	(Code:) (Expenses \$ 537,156. including grants of \$ 22.) (Revenue \$	456.)
40		
	EVANGELISM AND DISCIPLESHIP - ALASKA - THE ORGANIZATION PROVIDES FUNDING	
	ADMINISTRATIVE SUPPORT FOR OVER 15 MISSIONARY FAMILIES WHO PROVIDE EVANG	
	DICIPLESHIP IN APPROXIMATELY 8 COMMUNITIES IN ALASKA. MINISTRIES INCLUDE	
	OUTREACH AND CONFERENCES, LEADERSHIP TRAINING, FRIENDSHIP EVANGELISM, BI	
	WORSHIP SERVICES AND OTHER CHURCH-RELATED ACTIVITIES. THE ORGANIZATION OF	
	NATIVE LEADERSHIP AND DEVELOPMENT PROGRAM IN PALMER. THE RESIDENTIAL PROGRAM	
	CUSTOMIZED FOR EACH STUDENT TO FILL THE GAPS IN THEIR TRAINING AND PREPARENT	<u>RE THEM FOR</u>
	LEADERSHIP POSITIONS IN THE NATIVE CHURCH IN ALASKA.	
4 c	(Code:) (Expenses \$ 258,192. including grants of \$ 36.) (Revenue \$	102,683.)
	SUPPORT MINISTRIES - ALASKA - THE ORGANIZATION MAINTAINS A 140 ACRE CAMP	
	IN PALMER, ALASKA TO PROVIDE CONFERENCE AND TRAINING FACILITIES FOR THE	
	AND OTHER ASSOCIATED MINISTRIES. THE FACILITY INCLUDES INDIVIDUAL HOUSES	
	MEETING ROOMS AND RECREATION SPACE, AS WELL AS AN AIRSTRIP, OFFICES AND	
	FACILITIES. THIS CAMPUS GREATLY ENAHANCES THE EVANGELISM, DISCIPLESHIP,	
	MINISTRIES OF THE ORGANIZATION AND OTHER SIMILAR ORGANIZATIONS THROUGHOU'	
	HINTOINING OF THE ONGUINTUITON WAS OTHER STRITTLY ONGUINTARITONS THROUGHOU	31VIE' -
	THE ORGANIZATION ALSO HAS A DEDICATED TEAM OF STAFF TRAINED TO PROVIDE PARTY.	A CTODAT CARE
	AND ADVANCE TRAINING STAFF MEMBERS SERVING IN DIFFICULT AND REMOTE MINIS	<u> </u>
	LOCATIONS.	
	Other program services (Describe on Schedule O.) SEE SCHEDULE O	
	(Expenses \$ 159,833. including grants of \$ 1,368.) (Revenue \$)
/I 🗚	Total program service expenses ► 1 716 089	

Form 990 (2019) INTERACT MINISTRIES, INC. 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		Χ
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If 'Yes,' complete Schedule C, Part l</i>	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If 'Yes,' complete Schedule D, Part III.</i>	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV.	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If 'Yes,' complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI.	11 a	Х	
Ł	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.	11 b		Х
c	Did the organization report an amount for investments – program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	11 c		Х
c	I 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.	11 d		Х
6	Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e	Х	
	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	11 f		Х
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII	12a	Х	
Ł	Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
t	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV.	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV	15	Х	
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If 'Yes,' complete Schedule F, Parts III and IV</i>	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions).	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II.	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.	19		Х
20a	Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20a		Х
b	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II.	21		Х

Form 990 (2019) INTERACT MINISTRIES, INC. Part IV | Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		Х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J.</i>	23		Х
24	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a	24a		Х
	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
	d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25	a 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		Х
	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? <i>If 'Yes,' complete Schedule L, Part I</i>	25b		Х
26	former officer, director, trusteé, key employee, créator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If 'Yes,' complete Schedule L, Part III.	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
i	a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If 'Yes,' complete Schedule L, Part IV	28a		Х
	b A family member of any individual described in line 28a? If 'Yes,' complete Schedule L, Part IV	28b		Х
	c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If</i> Yes,' complete Schedule L, Part IV.	28c		Х
29		29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i>	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II.	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I.	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1	34		Х
35	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance	_		
	Check if Schedule O contains a response or note to any line in this Part V		Yes	. No
1	a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			1.0
	b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	X	
BAA			1 990 ((2019

INTERACT MINISTRIES, INC.
Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

			Yes	No
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 44			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Χ	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		X
b	If 'Yes,' has it filed a Form 990-T for this year? <i>If 'No' to line 3b, provide an explanation on Schedule 0</i>	3 b		
4 a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4 a		Х
b	If 'Yes,' enter the name of the foreign country▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			**
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		X
	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
6 a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6 a		Х
b	olf 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and			
	services provided to the payor?	7 a		Х
	of Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7с		Х
d	If 'Yes,' indicate the number of Forms 8282 filed during the year	, ,		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		Χ
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899	_		
	as required?	7 g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring			
	organization have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9 a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		
	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)	12a		
	of Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		Х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If 'Yes,' complete Form 4720, Schedule O.			

MIKE HUBBARD 31000 SE KELSO ROAD

Part VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI. Section A. Governing Body and Management No Yes 1 a Enter the number of voting members of the governing body at the end of the tax year..... If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. **b** Enter the number of voting members included on line 1a, above, who are independent..... 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Χ 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?..... 3 Χ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? X Did the organization become aware during the year of a significant diversion of the organization's assets?.... 5 Χ Did the organization have members or stockholders?..... Χ 6 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?..... 7 a Χ **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?..... Χ 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?.... 8 a X X **b** Each committee with authority to act on behalf of the governing body?..... 8 b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses on Schedule Q..... 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code. Yes No 10 a Did the organization have local chapters, branches, or affiliates?..... 10 a Χ b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10 b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?..... Χ b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O Χ 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13...... 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12b Χ to conflicts?..... Χ 12c 13 Did the organization have a written whistleblower policy?..... 13 Χ Χ **14** Did the organization have a written document retention and destruction policy?..... 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X a The organization's CEO, Executive Director, or top management official...... 15 a **b** Other officers or key employees of the organization...SEE.SCHEDULE.Q..... 15 b X If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?..... 16 a X **b** If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?. 16 b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed NONE Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year. SEE SCHEDULE O State the name, address, and telephone number of the person who possesses the organization's books and records

BORING OR 97009 503-668-5571

Form 990 ((2019)	TMTFDNCT	MINISTRIES.	INC.
1 01111 990 ((2013)	TNICKACI	MINITOIKIEO'	INC.

92-6004561

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

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

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

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

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

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

		(C)								
(A) Name and title	(B) Average hours	is	both	n an o	(do not check more box, unless person an officer and a ector/trustee)			(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other
	per week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) DARYL KROEKER	1									
CHAIRMAN	0	Х		Χ				0.	0.	0.
	1	Х		Χ				0.	0.	0.
(3) REV. RAY PRIGODICH SECRETARY	10	Х		Х				0.	0.	0.
(4) CHUCK SCHAAP TREASURER	10	Х		Х				0.	0.	0.
(5) HURON CLAUS BOARD MEMBER	10	Х						0.	0.	0.
(6) REV. GALE E. VANDIEST BOARD MEMBER	10	X						0.	0.	0.
(7) REV. JACK TEETER BOARD MEMBER	10	X						0.	0.	0.
(8) DALE SMITH EXECUTIVE DIR.	<u>40</u> 0	71		Х				0.	0.	0.
(9)								<u> </u>	<u> </u>	
<u>(10)</u>										
<u>(11)</u>										
<u>(12)</u>										
(13)										
(14)										

Part VII Section A. Officers, Directors, Tru	ustees, (B)	Key	Em	plo) ()		es,	and	d Highest Com	pensated Emp	loyees	(conti	nued)
(A) Name and title	Average hours per week (list any hours	Position (do not check more box, unless person officer and a direct			sition more erson direct	is botl or/trus	h an tee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	compe	(F) ated amo of other nsation rganizat	from
	for related organiza - tions below dotted line)	individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	mer			an	d related anization	t
(15)												
<u>(16)</u>												
(17)		-										
<u>(18)</u>												
(19)												
(20)												
(21)												
(22)												
(23)												
(24)												
(25)												
1 b Subtotal							>	0.	0.			0.
c Total from continuation sheets to Part VII, Secti d Total (add lines 1b and 1c).							►	0.	0.			0.
2 Total number of individuals (including but not limited	to those I	isted	abo	ve) v	who	recei	ved			ensatio	n	0.
from the organization • 0											Yes	No
3 Did the organization list any former officer, direct on line 1a? If 'Yes,' complete Schedule J for suc	tor, truste h individu	ee, ke ial	ey eı	mple	oyee	e, or	high	nest compensated	l employee	. 3		Х
4 For any individual listed on line 1a, is the sum of the organization and related organizations greater	f reportab er than \$1	le co 50,00	mpe 00?	ensa If '}	ition ⁄ <i>es,</i>	and con	oth <i>ple</i>	er compensation te Schedule J for	from			
such individualDid any person listed on line 1a receive or accru	e comper	satio	n fr	om	anv	unre	late	ed organization or	individual			X
for services rendered to the organization? <i>If 'Yes</i> Section B. Independent Contractors	s, comple	ie St	спеа	iuie	J 10	rsuc	:пр	erson		. Э		X
Complete this table for your five highest compen compensation from the organization. Report comper	sated ind sation for	epen the c	dent alen	t cor dar :	ntra year	ctors endi	tha	t received more the vith or within the or	han \$100,000 of ganization's tax year			
(A) Name and business address							Description (of services	(C) Compensation		n	
2 Total number of independent contractors (including I \$100,000 of compensation from the organization		ited to	o tho	ose I	isted	d abo	ve)	who received more	than			

Form 990 (2019) INTERACT MINISTRIES, INC. 92-6004561 Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII..... (B) Related or exempt function revenue (D) Revenue excluded from tax under sections 512-514 (C) Unrelated business (A) Total revenue revenue Gifts, Grants ilar Amounts 1 a Federated campaigns 1 a **b** Membership dues..... 1 b **c** Fundraising events..... 1 c **d** Related organizations 1 d

ਤੂ ਵੂ	٦	Government grants (cont	ributi	ione)	1 e					
Sin.		All other contributions, g			1 6					
ITi o	•	similar amounts not incl	uded	above	1f	1,943,215.				
Contributions, Giand Other Simila	q	Noncash contributions in	nclude	ed in						
털	Ĭ	lines 1a-1f			1 g					
<u>೧೯</u>	h	Total. Add lines 1a	-1f.				1,943,215.			
<u>ne</u>						Business Code				
Ver	2 a	HOUSING IN A	LA	SKA		531110	102,683.	102,683.		
æ		SALE OF MERC				451211	456.	456.		
<u>.</u>	c									
ē	d									
S	е									
<u> </u>	f	All other program s	ervi	ce revenu						-
Program Service Revenue		Total. Add lines 2a				>	102 120			
α.	_						103,139.			
	3	Investment income (other similar amount	ınclu nte)	iding divide	ends,	interest, and	42 410			42 410
	,	Income from invest				L	42,410.			42,410.
	4									
	5	Royalties								
		_	_	(i) R	eal	(ii) Personal				
			6a							
		Less: rental expenses	6b							
		Rental income or (loss)								
	d	Net rental income of	or (lo	oss)		▶				
	7 a	Gross amount from		(i) Secu	rities	(ii) Other				
		sales of assets	7a							
	h	other than inventory Less: cost or other basis	/ a							
		and sales expenses	7b							
	c	Gain or (loss)	7c							
		Net gain or (loss).								
Ĕ	8 8	Gross income from funda (not including \$	raisin	g events						
ē		of contributions reported	l on li	ne 1c).	_					
ē		See Part IV, line 18			8	a .				
_	L	Less: direct expens			8					
Other Revenue		Net income or (loss			-	~				
0					ISING	events				
	9 a	Gross income from gami	ng ac	tivities.	_					
	١.	See Part IV, line 19			9					
		Less: direct expens				b				
	С	Net income or (loss	s) fro	om gamin	g acti	vities▶				
	10 a	Gross sales of inventory,	less							
		returns and allowances			10)a				
		Less: cost of goods			10					
	C	Net income or (loss	s) fro	om sales	of inv	entory				
Sī						Business Code				
ខ្គី ១	11 a	OTHER REVENU	JE_				3,063.	3,063.		
E Z	b	'	_							
₩ K	c	_ 								
Miscellaneous Revenue	d	OTHER REVENU								
Σ		Total. Add lines 11		d			3,063.			
-	12	Total revenue. See					2,091,827.	106,202.	0.	42,410.
BAA						L	0109L 07/31/19	100,202.	J.	Form 990 (2019)
										` '/

Part IX Statement of Functional Expenses

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

	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21			3	
2	Grants and other assistance to domestic individuals. See Part IV, line 22	1,426.	1,426.		
3	Grants and other assistance to foreign organizations, foreign governments, and for-				
_	eign individuals. See Part IV, lines 15 and 16	760,908.	760,908.		
4	Benefits paid to or for members				
5	trustees, and key employees	0.	0.	0.	0.
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	658,408.	414,112.	215,865.	28,431.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	330, 1331		===, ====	=0,10=1
9	Other employee benefits				
10	Payroll taxes	44,329.	24,794.	17,104.	2,431.
11	Fees for services (nonemployees):				
	Management				
k	Legal				
	Accounting				
	! Lobbying				
	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
_	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0.) Advertising and promotion	13,549.	3,149.	10,400.	
13	Office expenses	21,239.	8,342.	12,897.	
14	Information technology	,	- , -	,	
15	Royalties				
16	Occupancy	23,684.	19,243.	4,441.	
17	Travel	25,408.	12,086.	13,252.	70.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	17,593.	9,432.	7,561.	600.
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	42,163.	13,502.	28,661.	
23	Insurance	15,358.	8,729.	6,629.	
24	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 Schedule O.)				
a	HOUSING ALLOWANCE	290,436.	231,982.	58,454.	
	P <u>MER_REIMBURSEMENT</u>	103,308.	97,736.	5,572.	
	REPAIRS AND MAINTENANCE	53,580.	44,958.	8,622.	
	PROPERTY_TAXES	31,784.	29,257.	2,527.	
	All other expenses	115,325.	36,433.	64,171.	14,721.
25	Total functional expenses. Add lines 1 through 24e	2,218,498.	1,716,089.	456,156.	46,253.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► ☐ if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

		Check if Schedule O contains a response or note to	any line	in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash – non-interest-bearing			3,221.	1	40,432.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current or form trustee, key employee, creator or founder, substantial controlled entity or family member of any of these per	er officer I contribu rsons	, director, tor, or 35%		5	
	6	Loans and other receivables from other disqualified p	ersons (a	s defined under			
		section 4958(f)(1)), and persons described in section				6	
	7	Notes and loans receivable, net				7	
ţ	8	Inventories for sale or use				8	
Assets	9	Prepaid expenses and deferred charges			6,829.	9	11,288.
As	10 a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	1 1	1,740,073.	0,023.		
		Less: accumulated depreciation		1,290,788.	439,287.	10 c	449,285.
	11	Investments – publicly traded securities		1,739,910.	11	1,516,503.	
	12	Investments – other securities. See Part IV, line 11	1,703,310.	12	1,010,000.		
	13	Investments – program-related. See Part IV, line 11.		13			
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equal line	2,189,247.	16	2,017,508.		
	17	Accounts payable and accrued expenses			38,241.	17	17,993.
	18	Grants payable		,	18	,	
	19	Deferred revenue		5,700.	19		
	20	Tax-exempt bond liabilities			20		
es	21	Escrow or custodial account liability. Complete Part I				21	
Liabilities	22	Loans and other payables to any current or former of key employee, creator or founder, substantial contribu- controlled entity or family member of any of these pe	ficer, dire utor, or 35	ctor, trustee, 5%		22	
⊐	23	Secured mortgages and notes payable to unrelated the		_	20,189.	23	
	24	Unsecured notes and loans payable to unrelated third		<u></u>	20,109.	24	
	25	Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24). Com			165,183.	25	166,293.
	26	Total liabilities. Add lines 17 through 25			229,313.	26	184,286.
S		Organizations that follow FASB ASC 958, check here		X	223,0101		101/2001
월		and complete lines 27, 28, 32, and 33.	Ľ	-			
ā	27	Net assets without donor restrictions			1,959,934.	27	1,833,222.
Ba	28	Net assets with donor restrictions			, ,	28	,
Net Assets or Fund Balance		Organizations that do not follow FASB ASC 958, che and complete lines 29 through 33.	ck here				
ក	29	Capital stock or trust principal, or current funds				29	
ध	30	Paid-in or capital surplus, or land, building, or equipm				30	
SS	31	Retained earnings, endowment, accumulated income,		<u></u>		31	
t A	32	Total net assets or fund balances		<u> </u>	1,959,934.	32	1,833,222.
ş	33	Total liabilities and net assets/fund balances		<u></u>	2,189,247.	33	2,017,508.
							, ,

011	1956 (2015) INTERACT MINISTRIES, INC.	00043	OI		490 IL
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,	091,	327.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,	218,	498.
3	Revenue less expenses. Subtract line 2 from line 1	3		126,	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,	959,	934.
5	Net unrealized gains (losses) on investments.	5			-41.
6	Donated services and use of facilities	6			
7	Investment expenses				
8	Prior period adjustments	-			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10					
_	column (B))	10	1,	833,	222.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				🔲
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain				
	in Schedule O.				
2	a Were the organization's financial statements compiled or reviewed by an independent accountant?		2	3	X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review	ed 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?		21	X	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separ	ate			
	basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis				
	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audireview, or compilation of its financial statements and selection of an independent accountant?	Ι,	20	: X	
	If the organization changed either its oversight process or selection process during the tax year, explain				
	on Schedule O.				
3	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		_		V
			3	1	X
	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required au				
- A	or audits, explain why on Schedule O and describe any steps taken to undergo such audits				(0010)
3A	1 LLAUTEL OTZIZO		ror	11 990	(2019)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047 2019

Open to Public Inspection Department of the Treasury Internal Revenue Service ► Go to www.irs.gov/Form990 for instructions and the latest information. Name of the organization Employer identification number

INT	ER	ACT MINISTRIES, INC					92-600456	
Par	ŧΙ	Reason for Public Cha	rity Status (All or	ganizations must o	comple	te this	part.) See instruc	tions.
The o	orga	nization is not a private found	lation because it is: (For lines 1 through 12,	check o	nly one	box.)	
1		A church, convention of church	es, or association of ch	nurches described in sect	ion 1 <mark>70</mark> (b)(1)(A)	(i).	
2		A school described in section 1	70(b)(1)(A)(ii). (Attach	Schedule E (Form 990 or	990-EZ).)		
3		A hospital or a cooperative h	ospital service organi	ization described in sec	tion 170	0(b)(1)(A	۸)(iii).	
4		A medical research organiza	tion operated in conju	unction with a hospital o	describe	d in sec	ction 170(b)(1)(A)(iii). E	nter the hospital's
		name, city, and state:						
5		An organization operated for section 170(b)(1)(A)(iv). (Co	the benefit of a colle mplete Part II.)	ge or university owned	or oper	ated by	a governmental unit de	escribed in
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).						
7	X	An organization that normally r in section 170(b)(1)(A)(vi). (eceives a substantial p Complete Part II.)	art of its support from a	governm	ental un	it or from the general pul	olic described
8		A community trust described	in section 170(b)(1)(A)(vi). (Complete Part I	l.)			
9		An agricultural research organi	zation described in sec	tion 170(b)(1)(A)(ix) opera	ated in c	onjunction	on with a land-grant colle	ege
		or university or a non-land-gran	nt college of agriculture	(see instructions). Enter	the nan	ne, city,	and state of the college of	or
		university:						
10		An organization that normally r from activities related to its c investment income and unre June 30, 1975. See section!	exempt functions—sub lated business taxable	e income (less section)	ns, and	(2) no	more than 33-1/3% of i	ts support from gross
11		An organization organized ar	, , , , ,	•	etv See	section	1 509(a)(4).	
12		An organization organized ar						it the nurnoses of one
		or more publicly supported o	rganizations describe	d in section 509(a)(1) d	r sectio	n 509(a)(2). See section 509(a	(3). Check the box in
		lines 12a through 12d that de						
а		Type I. A supporting organization organization (s) the power to re complete Part IV, Sections A	gularly appoint or elect	d, or controlled by its sup a majority of the director	ported or rs or trus	organizat stees of	ion(s), typically by giving the supporting organizati	i the supported on. You must
b		7		ambrallad in agmaadian	مان مالانيي		had avaamimatiam(a) hu	havina aantual au
D	_	Type II. A supporting organiz management of the supporting must complete Part IV, Section	organization vested in ions A and C.	the same persons that co	ontrol or	manage	the supported organizat	ion(s). You
С	L	Type III functionally integrated organization(s) (see instructi	. A supporting organizat ons). You must com	ion operated in connection of the Part IV, Sections A	n with, ai A, D, an	nd functi d E.	onally integrated with, its	supported
d		Type III non-functionally integrated. The cinstructions). You must com	organization generally	must satisfy a distribu	nection tion req	with its s uiremen	supported organization(s t and an attentiveness) that is not requirement (see
е		Check this box if the organiz	ation received a writte	en determination from t	he IRS	that it is	s a Type I, Type II, Typ	e III functionally
	_	integrated, or Type III non-funter the number of supported of						
f		rovide the following information	. 3					
		ame of supported organization	(ii) EIN	(iii) Type of organization	C A I	- 41	(v) Amount of monetary	(vi) Amount of other
	(I) IN	ame of supported organization	(II) EIN	(described on lines 1-10 above (see instructions))	organizat	s the tion listed poverning ment?	support (see instructions)	support (see instructions)
					Yes	No		
-								
(A)								
(B)								
(C)								
<u> </u>								
(D)								
<u> </u>								
<u>(E)</u>								
Total								

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

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

Sec	tion A. Public Support						
begi	ndar year (or fiscal year nning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	2,307,473.	1,933,429.	2,040,055.	1,931,710.	1,943,215.	10,155,882.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4 5	Total. Add lines 1 through 3 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)	2,307,473.	1,933,429.	2,040,055.	1,931,710.	1,943,215.	10,155,882.
6	Public support. Subtract line 5 from line 4						10,155,882.
Sec	tion B. Total Support						
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	2,307,473.	1,933,429.	2,040,055.	1,931,710.	1,943,215.	10,155,882.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	136,644.	60,937.	83,015.	50,333.	42,369.	373,298.
9	Net income from unrelated business activities, whether or not the business is regularly carried on	,	,	,	,	,	0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).						0.
	Total support. Add lines 7 through 10						10,529,180.
12	Gross receipts from related activ	vities, etc. (see ins	structions)			12	506,325.
13	First five years. If the Form 990 is organization, check this box and	for the organization	n's first, second, th	ird, fourth, or fifth	tax year as a section	on 501(c)(3)	▶ □
Sec	tion C. Computation of Pu	blic Support P	ercentage				
14	Public support percentage for 20						96.45 %
	Public support percentage from					<u> </u>	95.67 %
16a	33-1/3% support test—2019. If t and stop here. The organization	he organization di qualifies as a pul	id not check the bolicly supported o	oox on line 13, an rganization	d line 14 is 33-1/3	3% or more, checl	k this box
b	33-1/3% support test—2018. If the and stop here. The organization	ne organization did n qualifies as a pu	d not check a box blicly supported c	on line 13 or 16a	a, and line 15 is 3	3-1/3% or more, o	check this box
17a	10%-facts-and-circumstances te or more, and if the organization the organization meets the 'facts	meets the 'facts-a	and-circumstance	s' test, check this	box and stop her	r e. Explain in Part	t VI how
	10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-an Private foundation. If the organi	meets the 'facts-a d-circumstances'	and-circumstance test. The organiza	s' test, check this ation qualifies as	box and stop he a publicly support	re. Explain in Part ed organization.	t VI how the
.0	i iivate iouiiuation. Ii tile organi	2411011 414 1101 6116	on a box on mile	15, 16a, 16b, 17a	, or ive, check th	is box and see III:	Ju action 3

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.)

Sec	tion A. Public Support		prodes semprete .	<u> </u>			
Calend	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	•	.,	•	.,	,	
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.						
3	Gross receipts from activities that are not an unrelated trade or business under section 513.						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	tion B. Total Support		1		T		
	dar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
	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 in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).						
	Total support. (Add lines 9, 10c, 11, and 12.)						
	First five years. If the Form 990 organization, check this box and	stop here	· · · · · · · · · · · · · · · · · · ·				
	tion C. Computation of Pul						
	Public support percentage for 20	•			•		%
	Public support percentage from 2					16	%
Sec	tion D. Computation of Inv	estment Incor	ne Percentage	<u> </u>			
17	Investment income percentage for	•	• • •	-			%
18	Investment income percentage for					<u> </u>	0/0
	33-1/3% support tests—2019. If t is not more than 33-1/3%, check	this box and sto	p here. The organ	ization qualifies	as a publicly supp	orted organization	▶ ∐
	33-1/3% support tests—2018. If t line 18 is not more than 33-1/3% Private foundation. If the organization	, check this box	and stop here. The	e organization qu	ialifies as a public	ly supported organ	ization ►

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.	1		
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			
3a	described in section 509(a)(1) or (2). Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below.	2 3a		
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.	3b		
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.	3c		
4 a	Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4 a		
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.	4b		
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.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
k	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?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
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.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).	8		
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))?	0-		
t	If 'Yes,' provide detail in Part VI . Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in Part VI .	9a 9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in Part VI .	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes,' answer 10b below.	10a		
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.)	10b		

Page 5

Pa	rt IV	Supporting Organizations (continued)			
				Yes	No
		the organization accepted a gift or contribution from any of the following persons?			
•	a A pers gover	rson who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the rning body of a supported organization?	11a		
- 1	b A fan	nily member of a person described in (a) above?	11b		
	c A 359	% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI.	11c		
Sec	ction I	B. Type I Supporting Organizations			
				Yes	No
1	or ele Part If the direct	ne directors, trustees, or membership of one or more supported organizations have the power to regularly appoint ext at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. It is organization had more than one supported organization, describe how the powers to appoint and/or remove extors or trustees were allocated among the supported organizations and what conditions or restrictions, if any,			
		ied to such powers during the tax year.	1		
2	that o	the organization operate for the benefit of any supported organization other than the supported organization(s) operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such fit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the orting organization.	2		
Sec	ction (C. Type II Supporting Organizations			
				Yes	No
1	of ea	a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees ich of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of the orting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Sec	tion I	D. All Type III Supporting Organizations			
				Yes	No
1	orgar	he organization provide to each of its supported organizations, by the last day of the fifth month of the nization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
		nization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were organ the o	e any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported nization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	voice all tin	eason of the relationship described in (2), did the organization's supported organizations have a significant in the organization's investment policies and in directing the use of the organization's income or assets at mes during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played is regard.	3		
Sec		E. Type III Functionally Integrated Supporting Organizations			l
		71 7 9 11 3 3			
1		k the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
;	a∐⊺	The organization satisfied the Activities Test. Complete line 2 below.			
I	b ∐ ⊺	The organization is the parent of each of its supported organizations. Complete line 3 below.			
•	c \prod T	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in	ารtruc	tions).	
2	Activi	ities Test. Answer (a) and (b) below.	ŀ	Yes	No
;	suppo orgai respo	substantially all of the organization's activities during the tax year directly further the exempt purposes of the orted organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported nizations and explain how these activities directly furthered their exempt purposes, how the organization was onsive to those supported organizations, and how the organization determined that these activities constituted			
	subst	tantially all of its activities.	2a		
١	the o	he activities described in (a) constitute activities that, but for the organization's involvement, one or more of organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for			
		organization's position that its supported organization(s) would have engaged in these activities but for the nization's involvement.	2b		
3	Parer	nt of Supported Organizations. Answer (a) and (b) below.			
;		he organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of of the supported organizations? <i>Provide details in Part VI.</i>	3a		
1		ne organization exercise a substantial degree of direction over the policies, programs, and activities of each of its orted organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard.	3b		

Sch	edule A (Form 990 or 990-EZ) 2019 INTERACT MINISTRIES, INC.			04561 Page
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	janizat	ions	
1	Check here if the organization satisfied the Integral Part Test as a qualifying tru instructions. All other Type III non-functionally integrated supporting organization	st on No	ov. 20, 1970 (explain ir st complete Sections A	Part VI). See through E.
Sec	tion A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
_ 7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sec	tion B — Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	t		
	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	d Total (add lines 1a, 1b, and 1c)	1d		
-	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	ction C — Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally int (see instructions).	tegrated	Type III supporting or	ganization

Schedule A (Form 990 or 990-EZ) 2019

Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)	
Sec	tion D – Distributions	Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in Part VI). See instructions.	
7	Total annual distributions. Add lines 1 through 6.	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9	Distributable amount for 2019 from Section C, line 6	
10	Line 8 amount divided by line 9 amount	

Section E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required — explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			
DAA		Schodulo A (Fo	rm 990 or 990 E7) 2019

BAA

Schedule A (Form 990 or 990-EZ) 2019

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

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection
Employer identification number

	INTERACT MINISTRIES, INC.			92-6004561	
Par	TI Organizations Maintaining Dono	or Advised Funds or Other	Similar Fund	ls or Accounts.	
	Complete if the organization answ		·		
_	T	(a) Donor advised fund	ds	(b) Funds and other acco	ounts
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and dor are the organization's property, subject to the	nor advisors in writing that the ass organization's exclusive legal cor	sets held in done ntrol?	or advised funds	No
6	Did the organization inform all grantees, dono for charitable purposes and not for the benefit impermissible private benefit?	t of the donor or donor advisor, or	for any other p	urpose conferring	□No
Par	<u>-</u>				
ı aı	Complete if the organization answers	wered 'Yes' on Form 990. F	Part IV. line 7		
1	Purpose(s) of conservation easements held by			•	
	Preservation of land for public use (for example)	,	<u></u> ,,	n of a historically important lan	d area
	Protection of natural habitat	,	Preservation	n of a certified historic structure	Э
	Preservation of open space				
2	Complete lines 2a through 2d if the organization hast day of the tax year.	neld a qualified conservation contribu	ution in the form	of a conservation easement on the	ne
				Held at the End of th	e Tax Year
•	a Total number of conservation easements			·	
ı	Total acreage restricted by conservation ease	ments		. 2b	
•	Number of conservation easements on a certification	fied historic structure included in	(a)	. 2c	
(Number of conservation easements included in structure listed in the National Register	n (c) acquired after 7/25/06, and i	not on a historic	2 d	
3	Number of conservation easements modified, trar tax year ►	nsferred, released, extinguished, or t	terminated by the	organization during the	_
4	Number of states where property subject to conse	ervation easement is located >			
5	Does the organization have a written policy re and enforcement of the conservation easemer				□No
6	Staff and volunteer hours devoted to monitoring, i				
7	Amount of expenses incurred in monitoring, inspe	ecting, handling of violations, and er	nforcing conservat	tion easements during the year	
	► \$				
8	Does each conservation easement reported or and section 170(h)(4)(B)(ii)?	n line 2(d) above satisfy the requi	rements of secti	ion 170(h)(4)(B)(i) Yes	No
9	In Part XIII, describe how the organization repinclude, if applicable, the text of the footnote conservation easements.	ports conservation easements in it to the organization's financial state	ts revenue and e tements that des	expense statement and balance scribes the organization's acco	e sheet, and unting for
Par	Organizations Maintaining Colle Complete if the organization answ	ections of Art, Historical Tre wered 'Yes' on Form 990, F	easures, or C Part IV, line 8	Other Similar Assets.	
1 a	a If the organization elected, as permitted under historical treasures, or other similar assets he Part XIII the text of the footnote to its financia	eld for public exhibition, education	, or research in	ement and balance sheet work furtherance of public service, p	s of art, provide in
ı	o If the organization elected, as permitted under historical treasures, or other similar assets held for following amounts relating to these items:	r FASB ASC 958, to report in its r or public exhibition, education, or re	revenue stateme search in furthera	ent and balance sheet works of ence of public service, provide the	art, e
	(i) Revenue included on Form 990, Part VIII,	line 1		▶\$	
	(ii) Assets included in Form 990, Part X			▶\$	
	amounts required to be reported under FASB	ASC 958 relating to these items:			
	a Revenue included on Form 990, Part VIII, line				
I	Assets included in Form 990, Part X	·		▶\$	

Part III Organizations Maintaining Coll	ections of Art, Histo	orical Treasures, o	r Other Similar As	sets (contin	ued)
3 Using the organization's acquisition, accession, items (check all that apply):	and other records, check a	ny of the following that m	nake significant use of its	s collection	
a Public exhibition	d Loan	or exchange program			
b Scholarly research	e Other				
c Preservation for future generations	_				
4 Provide a description of the organization's collect Part XIII.	ctions and explain how they	further the organization	's exempt purpose in		
5 During the year, did the organization solicit of to be sold to raise funds rather than to be more than the total	aintained as part of the c	rganization's collection	?	Yes	No
Part IV Escrow and Custodial Arrange line 9, or reported an amount or	n Form 990, Part X,	ine organization an line 21.	swered 'Yes' on F	orm 990, Pa	rt IV,
1 a Is the organization an agent, trustee, custodi on Form 990, Part X?	an or other intermediary	for contributions or oth	er assets not included	Yes	No
b If 'Yes,' explain the arrangement in Part XIII					
				Amount	
c Beginning balance			1с		
d Additions during the year			1 d		
e Distributions during the year			1e		
f Ending balance					
2a Did the organization include an amount on F			-		No
b If 'Yes,' explain the arrangement in Part XIII.	. Check here if the explai	nation has been provide	ed on Part XIII		
Part V Endowment Funds. Complete in					
(a) Currel	nt year (b) Prior yea	r (c) Two years bac	k (d) Three years back	(e) Four year	irs back
1 a Beginning of year balance					
b Contributions					
c Net investment earnings, gains,					
and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					
2 Provide the estimated percentage of the curr	ent year end balance (lir	ne 1g, column (a)) held	as:	•	
a Board designated or quasi-endowment ▶	%				
b Permanent endowment ►	%				
c Term endowment ► %					
The percentages on lines 2a, 2b, and 2c should	equal 100%.				
3 a Are there endowment funds not in the possession	on of the organization that a	are held and administered	d for the		
organization by:				Yes	No
(i) Unrelated organizations				3a(i)	
(ii) Related organizations				3a(ii)	
b If 'Yes' on line 3a(ii), are the related organization	•			3b	
4 Describe in Part XIII the intended uses of the		ent funds.			
Part VI Land, Buildings, and Equipmer		m 000 Dort IV line	110 Coo Form 0	00 Dort V 1	ino 10
Complete if the organization and					
Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book v	alue
1 a Land	` '	268,070.	acpicciation	269	3,070.
b Buildings.		1,195,740.	1,087,744.		,996.
c Leasehold improvements		1,170,140.	1,001,144.	107	, , , , , , ,
d Equipment		185,413.	112,194.	73	3,219.
e Other		90,850.	90,850.	†	0.
Total. Add lines 1a through 1e. (Column (d) must of				440	,285.
PAA		(=),		dula D (Farm 90	

Schedule D (Form 990) 2019

Part VII Investments – Other Securities.	l 'Vas' on Farm 00	N/A	00 Dort V line 12
Complete if the organization answered (a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-	
(1) Financial derivatives	(b) book value	(c) Method of Valuation. Cost of end-of-	-year market value
(2) Closely held equity interests.			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
(l)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.) •	•		
Part VIII Investments — Program Related. Complete if the organization answered	l'Voc' on Form 99	N/A O Part IV line 11c See Form 90	00 Part V lina 12
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-	of-vear market value
(1)	(S) Book value	Commission of Valuation, Cost of Grid-	Joan market value
(1)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) •			
Part IX Other Assets. Complete if the organization answered	N/A 1 'Yes' on Form 99	∖ ∩ Part IV line 11d See Form 99	0 Part X line 15
	scription	o, r are rv, line rra. oce r omi s	(b) Book value
(1)	·		•
(2)			
(3)			
(4)			
(5) (6)			
(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 15.)		
Part X Other Liabilities.		<u> </u>	
Complete if the organization answered 'Yes' on F		l1e or 11f. See Form 990, Part X, line 25.	
	ription of liability		(b) Book value
(1) Federal income taxes (2) RENTAL DEPOSIT LIABILITY			1 221
(2) RENTAL DEPOSIT LIABILITY (3) SPLIT INTEREST LIABILITY			4,224. 162,069.
(4)			102,003.
(5)			
(6)			
(7)			
(8)			
(9)			
(11)			
(11)			1.00 000
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)			166,293.
2. Liability for uncertain tax positions. In Part XIII, provide the text of the fotax positions under FASB ASC 740. Check here if the text of the footnote ha	=	· · · · · · · · · · · · · · · · · · ·	
BAA	TEEA3303L 8/22/19		ule D (Form 990) 2019
	1 LL 10000L 0122113	School	(1 01111 000) = 010

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Re	eturn.	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1 Total revenue, gains, and other support per audited financial statements	1	2,135,884.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments		
b Donated services and use of facilities		
c Recoveries of prior year grants		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d.	2 e	44,057.
3 Subtract line 2e from line 1	3	2,091,827.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b		
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b	4 c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	2,091,827.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	Retu	'n
		• • • • • • • • • • • • • • • • • • • •
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	· · · · · ·	•
	1	2,262,596.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements	1	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	1	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. 2 44,098.	1	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. 2 44,098.	1	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. 2 Donated Services and Use of facilities. 3 Donated Services and Use of facilities. 4 Donated Services and Use of facilities. 3 Donated Services and Use of facilities. 4 Donated Services and Use of facilities. 3 Donated Services and Use of facilities. 4 Donated Services and Use of facilities. 5 Donated Services and Use of facilities.	1	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.)	1	2,262,596. 44,098.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d.	1 2e	2,262,596.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. 4 a	1 2e	2,262,596. 44,098.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. b Other (Describe in Part XIII.) 4 b Other (Describe in Part XIII.)	1 2e	2,262,596. 44,098.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. b Other (Describe in Part XIII.) c Add lines 4a and 4b.	2 e 3	2,262,596. 44,098. 2,218,498.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. b Other (Describe in Part XIII.) 4 b Other (Describe in Part XIII.)	2 e 3	2,262,596. 44,098.

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 XI, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

BAA Schedule D (Form 990) 2019

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

(16)

(17)

3a Subtotal.....

b Total from continuation sheets to Part I......

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

Name of the	organization				Employer identif	ication number			
INTERACT MINISTRIES, INC.					92-60045				
Part I	General Informat on Form 990, Par		es Outside the	e United States. Complet	e if the organization	n answered 'Yes'			
1 For the	grantmakers. Does the grantees' eligibility for	e organization mai the grants or assi	intain records to s stance, and the s	substantiate the amount of its question criteria used to award	grants and other assista the grants or assistanc	ince, e? X Yes No			
	2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. PART V								
3 Acti	3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)								
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region			
(1) CANA	.DA	1		PROGRAM	EVANGELISM	760,908.			
(2) RUSS	SIA	1	3	PROGAMS AND GRANTS	EVANGELISM	97,245.			
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									

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

2

Schedule F (Form 990) 2019

858,153.

858,153.

3

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)
			CANADA	EVANGELISM		WIRE	760,908.		

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

BAA

Schedule F (Form 990) 2019

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered 'Yes' on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18) BAA						Schedule F	(Form 990) 2019

Pa	rt IV	Foreign Forms		
1	organi	ne organization a U.S. transferor of property to a foreign corporation during the tax year? If 'Yes,' the ization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign iration (see Instructions for Form 926)	Yes	X No
2	require of Cer	e organization have an interest in a foreign trust during the tax year? If 'Yes,' the organization may be ed to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt rtain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. r (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	organi	e organization have an ownership interest in a foreign corporation during the tax year? If 'Yes,' the ization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain of Corporations (see Instructions for Form 5471)	Yes	X No
4	electin Returr	he organization a direct or indirect shareholder of a passive foreign investment company or a qualified ig fund during the tax year? If 'Yes,' the organization may be required to file Form 8621, Information in by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see ctions for Form 8621).	Yes	X No
5	organi	e organization have an ownership interest in a foreign partnership during the tax year? If 'Yes,' the ization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign erships (see Instructions for Form 8865).	Yes	X No
6	If 'Yes	e organization have any operations in or related to any boycotting countries during the tax year? s,' the organization may be required to separately file Form 5713, International Boycott Report (see ctions for Form 5713; don't file with Form 990)	Yes	X No

BAA TEEA3505L 06/28/19 Schedule F (Form 990) 2019

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 - GRANTMAKERS EXPLANATION FOR MONITORING USE OF FUNDS OUTSIDE US

UPON COMPLETION OF THE PROJECT, OR NO LATER THAN EACH JANUARY 31 FOR ONGOING OR PARTIALLY COMPLETED PROJECTS, THE ORGANIZATION RECEIVING THE GRANT WILL SUBMIT TO INTERACT A WRITTEN REPORT. THE REPORT WILL INCLUDE THE MANNER IN WHICH THESE GRANT FUNDS WERE SPENT AND PROGRESS MADE IN ACCOMPLISHING THE PURPOSE OF THE GRANT. THIS REPORT SHALL INCLUDE SUFFICIENT INFORMATION FOR INTERACT TO DETERMINE THAT THE FUNDS WERE USED FOR THE INTENDED PURPOSES. FAILURE TO PROVIDE SUCH INFORMATION IN A TIMELY MANNER MAY JEOPARDIZE FUTURE GRANT REQUESTS.

BAA TEEA3504L 06/28/19 Schedule F (Form 990) 2019

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

INTERACT MINISTRIES, INC.

Employer identification number

92-6004561

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

COMMUNITY DEVELOPMENT - RUSSIA - THE ORGANIZATION PROVIDES ADMINISTRATION AND SUPPORT OF THREE MISSIONARY UNITS WHO ARE INVOLVED IN DISCIPLESHIP IN SIBERIA. STAFF MEMBERS PROVIDE TRAINING AND COACHING TO NATIONALS IN THEIR COMMUNITIES.

HOME MINISTRY, BIBLE SCHOOLS, AND OTHER MINISTRIES - IN ADDITION TO SERVING IN CANADA, ALASKA, AND RUSSIA, TH ORGANIZATION'S STAFF ALSO MINISTERS TO CHURCHES AND INDIVIDUALS IN THE 48 CONTIGUOUS STATES IN RETURN FOR PROGRAM FUNDING. FIELD STAFF SPEAK AND TEACH IN THESE SUPPORTING CHURCHES ON A REGULAR BASIS.

HOME OFFICE SUPPORT - THE ORGANIZATION HAS APPROXIMATELY 6 OFFICE STAFF SUPPORTING THE FIELD MINISTRIES AND FIELD STAFF SERVING ACCROSS OUR AREA OF SERVICE.

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

COPIES OF 990 ARE REVIEWED BY THE FINANCE & AUDIT COMMITTEE OF THE BOARD AT EACH AUGUST MEETING AND A REPORT OF THE REVIEW GIVEN TO THE COMPLETE BOARD AT ITS AUGUST MEETING USUALLY LATER THE SAME DAY OR THE FOLLOWING DAY.

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

ALL BOARD MEMBERS ARE ASKED TO REVEAL ANY POSSIBLE CONFLICTS OF INTEREST AT EACH

BOARD MEETING.

FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS - OFFICERS & KEY EMPLOYEES

COMPENSATION FOR ALL STAFF IS SET USING INFORMATION FOR COMPARABLE POSITIONS AS

LISTED IN "THE COMPENSATION HANDBOOK FOR CHURCH STAFF" PUBLISHED ANNUALLY BY RICHARD

HAMMAR AND ADJUSTED FOR SPECIFIC MINISTRIES AND LOCATIONS.

Name of the organization

INTERACT MINISTRIES, INC.

Employer identification number
92-6004561

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE FOR REVIEW AT OUR LOCATION UPON REQUEST.

FINANCIAL STATEMENTS ARE POSTED ON OUR WEBSITE, OTHER'S WEBSITES, AND PROVIDED UPON REQUEST.