Form	99	0
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For	m 990							OMB No. 1545-0047
1 01				Organization 527, or 4947(a)(1) of th				2020
Dep	artment of the	Treasury	► Do not en	nter social security num	bers on this form as i	t may be made	public.	Open to Public Inspection
Inte	rnal Revenue		year, or tax year begin	rs.gov/Form990 for ining 4/01		and ending	3/31	, 20 2021
B	Check if app		year, or tax year begin	1111 9 4/01	, 2020,	and ending		identification number
5	``	-	ITERACT MINISTR	TES INC				04561
	Name o	21	.000 SE KELSO R				E Telephone	
	Initial r	BO	RING, OR 97009				503-6	68-5571
		rn/terminated					505 0	00 3371
		ed return					G Gross rece	ipts \$ 2,486,728.
			Name and address of principa	I officer: DALE SM	ТФЦ	H(a) Is this a group return for	· · · · · · · · · · · · · · · · · · ·
			ME AS C ABOVE	DALL SM.	L I I I	H(b) Are all subordinates in If "No," attach a list. Se	
T	Tax-exem		501(c)(3) 501(c) () < (insert no.)	4947(a)(1) or	527	If "No," attach a list. Se	
J	Websit		INTERACTMINIST	RIES.ORG		H(c) Group exemption numb	ber 🕨
Κ	Form of o	rganization: X	Corporation Trust	Association Other	► L	ear of formation:	1959 M Stat	e of legal domicile: OR
Pa	art I 🛛 🤱	Summary			•			
			the organization's missi					A RELIGIOUS
e,	OF	<u>GANIZATI</u>	ON ASSOCIATED N	WITH CHURCHES	<u>SOF THE PR</u>	<u>OTESTANT</u>	FAITH.	
anc								
Governance								
20	2 Che 3 Nui		if the organizatio members of the gover					
			endent voting members					3 7 4 6
Activities &	5 Tot		individuals employed in	o o		,		5 44
tivit	6 Tot		volunteers (estimate if					6 30
Ac			ousiness revenue from I	•				7a 0.
	b Net	unrelated bu	siness taxable income	from Form 990-T, F	Part I, line 11			7b 0.
						-	Prior Year	Current Year
e			d grants (Part VIII, line				1,943,21	
Revenue		-	revenue (Part VIII, line ne (Part VIII, column (A	•.			103,13	
Rev			Part VIII, column (A), lir				42,41 3,06	
			add lines 8 through 11				2,091,82	
			ar amounts paid (Part I				762,33	, ,
	14 Ber	nefits paid to o	or for members (Part I)	X, column (A), line	4)			
	15 Sal	aries, other co	ompensation, employee	e benefits (Part IX,	column (A), lines	5-10)	702,73	7. 781,610.
ses	16a Pro	fessional fund	draising fees (Part IX, o	column (A), line 11e	e)		•	· · ·
Expense	b Tot		expenses (Part IX, col			1,115.		
ň	17 Oth		(Part IX, column (A), lii				753,42	7. 627,904.
			Add lines 13-17 (must		•	4	2,218,49	
			penses. Subtract line 1				-126,67	
ro se							Beginning of Current Y	
ets -	20 Tot	al assets (Par	rt X, line 16)				2,017,50	
t Assets - nd Balanc	21 Tot		Part X, line 26)				184,28	
Ret	22 Net	assets or fun	nd balances. Subtract li	ne 21 from line 20.			1,833,22	2. 2,339,304.
		Signature B						
		5		urn, including accompanvir	ng schedules and stater	nents, and to the	best of my knowledge an	d belief, it is true, correct, and
com	plete. Declar	ation of preparer (e that I have examined this retu other than officer) is based on	all information of which pr	eparer has any knowled	dge.	· · · · ·	
Sig	gn	Signature of	officer				Date	
He	re	DALE S					EXECUTIVE DI	RECTOR
			t name and title					DTIN
		Print/Type prepa	rer's name	Preparer's signature		Date	Check X	f PTIN

	a Martin des sur sur s	1				
Paid	CHERYL L. MORGAN, CPA			self-employed	P00168869	
Preparer	Firm's name KERN & THOMPS	ON LLC				
Use Only	Firm's address	AVENUE, SUITE 410		Firm's EIN ► 93	-1157146	
	PORTLAND, OR			Phone no. (50	3) 222-333	38
May the IRS	discuss this return with the preparer	shown above? See instructions			. X Yes	No
BAA For Pa	perwork Reduction Act Notice, see the	ne separate instructions.	TEEA0101L 01/	19/21	Form 99	0 (2020)

Form	1 990 (2020) INTEF	RACT MINISTRIES,	INC.		92-6004563	1 Page 2
Par		of Program Service				
			se or note to any line	in this Part III		Χ
1	Briefly describe the or	-	CTOUC ODCANTS	AUTON ACCOCTAUED		mtte
			LGIOUS ORGANIZ	ATION ASSOCIATED	WITH CHURCHES OF	THE
	PROTESTANT FA	<u> 1 I.H.</u>				
2	Ũ	, ,	0 0	e year which were not listed	•	
					······	Yes X No
•		new services on Schedule			· ~ □	v 🗔 v
3	-	cease conducting, or make changes on Schedule O.	e significant changes	in how it conducts, any p	rogram services?	Yes X No
4		-	complishments for e	ach of its three largest pro	gram services, as measured	hv expenses
•	Section 501(c)(3) and	501(c)(4) organizations	are required to report	the amount of grants and	allocations to others, the to	otal expenses,
	and revenue, it any, t	or each program service	reported.			
1 -	(Code:) (Expenses \$ 90.	5,638. including g	rants of \$ 005	638.)(Revenue \$	
40	· · · · · · · · · · · · · · · · · · ·				OVIDES FUNDING ANI	<u> </u>
					PROVIDE EVANGELIZ	
					XIMATELY 16 COMMUN	
					CH AND CONFERENCES	
				, BIBLE STUDIES,	WORSHIP SERVICES,	, <u>AND</u>
	OTHER CHURCH-	RELATED ACTIVIT	<u>IES</u>			
4 k			5,690. including g		129.) (Revenue \$	74.)
					OVIDES FUNDING ANI	
					PROVIDE EVANGELIZ	
					EVANGELISM, BIBLE	
					ORGANIZATION OPERA	
					ESIDENTIAL PROGRAM	
					NING AND PREPARE	THEM FOR
	LEADERSHIP PO	<u>SITIONS IN THE N</u>	NATIVE CHURCH	IN ALASKA.		
40	: (Code:) (Expenses \$ 24	5,306. including g	rants of \$) (Revenue \$	119,936.)
					140 ACRE CAMPUS I	,
					ITIES FOR THE ORGA	
					IVIDUAL HOUSES ANI	
					, OFFICES AND MAIN	
					DISCIPLESHIP, AND IONS THROUGHOUT TH	
	MINISIKIES OF	INE ORGANIZATIO	N AND OTHER 5	IMILAR ORGANIZAI		IL SIAIL.
	THE ORGANIZAT	ION ALSO HAS A I	DEDICATED TEAM	OF STAFF TRAINE	D TO PROVIDE PASTO	DRAL CARE
					D REMOTE MINISTRY	
	LOCATIONS.					
۸.	Other program convice	es (Describe on Schedule				
40	(Expenses \$	es (Describe on Schedule 145,573. inclu		SCHEDULE 0 2,499.)(Re	venue \$)
4 e	Total program service		1,864,207.	2,433.7(10		,
BAA			TEEA0102L	10/07/20		Form 990 (2020)

Form 990 (2020) INTERACT MINISTRIES, INC.

F ai	t IV	Checklist of Required Schedules			
1		e organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete dule A	1	Yes X	No
2		e organization required to complete Schedule B, Schedule of Contributors See instructions?	1 2	Λ	Х
3	Did th	e organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates ublic office? If 'Yes,' complete Schedule C, Part I	3		X
4	Secti in eff	on 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election ect during the tax year? If 'Yes,' complete Schedule C, Part II	4		Х
5	Is the	e organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, ssments, or similar amounts as defined in Revenue Procedure 98-19? <i>If 'Yes,' complete Schedule C, Part III</i>	5		X
6	Did th	wide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D,	6		Х
7	Did th	e organization receive or hold a conservation easement, including easements to preserve open space, the onment, historic land areas, or historic structures? <i>If 'Yes,' complete Schedule D, Part II</i>	7		X
8	Did th comp	ne organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' Solete Schedule D, Part III.	8		Х
9	for an	e organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian nounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation ces? If 'Yes,' complete Schedule D, Part IV.	9		х
10	Did tl or in	ne organization, directly or through a related organization, hold assets in donor-restricted endowments quasi endowments? If 'Yes,' complete Schedule D, Part V.	10		Х
11	If the or X	organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, as applicable.			
â	Did th D, Pa	e organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule art VI	11 a	Х	
ł	Did th asset	ne organization report an amount for investments – other securities in Part X, line 12, that is 5% or more of its total is reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII	11 b		Х
(: Did th asset	e organization report an amount for investments – program related in Part X, line 13, that is 5% or more of its total is reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	11 c		Х
C	l Did th in Pa	e organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported rt X, line 16? If 'Yes,' complete Schedule D, Part IX.	11 d		Х
e	Did th	ne organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e	Х	
	the o	e organization's separate or consolidated financial statements for the tax year include a footnote that addresses rganization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If 'Yes,' complete Schedule D, Part X</i>	11 f		Х
12 a	Did th Sche	e organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete dule D, Parts XI and XII	12a	Х	
ł		he organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the	e organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		Х
14 a	a Did tl	ne organization maintain an office, employees, or agents outside of the United States?	14a	Х	
ł	busin	e organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, ess, investment, and program service activities outside the United States, or aggregate foreign investments valued 00,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	14b	Х	
15	Did th foreig	ne organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any on organization? If 'Yes,' complete Schedule F, Parts II and IV	15	Х	
16		e organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV.	16		Х
17	Did th colun	e organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, nn (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I See instructions	17		Х
18	Did th lines	e organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		Х
19	Did th comp	e organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' Olete Schedule G, Part III	19		Х
20a	Did tl	ne organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20a		Х
Ł	lf 'Ye	s' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did tl dome	ne organization report more than \$5,000 of grants or other assistance to any domestic organization or estic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21		Х

Page 3

Form 990 (2020) INTERACT MINISTRIES, INC.
Part IV Checklist of Required Schedules (continued)

га			V	
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	Yes	No X
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J.	23		x
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	23 24a		X
	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		<u> </u>
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? If 'Yes,' complete Schedule L, Part I.	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part II</i>	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? <i>If 'Yes,' complete Schedule L, Part III.</i>	27		X
	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
	a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> 'Yes,' complete Schedule L, Part IV.	28a		Х
	b A family member of any individual described in line 28a? <i>If 'Yes,' complete Schedule L, Part IV</i>	28b		Х
	c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If Yes,' complete Schedule L, Part IV.	28c		X
29		29		Х
30 31	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 31		X X
		31		Л
32	Schedule N, Part II.	32		Х
33	301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	33		Х
	Was the organization related to any tax-exempt or taxable entity? <i>If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1</i> a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a		X X
		55a		Λ
	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	organization? If 'Yes,' complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI</i>	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	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
	a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable1 a3b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable1 b0			
	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
BAA	(gambling) winnings to prize winners?	1 c Form	X 990 ((2020)
				··

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) 2a Earch the number of engingness records on Form V3. Trapsmittal of Wage and Tax Shite Immediate inter a canotic presentation with an explanation of the shife of the shife of the shife of the shife of the organization file at required federal employment tax returns? 44 bit at least are is reported on line 2a. did the organization file at required federal employment tax returns? 3a X Add A wy did origin the sector of the shife at required federal employment tax returns? 3a X bit is taxed are is reported on line 2a. did the organization taxe an integration as Boelaid. Are a with origin the shife of the shife at predict of the shife of the shife of the organization taxe at the shife of th	Form 990 (2020) INTERACT MINISTRIES, INC. 92-6004563		F	Page 5
2a Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax State ments, filed for the calevidar year ending with or within the year covered by this return. 2a 4d b if at least one is reported on the 2a, did the organization file at ingraude ideal endingoment tax returns? 2b X b if at least one is reported on the 2a, did the organization file at ingraude ideal ending the year? 3a X b if "is is at file a fam 30 to the year if Ne law 2b, you may be required ideal ending the year? 3b X b if "is is at file a fam 30 to the year if Ne law 2b, you may be required to any file during the year? 3b X b if "is is at file a fam 30 to the year if Ne law 2b, you any be required is deal authority over a file mencial account in a foreign country. 3a X b if "is is at file a fam 30 to the organization have an interest, in or a signature or other authority over a file "is is a foreign country. 3a X b if any toxetic party notify the organization that is there transaction at any time during the tax year? 5a X c if " xs, is to file a fam 30 toxetic party notify the organization have an enverse statement that such contributions or gifts were not tax deductible. 5a X c if " xs, is to file organization induce with every solicitation an express statement that such contributions or gifts were not tax deductible. 5a X c if " xs, is in the a fam 2b. t	Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
bit it least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b X Mote: the wand files 1a ad 2b is greater than 250 (you may be required to 4e (ice (ise instructions)) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a X bit Yes, the tifting the calendary sear, did the organization have an explanation os Schele 0. 3b X bit Yes, the tifting the calendary sear, did the organization have an explanation of other financial account). 3a X bit Yes, if the time have on the forgin country? Sea X X bit Yes, if the same of the organization time target in during the tax year? Sa X bit any tax-state party northy the organization time target in during the tax year? Sa X bit any tax-state party northy the organization time tar year Sa X bit any tax-state party northy the organization time tar year Sa X bit any tax-state party northy the organization time tar year Sa X bit any tax-state party northy the organization time tar year Sa X bit any tax-state party northy the organization time tar year Sa X bit any tax-state party northy the organization tar year Sa X			Yes	No
bit it least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b X Mote: the wand files 1a ad 2b is greater than 250 (you may be required to 4e (ice (ise instructions)) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a X bit Yes, the tifting the calendary sear, did the organization have an explanation os Schele 0. 3b X bit Yes, the tifting the calendary sear, did the organization have an explanation of other financial account). 3a X bit Yes, if the time have on the forgin country? Sea X X bit Yes, if the same of the organization time target in during the tax year? Sa X bit any tax-state party northy the organization time target in during the tax year? Sa X bit any tax-state party northy the organization time tar year Sa X bit any tax-state party northy the organization time tar year Sa X bit any tax-state party northy the organization time tar year Sa X bit any tax-state party northy the organization time tar year Sa X bit any tax-state party northy the organization time tar year Sa X bit any tax-state party northy the organization tar year Sa X				
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Note: The sum of lines 1 and 2 is greater than 250, you may be required to effect (see instructions) Image: Construction has uncreated business on some of 8 J hole on more during the year? Image: Construction has uncreated business on some of 8 J hole on the more during the year? Image: Construction has uncreated business on some of 8 J hole on the more during the year? Image: Construction has uncreated business on the some has a normal so normal some has a normal some has a normal some has a		2 h	Х	
3 Did the organization have unrelated biasness grass income of \$1,000 ar more during the year? 3 a X 4 A Aray time chang the coloridal year of the arganization have an intered in or a signature or other subtority over, a time of the foreign country securities account, or other financial accounts (FBAR). 3 a X 5 a Was the organization arguity is on probability account security securities account, or other financial accounts (FBAR). 5 a X 5 a Was the organization arguity to a prohibited tax shelter transaction at any time during the tay sea? 5 a X 5 a Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization shelt are normally greater than \$100,000, and did the organization factor annual gross receipts that are normally greater than \$100,000, and did the organization factor be payor? 5 a 6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization factor where not tax deductible as christinate contributions are grits were not tax deductible as christinate contributions are grits were not tax deductible as christinate contributions are grits were not tax deductible accontribution the section 170(C). 7 b 16 "Yes," indid the organization notify the dong or the value of the gross as a payor to a personal breneft contract? 7 c X 16 "Yes," indicate the number of Forms \$322 field during the year? 7 d X 1 differe organization make any time distribution of a nunitered in organization fiele form \$323 / r 7 diffe				
bit Yes, has it field a form 501 T for this yea? If Mo to Kee 3b, provide an explanation or a signature or other authority over, a) 3b 4a A lary time during the calendar year, diff the organization have an interest in, or a signature or other authority over, a) 4a bit Yes, i tender the new order year, diff the organization have an interest in, or a signature or other authority over, a) 4a bit Yes, i tender the amount of the foreign country See instructions for films requirements for FinCEN Form 114, Report of Fareign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shelfer transaction at any time during the tax year? 5a 5a Docs the organization have manual gross receipts that are normally greater than \$100,000, and did the organization file form 888617. 5c 6a Docs the organization have manual gross receipts that are normally greater than \$100,000, and did the organization file form 888617. 6a 7 Organizations that may receive deductible contributions under section 170(c). 6a X 9 Dit Yes, i due the organization notify the doon of the value of the goods or services provided? 7b 7b 9 Dit Ho organization note set 2822 filed during the year? 7d 7d 7c 9 Dit Ho organization note; but physic, forcely or indirectly, is pay premiums on a personal benefit contract? 7f 7c 9 Dit Ho organization neexies any thavas. directly or indirectly, is pay premiums		3a		Х
4 A lary time during the calendar year, diff the organization these an interest in or a signature or other natural account()? 4 a X bit "Yes," enter the name of the foreign countly set as bank account, securities account, or other financial account()? 4 a X bit Yes," enter the name of the foreign countly set as bank account, securities account, or other financial account()? 5 a X cit Yes, it the organization that it was or is a party to a prohibited tax shelter transaction? 5 b X cit Yes, it the organization have annual grass receipts that are normally grapher than \$100,000, and did the organization folds where not tax decluble accontributions and partily for goods and services provided to the payor? 6 a X 7 Was, id the organization notify the organization to the value of the goods or services provided? 7 b C X 10 Tree; id the organization notify the doner of the value of the goods or services provided? 7 c X X 11 Tree; id the organization and, excited when eary taxes of \$75 made partily as a contribution and partly for goods and services provided? 7 c X 11 Tree; id the organization only the doner of the value of the goods or services provided? 7 c X 11 Tree; id the organization active when eary taxes of \$75 made partly whent it was required to life?				
Intracial account in a foreign country (such as a bark account, securities account, or other financial account)? 4 a X Bill "Yes," enter the name of the foreign country* See instructions for fing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAN). Sa X So Was the organization a party the organization that it was or is a party to a prohibited tax shelter transaction? Sa X bill any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? Sa X bill "set," idit the organization inted wite very solicitation an express statement that such contributions or gits were not tax deductible? Sa X bill "set," idit the organization notify the donor of the value of the goods or services provided? Sa X bill "set," idit the organization notify the donor of the value of the goods or services provided? Za X bill the organization notify the donor of the value of the goods or services provided? Za X bill the organization notify the donor of the value of the goods or services provided? Za X bill the organization notify the donor of the value of the goods or services provided? Za X bill the organization second a contribution of cars, boads, anplanes, or other vehicles, dd the organization file Za X bill the organizat		55		
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11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders. 11 a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.). 11 b 12 a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12 a b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year. 12 b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 12 a a Is the organization licensed to issue qualified health plans in more than one state? 13 a Note: See the instructions for additional information the organization must report on Schedule O. 13 b b Enter the amount of reserves the organization is required to maintain by the states in which the organization receive any payments for indoor tanning services during the tax year? 14 a 14 a Did the organization receive any payments? If 'No,' provide an explanation on Schedule O. 14 b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excees parachute payment(s) during the year? 15 X If 'Yes,' see instructions and file Form 4720, Schedule N. 16 X				
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b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.). 11b 11b 12a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 12a b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year. 12b 12a 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 12b 13a a 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. 13b 13a c Enter the amount of reserves the organization is required to maintain by the states in which the organization receive any payments for indoor tanning services during the tax year? 14a X b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O. 14b 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 X If 'Yes,' see instructions and file Form 4720, Schedule N. 16 X				
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15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X If 'Yes,' see instructions and file Form 4720, Schedule N. 16 X If 'Yes,' complete Form 4720, Schedule O. 16 X				Λ
excess parachute payment(s) during the year? 15 X If 'Yes,' see instructions and file Form 4720, Schedule N. 16 X 16 If 'Yes,' complete Form 4720, Schedule O. 16 X		14b		
If 'Yes,' see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X If 'Yes,' complete Form 4720, Schedule O.		15		v
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X If 'Yes,' complete Form 4720, Schedule O. Image: Complete Form 4720, Schedule O. Image: Complete Form 4720, Schedule O. Image: Complete Form 4720, Schedule O.		15		A
If Yes,' complete Form 4720, Schedule O.				••
	16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X

Sec	tion A. Governing Body and Management			
			Yes	No
1 a	Enter the number of voting members of the governing body at the end of the tax year 1 a 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.			
ŀ				
	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			X
6	Did the organization become aware during the year of a significant diversion of the organization s assets	6	Х	Λ
-	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?	0 7 a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7 b	Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	The governing body?	8a	X X	
	Each committee with authority to act on behalf of the governing body?	8 b	X	
9	organization's mailing address? If 'Yes,' provide the names and addresses on Schedule Q	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	event		<u> </u>
10 -	Did the organization have local chapters, branches, or affiliates?	10 a	Yes	No X
	If Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their	IUa		Λ
	operations are consistent with the organization's exempt purposes?	10b	v	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11 a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O	10	37	
	Did the organization have a written conflict of interest policy? <i>If 'No,' go to line 13</i>	12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
	: Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If 'Yes,' describe in Schedule O how this was done</i> SEESCHEDULE.Q	12 c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official.	15a	Х	L
b	Other officers or key employees of the organizationSEE . SCHEDULE. O	15b	Х	
	If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions).			
16 a	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		Х
t	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		
Sec	tion C. Disclosure	100		<u> </u>
-	List the states with which a copy of this Form 990 is required to be filed ► NONE			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 5 available for public inspection. Indicate how you made these available. Check all that apply.	01(c)(3	B)s or	nly)
	Own website Another's website X Upon request Other (<i>explain on Schedule O</i>)	h1. 1		
19	the public during the tax year. SEE SCHEDULE O	of eld		
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
BAA	MIKE HUBBARD 31000 SE KELSO ROAD BORING OR 97009 503-668-5571 TEEA0106L 10/07/20	Form	990 /	(2020)
			550 ((-020)

92-6004561

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Form 990 (2020) INTERACT MINISTRIES, INC.	92-6004561	Page 7
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Contractors	ompensated Employe	es, and
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	l Employees	
1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with organization's tax year.		
 List all of the organization's current officers, directors, trustees (whether individuals or organizations) 	s), regardless of amount of	

compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of 'key employee.'

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the

organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

				(C))					
(A) Name and title	(B) Average hours per	thar	n one s both dire	box, an o ector/	unles		on	(D) Reportable compensation from the organization	(E) Reportable compensation from	(F) Estimated amount of other
	week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) DALE_SMITH	40									
EXECUTIVE DIR.	0			Х				56,500.	0.	0.
(2) REV. GALE E. VANDIEST	1									
BOARD MEMBER	0	Х						9,502.	0.	0.
(3) DARYL KROEKER	1									
CHAIRMAN	0	Х		Х				0.	0.	0.
(4) MIKE MATTHEWS	1									
VICE CHAIR	0	Х		Х				0.	0.	0.
(5) DAVE PERRY	1									
SECRETARY/TREAS	0	Х		Х				0.	0.	0.
(6) RANDY JACKSON	1									
BOARD MEMBER	0	Х						0.	0.	0.
(7) DAVE LEVY	1									
BOARD MEMBER	0	Х						0.	0.	0.
(8) REV. JACK TEETER	1									
BOARD MEMBER	0	Х						0.	0.	0.
(10)										
(11)										
(12)										
(13)										
(14)										
ВАА	TEEA0	107L	10/07	7/20						Form 990 (2020)

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Part	VII Section A. Officers, Directors, Tru	ustees, I	Key	Em	iplo	bye	es, a	anc	l Highest Corr	pensated E	mplo	yees	(contin	nued)
		(B)			(0	•								
	(A) Name and title	Average hours per week	box,	, unle	ss pe	erson direct	e than is both or/trus	h an tee)	(D) Reportable compensation from	(E) Reportable compensation fro	om		(F) ated amo	ount
		(list any hours for related organiza - tions below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	relatėd organizati (W-2/1099-MISC)	comper the or and	nsation f rganizati d related anization	ion 1
		dotted line)	tee	istee			nsated							
(15)														
(16)														
(17)														
(18)														
(19)														
(20)														
(21)														
(22)														
(23)														
(24)														
(25)														
1 b S	ubtotal	• • • • • • • • • • •						►	66,002.		0.			0.
	otal from continuation sheets to Part VII, Secti otal (add lines 1b and 1c)							► ►	0. 66,002.		0.			0. 0.
	otal number of individuals (including but not limited							ved		0 of reportable of		nsatior	ı	
fr	om the organization ► 0												V	N
	id the organization list any former officer, direc n line 1a? If 'Yes,' complete Schedule J for suc										l	3	Yes	No X
4 F	or any individual listed on line 1a, is the sum of e organization and related organizations greated	f reportab	le coi	mpe	nsa	tion	and	oth	er compensation			5		
S	id any person listed on line 1a receive or accru											4		Х
fc	on B. Independent Contractors	s,' comple	te Sc	ched	ule	J fo	or suc	ch p	erson			5		Х
1 C	omplete this table for your five highest compen ompensation from the organization. Report comper	sated indensities in the second se	epeno the ca	dent alenc	cor dar	ntra year	ctors endi	tha ng w	t received more the vith or within the or	nan \$100,000 c ganization's tax	of year.			
	(A) Name and business add	ress							(B) Description of	of services	С	((compe	C) nsatio	n
											<u> </u>			
											<u> </u>			
	otal number of independent contractors (including l 100,000 of compensation from the organization		ited to	o tho	se l	isteo	d abo	ve) v	who received more	than				

Form 990 (2020) INTERACT MINISTRIES, INC.

Part VIII Statement of Revenue

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	Check if Schedule O contains a res			(B)	(C)	(D)
			(A) Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from under sectior 512-514
<u>2</u> 1a	a Federated campaigns 1 a					
<u>5</u> I	b Membership dues 1b					
	c Fundraising events 1 c					
	d Related organizations 1 c					
	e Government grants (contributions) 1 e f All other contributions, gifts, grants, and					
5	similar amounts not included above 1 f	2,316,011.				
3	g Noncash contributions included in					
	lines 1a-1f		2 21 6 011			
		Business Code	2,316,011.			
	A HOUSING IN ALASKA	531110	119,936.	119,936.		
	b SALE OF MERCHANDISE	451211	74.	74.		
	c					
	d					
	e					
) 1	f All other program service revenue					
9	g Total. Add lines 2a-2f		120,010.			
3	Investment income (including dividends, other similar amounts)	interest, and ►	39,266.			39,26
4	Income from investment of tax-exemption		39,200.			
5	Royalties					
	(i) Real	(ii) Personal				
6 8	a Gross rents 6 a					
	b Less: rental expenses 6b					
	c Rental income or (loss) 6c					
(d Net rental income or (loss)					
7 8	a Gross amount from (i) Securities	(ii) Other				
	sales of assets other than inventory 7a					
I	b Less: cost or other basis and sales expenses 7b					
	c Gain or (loss) 7c					
	d Net gain or (loss)	▶				
	a Gross income from fundraising events					
00	(not including \$					
	of contributions reported on line 1c).					
		Ba				
		3b				
•	c Net income or (loss) from fundraising	events ►				
9 8	a Gross income from gaming activities.					
.	,	9a 9b				
	c Net income or (loss) from gaming act					
108	a Gross sales of inventory, less returns and allowances	0a				
		Ob				
	c Net income or (loss) from sales of inv	rentory►				
		Business Code				
11 a	<u>OTHER_REVENUE</u>		11,441.	11,441.		
	b					
	d All other revenue					
_			11,441.	101 451	^	22.0
12	Total revenue. See instructions		2,486,728.	131,451.	0.	39,26

Part IX Statement of Functional Expenses

Jec	tion 501(c)(3) and 501(c)(4) organizations must com Check if Schedule O contains a r				
	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				
2	Grants and other assistance to domestic individuals. See Part IV, line 22	2,628.	2,628.		
3	organizations, foreign governments, and for- eign individuals. See Part IV, lines 15 and 16	905,638.	905,638.		
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	93,794.	63,777.	28,818.	1,199.
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	630,571.	428,773.	193,738.	8,060.
8 9	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits	7,150.	4,862.	2,197.	91.
10	Payroll taxes	50,095.	31,202.	18,181.	712.
11		50,095.	51,202.	10,101.	/12.
	a Management				
	b Legal				
	c Accounting				
	d Lobbying				
	e Professional fundraising services. See Part IV, line 17				
t	f 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 	14,235.	2,025.	12,210.	
13	Office expenses	37,056.	10,882.	26,174.	
14	Information technology	20,678.	369.	20,309.	
15	Royalties				
16	Occupancy	54,606.	45,866.	8,740.	
17	Travel	10,152.	4,097.	6,055.	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 20	Conferences, conventions, and meetings	11,468.	7,618.	3,600.	250.
21	Payments to affiliates				
22		24,188.	14,778.	9,410.	
23		15,500.	8,777.	6,723.	
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.)				
i	A HOUSING ALLOWANCE	263,509.	192,690.	70,819.	
	• MER REIMBURSEMENT	74,758.	70,690.	4,068.	
	• REPAIRS AND MAINTENANCE	36,395.	32,978.	3,417.	
	d <u>MISCELLANEOUS_EXPENSES</u>	30,063.	27,226.		2,837.
	e All other expenses	35,296.	9,331.	7,999.	17,966.
25	Total functional expenses. Add lines 1 through 24e	2,317,780.	1,864,207.	422,458.	31,115.
26	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)				Form 990 (2020)

Form 990 (2020) INTERACT MINISTRIES, INC.

Balance Sheet

Part X

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C	2-	60	$\cap A$	15	61	
,	<u> </u>	υu	0 -	t J	UT.	

Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year (B) End of year Cash – non-interest-bearing. 1 1 40,432 85,649. Savings and temporary cash investments..... 2 2 Pledges and grants receivable, net..... 3 3 Accounts receivable, net 4 4 5 Loans and other receivables from any current or former officer, director, controlled entity or family member of any of these persons 5 Loans and other receivables from other disqualified persons (as defined under 6 section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 7 Notes and loans receivable, net..... 7 Inventories for sale or use..... 8 Assets Prepaid expenses and deferred charges..... 9 10,567. 9 11,288 **10a** Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D..... 10 a 795,919 1 **b** Less: accumulated depreciation..... 10b 1,314,976. 10 c 449,285. 480,943. Investments – publicly traded securities. 1,516,503. 11 1,920,838. 11 12 Investments – other securities. See Part IV, line 11..... 12 13 Investments – program-related. See Part IV, line 11..... 13 14 14 Intangible assets..... 15 Other assets. See Part IV, line 11..... 15 2,017,508. 16 2,497,997. 16 Total assets. Add lines 1 through 15 (must equal line 33).... 17 Accounts payable and accrued expenses 17,993 17 8,269 18 18 Grants payable 19 Deferred revenue 19 8,681. 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D..... 21 Liabilities 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 Secured mortgages and notes payable to unrelated third parties 23 23 Unsecured notes and loans payable to unrelated third parties..... 24 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D. 25 166,293 25 141,743. 26 Total liabilities. Add lines 17 through 25..... 184,286 26 158,693. Organizations that follow FASB ASC 958, check here ► Х Fund Balances and complete lines 27, 28, 32, and 33. Net assets without donor restrictions 1,833,222 27 27 2,339,304. Net assets with donor restrictions 28 28 Organizations that do not follow FASB ASC 958, check here > and complete lines 29 through 33. 5 Capital stock or trust principal, or current funds..... 29 29 Net Assets Paid-in or capital surplus, or land, building, or equipment fund..... 30 30 Retained earnings, endowment, accumulated income, or other funds..... 31 31 32 Total net assets or fund balances..... 32 2,339,304. 1,833,222 Total liabilities and net assets/fund balances. 2,49<u>7,</u>997. 33 2,017,508. 33 TEEA0111L 10/07/20

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Form 990 (2020)

Forn	n 990	(2020)	INTERACT MINISTRIES, INC. 92-	600456	1	Pa	age 12
Pa	t XI	Reco	nciliation of Net Assets				
		Check	if Schedule O contains a response or note to any line in this Part XI				
1	Tota	l revenue	e (must equal Part VIII, column (A), line 12)	1	2,4	86,	728.
2	Tota	l expense	es (must equal Part IX, column (A), line 25)	2			780.
3	Reve	enue less	expenses. Subtract line 2 from line 1	3			948.
4	Net a	assets or	fund balances at beginning of year (must equal Part X, line 32, column (A)).	4	1,8	33,2	222.
5	Net	unrealize	d gains (losses) on investments	5	3	37,1	134.
6	Dona	ated serv	ices and use of facilities	6			
7	Inve	stment e	xpenses	7			
8	Prio	r period a	adjustments	8			
9	Othe	er change	es in net assets or fund balances (explain on Schedule O)	9			0.
10	Net a colui	assets or t mn (B)) .	fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,	10	2,3	39,3	304.
Pa	t XII	Finan	icial Statements and Reporting	• •	,		
			if Schedule O contains a response or note to any line in this Part XII				· 🗌
						Yes	No
1	Acco	ounting m	nethod used to prepare the Form 990: Cash X Accrual Other		-		
	lf the in So	e organiz chedule (ation changed its method of accounting from a prior year or checked 'Other,' explain).				
28	Were	e the orga	anization's financial statements compiled or reviewed by an independent accountant?		. 2a		Х
		arate basi	k a box below to indicate whether the financial statements for the year were compiled or reviewe is, consolidated basis, or both: te basis Consolidated basis Both consolidated and separate basis	ed on a			
	Nere	• the ora:	anization's financial statements audited by an independent accountant?		. 2b	Х	
•	lf 'Ye	es,' checl	k a box below to indicate whether the financial statements for the year were audited on a separa idated basis, or both:	ite			
	Х	Separa	te basis Consolidated basis Both consolidated and separate basis				
(lf 'Ye revie	es' to line ew, or cor	2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, mpilation of its financial statements and selection of an independent accountant?		. 2c	Х	
	on S	Schedule					
38			a federal award, was the organization required to undergo an audit or audits as set forth in the Single I OMB Circular A-133?		. 3a		Х
I			e organization undergo the required audit or audits? If the organization did not undergo the required aud plain why on Schedule O and describe any steps taken to undergo such audits		. 3b		
BAA			TEEA0112L 10/19/20		Form	99 0	(2020)

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.

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

2020	
Open to Public Inspection	

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Form 990 for instructions and the latest information.					Inspection					
	Name of the organization Employer identification number									
	INTERACT MINISTRIES, INC. 92-6004561									
	Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)									
	Ě.			-		-	•			
1 2	,			nurches described in sec t Schedule E (Form 990 or			().			
2				ization described in sec						
4				unction with a hospital				nter the hosnital's		
-	name, city, a	-								
5										
6	A federal, sta	ate, or local gov	ernment or governme	ntal unit described in s	ection 1	70(b)(1))(A)(v).			
7	X An organization in section 17	on that normally i 0(b)(1)(A)(vi). (receives a substantial p Complete Part II.)	part of its support from a	governm	ental un	it or from the general pul	olic described		
8	A community	trust described	l in section 170(b)(1)(A)(vi). (Complete Part I	l.)					
9		r a non-land-gra	nt college of agriculture	tion 170(b)(1)(A)(ix) oper (see instructions). Enter	the nan	ne, city,				
10	from activities investment in June 30, 197	on that normall s related to its o come and unre 5. See section	y receives (1) more th exempt functions, sub lated business taxable 509(a)(2). (Complete F	nan 33-1/3% of its supp ject to certain exceptio e income (less section Part III.)	oort from ns; and 511 tax)	n contrib (2) no r from b	more than 33-1/3% of it usinesses acquired by	ts support from gross		
11		5		ly to test for public safe						
12 a	or more public lines 12a thro Type I. A supp organization(s	icly supported o ough 12d that de	organizations describe escribes the type of so on operated, supervise eqularly appoint or elect	ly for the benefit of, to d in section 509(a)(1) of upporting organization d, or controlled by its sup a majority of the directo	or sectio and com	n 509(a plete li)(2). See section 509(a nes 12e, 12f, and 12g.	(3). Check the box in		
b	management	pporting organized of the supporting te Part IV, Sect	organization vested in	ontrolled in connection the same persons that c	with its ontrol or	support manage	ted organization(s), by the supported organizat	having control or ion(s). You		
С	Type III function	onally integrated s) (see instructi	. A supporting organizat ions). You must comp	ion operated in connectio plete Part IV, Sections	n with, ai A, D, an	nd functi d E.	onally integrated with, its	supported		
d	Type III non-fu functionally in instructions).	unctionally integ ntegrated. The o You must com	rated. A supporting org organization generally plete Part IV, Section	anization operated in cor must satisfy a distribu s A and D, and Part V.	nnection tion req	with its s uiremen	supported organization(s) t and an attentiveness) that is not requirement (see		
е	Check this bo	ox if the organiz	ation received a writte	en determination from t supporting organizatior	the IRS	that it is	s a Type I, Type II, Type	e III functionally		
f										
			n about the supported							
(i) Name of supported of	organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	organizat in your g	s the tion listed overning nent?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)		
					Yes	No				
(1)										
<u>(A)</u>										
(B)										
(C)										
(D)										
(E)										

Total

Schedule A (Form 990 or 990-EZ) 2020	INTERACT MINISTRIES,	INC.
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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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►		(a) 2016 (b) 2017 (c) 2017		(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.)	1,933,429.	2,040,055.	1,931,710.	1,943,215.	2,316,011.	10,164,420.
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	Total. Add lines 1 through 3	1,933,429.	2,040,055.	1,931,710.	1,943,215.	2,316,011.	10,164,420.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						0.
6	Public support. Subtract line 5 from line 4						10,164,420.
Sec	tion B. Total Support					•	
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4	1,933,429.	2,040,055.	1,931,710.	1,943,215.	2,316,011.	10,164,420.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	60,937.	83,015.	50,333.	42,369.	39,266.	275,920.
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.
11	Total support. Add lines 7 through 10						10,440,340.
12	Gross receipts from related activ	vities, etc. (see in:	structions)			12	546,755.
13	First 5 years. If the Form 990 is organization, check this box and	for the organizati	on's first, second,	third, fourth, or f	ifth tax year as a	section 501(c)(3)	····· ► 🗌
Sec	tion C. Computation of Pu	blic Support P	ercentage				
	Public support percentage for 20						97.36%
15	Public support percentage from	2019 Schedule A,	Part II, line 14			15	96.45%
16a	a 33-1/3% support test-2020. If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						
b	b 33-1/3% support test-2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						
17a	10%-facts-and-circumstances te or more, and if the organization the organization meets the facts	meets the facts-a	nd-circumstances	s test, check this I	box and stop here	e. Explain in Part	VI how
	10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-an	meets the facts-a d-circumstances'	nd-circumstances test. The organization	s test, check this lation qualifies as	box and stop here a publicly support	e. Explain in Part ted organization.	VI how the
18	Private foundation. If the organi	zation did not che	ck a box on line	13, 16a, 16b, 17a	, or 17b, check th	is box and see in	structions 🕨
BAA					Sc	hedule A (Form 9	90 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020

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INTERACT MINISTRIES, INC.

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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						
	lar year (or fiscal year beginning in) ► Gifts, grants, contributions, and membership fees	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	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						
3	tax-exempt purpose 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						
	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.)						
Sec	tion B. Total Support						
	dar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6	(u) 2010	(5) 2017	(6) 2010	(4) 2015	(0) 2020	(i) rotar
	Gross income from interest, dividends,						
Ŀ	payments received on securities loans, rents, royalties, and income from similar sources						
D	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
с 11	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.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is organization, check this box and						►
Sec	tion C. Computation of Pu	blic Support P	Percentage				
15	Public support percentage for 20	20 (line 8, colum	n (f), divided by li	ne 13, column (f)))	15	00
16	Public support percentage from	2019 Schedule A,	Part III, line 15.			16	00
	tion D. Computation of Inv					1 1	
17	Investment income percentage f				umn (f))		0/0
18	Investment income percentage f	•		-			0/0
	33-1/3% support tests–2020. If						
	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—2019. If the line 18 is not more than 33-1/3%	, check this box a	and stop here. Th	e organization qu	alifies as a public	ly supported organ	iization 🕨
20	Private foundation. If the organi	zation did not che	eck a box on line	14, 19a, or 19b, o	check this box and	I see instructions	►

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

Yes No Are all of the organization's supported organizations listed by name in the organization's governing documents? 1 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 2 described in section 509(a)(1) or (2). 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer lines 3b and 3c below. 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 4a Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below. 4a **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. Δh **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 lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document). 5a b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? 5b c Substitutions only. Was the substitution the result of an event beyond the organization's control? 5c 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 6 or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of 6 the filing organization's supported organizations? If 'Yes,' provide detail in Part VI. 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ). 7 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' 8 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))? If 'Yes,' provide detail in Part VI. 9a **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If 'Yes,' provide detail in Part VI.* 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 line 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

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		Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?			
a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below,			1
	1a		
b A family member of a person described in line 11a above?	1b		
c A 35% controlled entity of a person described in line 11a or 11b above? If 'Yes' to line 11a, 11b, or 11c, provide detail in Part VI.	1c		
Section P. Type I. Supporting Argonizations			

Section B. Type I Supporting Organizations

- 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If 'No,' describe in **Part VI** how the supported organization (s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
- 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If 'Yes,' explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.*

Section C. Type II Supporting Organizations

 Yes
 No

 1
 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If 'No,' describe in **Part VI** how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).
 1

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
 - a The organization satisfied the Activities Test. Complete line 2 below.
 - **b** The organization is the parent of each of its supported organizations. *Complete line 3 below.*
 - c The organization supported a governmental entity. Describe in **Part VI** how you supported a governmental entity (see instructions).

2 Activities Test. Answer lines 2a and 2b below.

- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in **Part VI identify those supported** organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If 'Yes' or 'No,' provide details in **Part VI**.
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If 'Yes,' describe in **Part VI** the role played by the organization in this regard.

3a

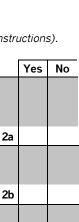
3h

Yes

1

2

No



Schedule A (Form 990 or 990-EZ) 2020 INTERACT MINISTRIES, INC Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

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Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. 1

Sectior	n A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Ne	et short-term capital gain	1		
2 Re	ecoveries of prior-year distributions	2		
3 Oth	her gross income (see instructions)	3		
4 Ad	ld lines 1 through 3.	4		
5 De	preciation and depletion	5		
inc	ortion of operating expenses paid or incurred for production or collection of gross come or for management, conservation, or maintenance of property held for oduction of income (see instructions)	6		
7 Oth	her expenses (see instructions)	7		
8 Ad	ijusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sectior	n B — Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
	gregate fair market value of all non-exempt-use assets (see instructions for short year or assets held for part of year):			
a Ave	verage monthly value of securities	1a		
b Ave	erage monthly cash balances	1b		
c Fai	ir market value of other non-exempt-use assets	1c		
d To	tal (add lines 1a, 1b, and 1c)	1d		
	scount claimed for blockage or other factors <i>xplain in detail in Part VI</i>):			
2 Acc	quisition indebtedness applicable to non-exempt-use assets	2		
3 Su	ibtract line 2 from line 1d.	3		
	ash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, e instructions).	4		
5 Ne	t value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Mu	Itiply line 5 by 0.035.	6		
7 Re	coveries of prior-year distributions	7		
8 Mir	nimum Asset Amount (add line 7 to line 6)	8		
Sectior	n C – Distributable Amount			Current Year
1 Ad	ljusted net income for prior year (from Section A, line 8, column A)	1		
2 En	ter 0.85 of line 1.	2		
3 Mir	nimum asset amount for prior year (from Section B, line 8, column A)	3		
4 En	ter greater of line 2 or line 3.	4		
5 Inc	come tax imposed in prior year	5		
	stributable Amount. Subtract line 5 from line 4, unless subject to emergency mporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a nen functionally into	arata	Type III supporting or	

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

BAA

Part V

Schedule A (Form 990 or 990-EZ) 2020

Section D – Distributions							
1	-						
2	2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations,						
	in excess of income from activity	2					
3	Administrative expenses paid to accomplish exempt purposes of su	3					
4	Amounts paid to acquire exempt-use assets			4			
5	Qualified set-aside amounts (prior IRS approval required - provide	e details in Part VI)		5			
6	Other distributions (describe in Part VI). See instructions.			6			
	Total annual distributions. Add lines 1 through 6.			7			
8	Distributions to attentive supported organizations to which the organizati	on is responsive (provide	details				
9	in Part VI). See instructions. Distributable amount for 2020 from Section C, line 6			8			
10	Line 8 amount divided by line 9 amount			10			
	Line 8 amount divided by the 9 amount	0			<i>(</i> 11)		
Sec	tion E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributio Pre-2020	ons	(iii) Distributable Amount for 2020		
1	Distributable amount for 2020 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2020 (reasonable cause required – <i>explain in Part VI</i>). See instructions.						
3	Excess distributions carryover, if any, to 2020						
а	From 2015						
b	From 2016						
C	From 2017						
C	From 2018						
e	From 2019						
1	f Total of lines 3a through 3e						
g	Applied to underdistributions of prior years						
h	Applied to 2020 distributable amount						
	Carryover from 2015 not applied (see instructions)						
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.						
4	Distributions for 2020 from Section D, line 7: \$						
а	Applied to underdistributions of prior years						
b	Applied to 2020 distributable amount						
C	Remainder. Subtract lines 4a and 4b from line 4.						
5	Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.						
6	Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.						
7	Excess distributions carryover to 2021. Add lines 3j and 4c.						
8	Breakdown of line 7:						
а	Excess from 2016						
b	Excess from 2017						
c	Excess from 2018						
C	Excess from 2019						
	Excess from 2020						

BAA

Schedule A (Form 990 or 990-EZ) 2020

SCHEDULE D (Form 990) Department of the Treasury Internal Revenue Service	► Complete Part IV, line 6,	Iemental Financial Statements if the organization answered 'Yes' on Form 990 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 1 ▶ Attach to Form 990. ov/Form990 for instructions and the latest infor			20	. 1545-0047)20 to Public
Name of the organization				Employer id	dentification r	
INTERACT MINIST	RIES, INC.			92-600	4561	
Part I Organizatio	ons Maintaining Donor	Advised Funds or Other Similar Fund ered 'Yes' on Form 990, Part IV, line 6	ls or Acc	ounts.		
	i the organization anow		•			
I		(a) Donor advised funds		unds and	other acco	unts
1 Total number at en	d of year	, ,		unds and	other acco	ounts
 Total number at en Aggregate value of contr 	d of year	, ,		unds and	other acco	ounts
 Total number at en Aggregate value of contr Aggregate value of grant 	d of year ibutions to (during year)	, ,		unds and	other acco	ounts
 Total number at en Aggregate value of contr Aggregate value of grant 	d of year	, ,		unds and	other acco	ounts
 Total number at en Aggregate value of contr Aggregate value of grant Aggregate value at Did the organizatio 	d of year ibutions to (during year) s from (during year) end of year n inform all donors and dono	, ,	(b) Fu	funds	other acco	ounts

Complete if the organization answered 'Yes' on Form 990, Part IV, line 7. 1 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area

 Total number of conservation easements	
	Held at the End of the Tax Year
Complete lines 2a through 2d if the organization held a qualified a st day of the tax year.	conservation contribution in the form of a conservation easement on the
Preservation of open space	
Protection of natural habitat	Preservation of a certified historic structure

				_
I	Total acreage restricted by conservation easements.	2 b		
(Number of conservation easements on a certified historic structure included in (a)	2 c		
(Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register.	2 d		
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the o	organiz	zation during the	
	tax year ►			
4	Number of states where property subject to conservation easement is located ►			
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handli and enforcement of the conservation easements it holds?			
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conse	rvatior	n easements during the year	
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservations \$	on eas	sements during the year	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section and section 170(h)(4)(B)(ii)?	n 170	0(h)(4)(B)(i) Yes No	
9	In Part XIII, describe how the organization reports conservation easements in its revenue and ex- include, if applicable, the text of the footnote to the organization's financial statements that desc conservation easements.	(pense cribes	e statement and balance sheet, and the organization's accounting for	ł
Par	t III Organizations Maintaining Collections of Art, Historical Treasures, or Ot Complete if the organization answered 'Yes' on Form 990, Part IV, line 8.	her s	Similar Assets.	

Complete if the organization	answered 'Yes' or	n Form 990,	Part IV, line 8
------------------------------	-------------------	-------------	-----------------

1;	a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and ba historical treasures, or other similar assets held for public exhibition, education, or research in furtherance o Part XIII the text of the footnote to its financial statements that describes these items.	alance sheet works of art, f public service, provide in
I	b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public following amounts relating to these items:	ce sheet works of art, service, provide the
	(i) Revenue included on Form 990, Part VIII, line 1	►\$
	(ii) Assets included in Form 990, Part X	►\$
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide amounts required to be reported under FASB ASC 958 relating to these items:	e the following
ä	a Revenue included on Form 990, Part VIII, line 1	►\$
	b Assets included in Form 990, Part X	►\$
AA	A For Paperwork Reduction Act Notice, see the Instructions for Form 990. TEEA3301L 08/18/20	Schedule D (Form 990) 2020

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

F

Schedule D (Form 990) 2020

Schedule D (Form 990) 2020 INTE					92-600		Page 2
Part III Organizations Mainta	ining Colle	ections of	Art, Histo	rical Treasures, or	Other Similar Ass	ets (continu	ied)
3 Using the organization's acquisition items (check all that apply):	n, accession, a	nd other reco	ords, check ar	ny of the following that m	ake significant use of its	collection	
a Public exhibition			d Loan d	or exchange program			
b Scholarly research			e Other				
c Preservation for future gener							
4 Provide a description of the organiz Part XIII.							
5 During the year, did the organiza to be sold to raise funds rather the sold to raise funds the sold to raise funds rather the sold to rather the sold to raise funds rather the sold to rather t	ation solicit or	receive dor	nations of art	, historical treasures, o	r other similar assets	Yes	No
Part IV Escrow and Custodia							-
line 9, or reported an	amount on	Form 990	D, Part X,	line 21.		nn 550, i ai	,
1 a Is the organization an agent, true	staa custadia	en or othor i	ntormodiary	for contributions or othe	or assats not included		
on Form 990, Part X?						Yes	No
b If 'Yes,' explain the arrangement	t in Part XIII a	and complet	e the followir	ng table:			
						Amount	
c Beginning balance							
d Additions during the year							
e Distributions during the year							
f Ending balance							<u> </u>
2 a Did the organization include an a					-	Yes	No
b If 'Yes,' explain the arrangement	in Part XIII.	Check here	if the explan	ation has been provide	d on Part XIII	· · · · · · · · · · · · · · · ·	
Part V Endowment Funds. C	`omploto if	the organ	ization an	sword 'Vos' on Fo	rm 990 Part IV/ lir	10	
Farty Endowment Funds. C	(a) Current		(b) Prior year			(e) Four years	s hack
1 a Beginning of year balance		. your		(C) Two yours back	(u) Theo years back		5 DUCK
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 balance2 Provide the estimated percentag	a of the ourre	nt voor ond	halanaa (lin	a 1 a column (c)) hold			
a Board designated or guasi-endowm		int year enu		e ry, column (a)) neiu	d5.		
b Permanent endowment ►			0				
c Term endowment ►	<u> </u>						
The percentages on lines 2a, 2b, a	nd 2c should e	egual 100%.					
					6 H		
3a Are there endowment funds not in torganization by:	the possessior	of the organ	lization that a	re neid and administered	for the	Yes	No
(i) Unrelated organizations						. 3a(i)	
(ii) Related organizations						3a(ii)	
b If 'Yes' on line 3a(ii), are the rela	ated organiza	tions listed a	as required c	n Schedule R?		. 3b	
4 Describe in Part XIII the intended	d uses of the	organization	n's endowme	nt funds.			
Part VI Land, Buildings, and							
Complete if the organ	ization ans	wered 'Ye	es' on Forn	n 990, Part IV, line	11a. See Form 99	0, Part X, Iir	ne 10.
Description of property		(a) Cost or (invest	other basis tment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book va	alue
1 a Land	· · · · · · · · · · · · · · ·			268,070.		268	,070.
b Buildings				1,243,086.	1,103,984.	139,	,102.
c Leasehold improvements							
d Equipment				193,913.	120,142.	73,	,771.
e Other				90,850.	90,850.		0.
Total. Add lines 1a through 1e. (Colum	nn (d) must e	qual ⊢orm 9	90, Part X, c	oiumn (B), line 10c.)			<u>,943.</u>
BAA					Sched	ule D (Form 990	J) ZUZU

Schedule D (Form 990) 2020

Schedule E	O (Form 990) 2020 INTERACT MINISTRI	ES, INC.	92-600	04561 Page 3
Part VII	Investments – Other Securities.			
	Complete if the organization answered ription of security or category (including name of security)	(b) Book value	0, Part IV, line TID. See Form S	
	al derivatives	(b) Dook value		n-year market value
• •	held equity interests.			
(3) Other				
(A)				
(B)				
(C)				
(D) (E)				
<u>(F)</u>				
<u>(G)</u>				
(H)				
(I)				
Total. (Colum	nn (b) must equal Form 990, Part X, column (B) line 12.) 🕨	•		
Part VIII	Investments – Program Related. Complete if the organization answered	'Yes' on Form 990	N/A). Part IV. line 11c. See Form 9	90. Part X. line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
(1)				
(2)				
(3)				
(4)				
(5) (6)				
(7)				
(8)				
(9)				
(10)				
Part IX	nn (b) must equal Form 990, Part X, column (B) line 13.) ► Other Assets.	N/A		
r art iA	Complete if the organization answered	1 'Yes' on Form 990), Part IV, line 11d. See Form 9	
(1)	(a) De	scription		(b) Book value
(1) (2)				
(3)				
(4)				
(5)				
(6) (7)				
(8)				
(9)				
(10)				
	lumn (b) must equal Form 990, Part X, column (B) line 15.)	▶	
Part X	Other Liabilities. Complete if the organization answered 'Yes' on F	Form 990. Part IV. line 11	le or 11f. See Form 990. Part X. line 25	
1.	(a) Descr	ription of liability		(b) Book value
	ral income taxes			0.685
	TAL DEPOSIT LIABILITY IT INTEREST LIABILITY			<u>3,675.</u> 138,068.
(4)	II INIERESI LIADILIII			130,000.
(5)				
(6)				
(7)				
(8) (9)				
(10)				
(11)				
	nn (b) must equal Form 990, Part X, column (B) line 25.)			141,743.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII.

Schedule D (Form 990) 2020 INTERACT MINISTRIES, INC.	92-6004563	L Page 4
Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per	Return.	
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	2,842,917.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		· · ·
a Net unrealized gains (losses) on investments	4.	
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	2e	356,189.
3 Subtract line 2e from line 1.	3	2,486,728.
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 4a		
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b	4c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	2,486,728.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses p	er Return.	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1 Total expenses and losses per audited financial statements	1	2,336,835.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		, ,
a Donated services and use of facilities	5.	
b Prior year adjustments		
c Other losses.		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d	2e	19,055.
3 Subtract line 2e from line 1.	3	2,317,780.
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 4a		
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b.		
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	2,317,780.
Part XIII Supplemental Information.		

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

		Atta	ach to Form 990.		Open to Bublic
Department of the Treasury Internal Revenue Service	► Go to www.i	rs.gov/Form990 f	or instructions and the latest	information.	Open to Public Inspection
Name of the organization				Employer id	entification number
INTERACT MINISTRI	ES, INC.			92-600	
Part I General Inform	nation on Activiti Part IV, line 14b.	es Outside th	e United States. Complet	te if the organiza	tion answered 'Yes'
1 For grantmakers. Does the grantees' eligibility	s the organization mai for the grants or assi	intain records to s stance, and the s	substantiate the amount of its election criteria used to award	grants and other ass the grants or assist	istance, ance?XYes No
	ibe in Part V the organiz RT_V	zation's procedures	s for monitoring the use of its gra	ants and other assistar	nce outside the
		line 3 table can b	e duplicated if additional space	e 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 (d) is a program service, describe specific type of service(s) in the region	expenditures for
(1) CANADA	1		PROGRAM	EVANGELISM	905,638.
(2) RUSSIA	1	3	PROGAMS AND GRANTS	EVANGELISM	100,038.
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3 a Subtotal b Total from continuation		3			1,005,676.
sheets to Part I c Totals (add lines 3a and 3b		3			1,005,676.

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.

SCHEDULE F (Form 990)

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

Schedule F (Form 990) 2020

OMB No. 1545-0047

2020

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Page 2

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	771,616.	WIRE			
2 Er	nter total number of recipient organiz ganization by the IRS, or for which t	zations listed above t he grantee or counse	hat are recognized I has provided a se	as charities by t ction 501(c)(3) e	he foreign country, equivalency letter	recognized as a t	ax exempt 501(c)(3	3) ►	0
	nter total number of other organization							►	1 (Form 990) 2020

Schedule F (Form 990) 2020 INTERACT MINISTRIES, INC.

, , , , , , , , , , , , , , , , , , , ,	/				22	0001001	
Part III Grants and Other Assistant Part IV, line 16. Part III ca				ete if the organiz	zation answered 'Ye	es' on Form 990,	
(a) Type of grant or assistance	(b) Region	(c) Number	(d) Amount of	(e) Manner of	(f) Amount of	(g) Description of	

(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)							

Page 3

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Page 4

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

TEEA3505L 09/16/20

Schedule F (Form 990) 2020

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

PART I, LINE 2 - 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.

92-6004561

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.

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.