Form **990**

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Α	For t	he 2023 cal	endar	year, or tax	year beg	inning	4/0	1	, 20	23, aı	nd ending	g :	3/31		,	20 2024		
В	Check	if applicable:	С										D	Employ	yer identi	fication number	er	
	A	ddress change	II	NTERACT	MINIST	TRIES,	INC							92-	6004	561		
		ame change		1000 SE									Ε		one numb			
		itial return	BO	ORING, (OR 9700)9								503	-668	-5571		
		nal return/terminate	hd											303	000	3371		
		mended return	,										G	Gross	eceipts \$	3 2 6	64,4	1/1/
		pplication pendi	na F	Name and add	dress of princ	inal officer:	D3.11	C CMT III	т		1	H(a) Is			for subor	1		X No
		pplication penal	g .	AME AS C	אוויים וס פספיים	7	DALI	L SMITH	1				-		s included		Yes	No
_	Tay	exempt status:		501(c)(3)	501(c)		\ (in	sert no.)	4947(a)(1)	or	527	If '	'No," atta	ach a list	t. See ins	tructions.		
<u>'</u>				INTERAC			•	3611 110.)	4547 (a)(1)	UI	_	11/-> 0:-		nption n				
K				Corporation	r	I 1		Other		Lv-		• •		-			ΩD	
	art I	n of organizatio		Corporation	Trust	Associa	ation	Other		L Yea	ar of formati	on: 1	959	IVI :	State of Ie	egal domicile:	OR	
Pa	irt i	Summ Briefly dos		the organiza	tion's mis	cion or m	oct ci	anificant a	ctivitios: T	יוייוא	חאכייי ו	MTNT.	ר תייים ד	пс т	C 7	DET TOTO	NTTC	
	-			ON ASSO											<u>S A</u>	KELIGIC	105	
Governance		OKGANI	7 <u>W</u> 11	ON ASSO	CIAIEL	MITIU	Спо	KCUES (Jr Inc	PKU	IESIA	NI C	ATIU	<u></u>				
nar																		
Ver	2	Check this	hox	if the	organizat	ion disco	ntinue	d its opera	tions or dis	nose	d of mor	e than	25%	of its n	et asse			
ဗ	3			g members														11
∘ ŏ	4			endent votir											4			10
ţį.	5	Total numb	er of	individuals (employed	in calend	ar yea	ır 2023 (Pa	art V, line 2	la)					5			46
Activities &	6			volunteers (•										6			30
Ą				ousiness rev											7a			0.
	b	Net unrelat	ed bu	siness taxal	ble incom	e from Fo	rm 99	0-T, Part I	, line 11						7b			0.
		0 1 1 1		-l (D.		- 11-1								r Year	200	Curren		
ē	8			d grants (Pa										238,9			49,0	
en	9			revenue (P										34,0			46,9	
Revenue	10 11			ne (Part VII Part VIII, col										42,3			$\frac{48,1}{20}$	
_	12			add lines 8									2 /	13,2 128,6			20,3	444.
	13			ar amounts										26,9			48,5	
	14			or for memb					-					020,3	777.	0	40,	<i>) 3 3 3 3</i>
	15	•		ompensatio	-			-					1 1	48,0	161	1 2	16 5	- F C
es	10			·			-				•		⊥,_	40,	701.	1,3	16,5	, ,
Expenses	16a			draising fees	•			-										
×	b			expenses (<u>,358.</u>							
ш	17	Other expe	nses	(Part IX, col	lumn (A),	lines 11a	-11d,	11f-24e)					-	781,2	266.	8	30,6	526.
	18			Add lines 13									2,5	556,3	326.	2,7	95,7	775.
	19	Revenue le	ss ex	penses. Sub	otract line	18 from I	ine 12						-1	.27,6	567.	-1	31,3	331.
or Ces												Begi		f Currer		End o		
sets alan	20		`	rt X, line 16	,									.62,4			12,7	
Net Assets Fund Balanc	21	Total liabili	ties (F	Part X, line	26)								1	.92,8	304.	2	19,9	} 00.
ξĒ	22	Net assets	or fur	nd balances	. Subtract	line 21 fr	om lin	e 20					1,9	969,6	548.	1,9	92,8	331.
Pa	art II	Signat	ure l	Block														
Unde	er penalt	ties of perjury, I	declare	that I have exam (other than offic	nined this retu	rn, including	accompa	anying schedul	es and stateme	nts, an	d to the best	of my k	nowledge	and beli	ef, it is tru	ue, correct, and		
com	piete. D	eciaration of pr	eparer	(otner than offic	er) is based	on all inform	lation of	wnich prepar	er nas any kno	wieage	e.		1					
		0: 1																_
Sig	gn	Signature	of offic	cer								Dat	e					
He	re	DALE									E	XECU	JTIVE	E DII	RECTO)R		
				ne and title		T												
				arer's name			er's sign	ature			Date		Ch	eck .	<u> </u>	PTIN		
Pa			YL]	L. MORGA	•								sel	f-employ	red :	P001688	69	
	epar		ame			IPSON 1												
Us	e Or	ily Firm's a	ddress		SW FIR			, SUITI	E 410				Fir	m's EIN	93-	-115714	6	
				PORTL	AND, C	R 9720)1						Ph	one no.	(503	3) 222-3	3338	;
May	y the I	RS discuss	this r	eturn with th	ne prepare	er shown	above	? See insti	ructions							X Yes		No

Par	t III	Statement of Program Service Accomplishments	
		Check if Schedule O contains a response or note to any line in this Part III.	X
1	Briefl	y describe the organization's mission:	
	INT	ERACT MINISTRIES IS A RELIGIOUS ORGANIZATION ASSOCIATED WITH CHURCHES OF THE	
	PRO	TESTANT FAITH.	
2	Did th	ne organization undertake any significant program services during the year which were not listed on the prior	
	Form	990 or 990-EZ?	o
		es," describe these new services on Schedule O.	
3	Did th	ne organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No	0
		es," describe these changes on Schedule O.	_
		·	
•	Section	ribe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. on 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses,	
	and r	evenue, if any, for each program service reported.	
4a	(Code	e:) (Expenses \$ 930,430. including grants of \$) (Revenue \$ 146,924	.)
	EVA	NGELISM AND DISCIPLESHIP - ALASKA - THE ORGANIZATION PROVIDES FUNDING AND	_
	ADM	INISTRATIVE SUPPORT FOR 14 MISSIONARY FAMILIES WHO PROVIDE EVANGELIZATION AND	
	DIC	IPLESHIP IN APPROXIMATELY 8 COMMUNITIES IN ALASKA. MINISTRIES INCLUDE YOUTH	
		REACH AND CONFERENCES, LEADERSHIP TRAINING, FRIENDSHIP EVANGELISM, BIBLE STUDIES	
		SHIP SERVICES AND OTHER CHURCH-RELATED ACTIVITIES. THE ORGANIZATION OPERATES A	<u>-</u> -
		IVE LEADERSHIP AND DEVELOPMENT PROGRAM IN PALMER. THE RESIDENTIAL PROGRAM IS	
		TOMIZED FOR EACH STUDENT TO FILL THE GAPS IN THEIR TRAINING AND PREPARE THEM FOR	
		DERSHIP POSITIONS IN THE NATIVE CHURCH IN ALASKA.	
	<u> </u>	DEROITE TOOTTONS IN THE MATIVE CHOROL IN ADMONIA.	
)	
4b	(Code	, , , ,, , ,, , ,	_)
		NGELISM AND DISCIPLESHIP - CANADA - THE ORGANIZATION PROVIDES FUNDING AND	
		INISTRATIVE SUPPORT FOR OVER 26 MISSIONARY FAMILIES WHO PROVIDE EVANGELIZATION A	<u>ND</u>
		IPLESHIP AMONG THE LEAST-REACHED PEOPLE GROUPS IN APPROXIMATELY 8 COMMUNITIES	
		OUGHOUT WESTERN CANADA. MINISTRIES INCLUDE YOUTH OUTREACH AND CONFERENCES,	
		DERSHIP TRAINING, FRIENDSHIP EVANGELISM, BIBLE STUDIES, WORSHIP SERVICES, AND	
	OTH	ER CHURCH-RELATED ACTIVITIES.	
4c	(Code	e:) (Expenses \$232,119. including grants of \$18,397.) (Revenue \$)
		E MINISTRY, BIBLE SCHOOLS, AND OTHER MINISTRIES - IN ADDITION TO SERVING IN CANAL	
		SKA, AND RUSSIA, THE ORGANIZATION'S STAFF ALSO MINISTERS TO CHURCHES AND	
		IVIDUALS IN THE 48 CONTIGUOUS STATES IN RETURN FOR PROGRAM FUNDING. FIELD STAFF	
		AK AND TEACH IN THESE SUPPORTING CHURCHES ON A REGULAR BASIS.	
	2111	IN AND TENEN IN THESE SOLIORITING CHORENES ON A REGOLAR BASIS.	
	⊔ОМ	E OFFICE SUPPORT - THE ORGANIZATION HAS APPROXIMATELY 8 OFFICE STAFF SUPPORTING	
	TOM	E OFFICE SUFFORI - THE ORGANIZATION HAS AFFROATMATELL 6 OFFICE STAFF SUFFORITING	
	<u> </u>	FIELD MINISTRIES AND FIELD STAFF SERVING ACCROSS OUR AREA OF SERVICE.	
	Oll	Opp Garage	
		r program services (Describe on Schedule O.) SEE SCHEDULE O	
		enses \$ 399,610. including grants of \$) (Revenue \$)	
4e	Total	program service expenses 2,192,355.	

Form 990 (2023) INTERACT MINISTRIES, INC. Part IV | Checklist of Required Schedules

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

Form 990 (2023) INTERACT MINISTRIES, INC. Part IV Checklist of Required Schedules (continued)

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

Form 990 (2023) INTERACT MINISTRIES, INC. Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			162	NO
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 46			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Χ
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	,,		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring			
	organization have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			37
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		Х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
. •	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities that would			
	result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		

Form 990 (2023) INTERACT MINISTRIES, INC. 92-6004561 Page 6 Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI...... Section A. Governing Body and Management No Yes 1a Enter the number of voting members of the governing body at the end of the tax year 11 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. **b** Enter the number of voting members included on line 1a, above, who are independent..... 10 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Χ officer, director, trustee, or key employee?..... 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision Χ 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?..... Χ 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Χ Χ Did the organization have members or stockholders?..... 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?..... Χ 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, Χ stockholders, or persons other than the governing body? 7h Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Χ a The governing body?..... 8a X Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the 9 X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Χ b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b Χ 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?..... **b** Describe on Schedule O the process, if any, used by the organization to review this Form 990. Χ 12a Did the organization have a written conflict of interest policy? If "No," go to line 13...... 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise Χ 12b to conflicts?...... c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done. SEE SCHEDULE O. Χ 13 Χ 14 Did the organization have a written document retention and destruction policy?..... Χ 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? Χ a The organization's CEO, Executive Director, or top management official..... 15a Χ 15h If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? Χ 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?..... Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed NONE Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Upon request Own website Another's website Other (explain on Schedule O) 19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. SEE SCHEDULE O

State the name, address, and telephone number of the person who possesses the organization's books and records.

MIKE HUBBARD 31000 SE KELSO ROAD BORING OR 97009 503-668-5571

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

	heck this box if neither the organization nor any re	elated orga	aniza	ation	cor	npei	nsate	ed a	ny current officer,	director, or trustee.	
	(A) Name and title	Average hours per week (list any hours for related organizations below dotted line)	box,	unle: er an	heck ss pe	more rson i	than on its botts that the botts or /tremployee	an	(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099- MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
(1)	DALE SMITH	40								_	_
	EXECUTIVE DIR.	0			Χ				112,205.	0.	0.
(2)	<u>DR. MIKE MATTHEWS</u> DIRECTOR, MIN.	$-\frac{40}{0}$	Х						20 405	0.	0
(3)	DARYL KROEKER	1	Λ						38,485.	0.	0.
(3)	CHAIR		Х		Х				0.	0.	0.
(4)	DAVE PERRY	1								•	<u></u>
	VICE CHAIR	0	Х		Х				0.	0.	0.
(5)	REV RAY PRIGODICH	1									
	SECRETARY	0	Х		Χ				0.	0.	0.
(6)	CHUCK SCHAAP	11									
	TREASURER	0	Χ		Χ				0.	0.	0.
(7)	DAVE LEY	11									
	DIRECTOR	0	X						0.	0.	0.
<u>(8)</u>	HURON CLAUS	1							_	_	_
	DIRECTOR	0	X						0.	0.	0.
<u>(9)</u>	BILL TWICHELL	1	.,								•
(10)	DIRECTOR	0	Х						0.	0.	0.
(10)	RANDY JACKSON DIRECTOR	1	Х						0.	0	0
(11)	PETER ROGERS	0	Λ						0.	0.	0.
7,7	DIRECTOR		Х						0.	0.	0.
(12)	GEORGE SCHULTZ	1	Λ						0.	0.	0.
<u>`</u>	DIRECTOR	0	Х						0.	0.	0.
(13)											
(14)											
			1	l	l	1	1				

Page 8

Part VII Section A. Officers, Directors, 11	ustees,	ney	En	npı	Оує	es,	an	a nignest cor	npensaleu Em	Jioyee	S (con	tinuea)
				(C)							
(A)	(B)	(do not check more than one			ne	(D)	(E)		(F)			
Name and title	Average	box,	unles	s per	rson i	s both r/truste	an	Reportable compensation from	Reportable compensation from	Estima	ated amo	ount
	hours per week						_	the organization (W-2/1099-	related organizations (W-2/1099-	compe	nsation f rganizati	
	(list any hours for	divi din	stitu	Officer	еу е	ighe nplc	Former	MISC/1099-NEC)	MISC/1099-NEC)	an	d related anization	l
	related organiza-	Individual t or director	tior	4	mpl	st c	딱			orga	arnzation	15
	below	Individual trustee or director	nal tr		Key employee	omp						
	dotted line)	stee	Institutional trustee		(0	Highest compensated employee						
			Ж			atted						
(15)												
(16)												
(17)												
(18)												
(19)												
(20)												
(21)												
(22)												
(23)												
(24)												
(25)												
1b Subtotal							٠.	150,690.	0.			0.
c Total from continuation sheets to Part VII, Section								0.	0.			0.
d Total (add lines 1b and 1c)								150,690.	0.			0.
2 Total number of individuals (including but not limit	ted to tho	se lis	ted	abo	ve) v	who r	ece	eived more than \$	100,000 of reportable	le comp	ensatio	on
from the organization 1												
											Yes	No
3 Did the organization list any former officer, direct	or, trustee	, key	em	ploy	/ee,	or hig	ghe	st compensated e	mployee			7.7
on line 1a? If "Yes,"complete Schedule J for such	individua	<i>I</i>								. 3		X
4 For any individual listed on line 1a, is the sum of	reportable	com	pen	sati	on a	and of	ther	compensation fro	om			
the organization and related organizations greater such individual	than \$15	0,000)? [† "Y	es,"	comp	olet	e Schedule J for		4		X
5 Did any person listed on line 1a receive or accrue												
for services rendered to the organization? <i>If "Yes</i>	," comple	te Sc	hed	ule .	J for	such	ıeu 1 pe	erson		. 5		X
Section B. Independent Contractors										•		
1 Complete this table for your five highest compens	ated inde	pende	ent o	cont	ract	ors th	nat i	received more tha	n \$100,000 of			
	compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C)											
(A) (B) (Competition of services Competition Competiti										رر) nsatior	n	
								'				
2 Total number of independent contractors (includin	ia hut not	limit	2d t/	th/	250	istad	ah	ove) who received	more than			
\$100,000 of compensation from the organization	-		ou il	י נוול	JJC	เอเซน	au	OVO, WITO TECTIVED	more train			
	0											

	-	Check if Schedule O contains a response or note to any	line in this Part VIII			
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
đ, š	1a	Federated campaigns 1a				
Contributions, Gifts, Grants, and Other Similar Amounts	b	Membership dues				
S, G	С	Fundraising events				
E i	d	Related organizations 1d				
ons, Sir	e f	Government grants (contributions) 1e All other contributions, gifts, grants, and				
五百	•	similar amounts not included above 1f 2,449,021.				
를 를	g	Noncash contributions included in lines 1a-1f				
Con	h	Total. Add lines 1a-1f. 19 2,150.	2,449,021.			
		Business Code	2,445,021.			
en C	2a	HOUSING IN ALASKA 531110	146,924.	146,924.		
æ	b			.,		
/ice	С					
Sen	d					
E	е					
Program Service Revenue	f	All other program service revenue	1.15.001			
Δ.	g	Total. Add lines 2a-2f.	146,924.			
	3	Investment income (including dividends, interest, and other similar amounts)	48,131.			48,131.
	4	Income from investment of tax-exempt bond proceeds	10, 101			10,101,
	5	Royalties				
		(i) Real (ii) Personal				
		Gross rents 6a				
		Less: rental expenses 6b				
		Rental income or (loss) 6c				
		Net rental income or (loss)				
	7a	sales of assets				
	L	other than inventory Less: cost or other basis				
	D	and sales expenses 7b				
	С	Gain or (loss) 7c				
	d	Net gain or (loss)				
ā	8a	Gross income from fundraising events				
en		(not including \$				
ě		of contributions reported on line 1c). See Part IV, line 18				
2	h	See Part IV, line 18 8a Less: direct expenses 8b				
Other Revenue		Net income or (loss) from fundraising events				
J		Gross income from gaming activities.				
	Ja	See Part IV, line 19				
		Less: direct expenses 9b				
	С	Net income or (loss) from gaming activities				
	10a	Gross sales of inventory, less				
	h	returns and allowances				
		Less: cost of goods sold				
(A	L	Business Code				
Miscellaneous Revenue	11a	OTHER REVENUE 900099	20,368.	20,368.		
캶	b			_ 3, 3 3 3 1		
scellaneo Revenue	С					
<u> </u>	_	All other revenue				
		Total. Add lines 11a-11d	20,368.			
	12	Total revenue. See instructions	2,664,444.	167,292.	0.	48,131.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX. (D) Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. Total expenses Management and Fundraising Program service general expenses expenses expenses Grants and other assistance to domestic

		Check if Schedule O contains a response or note to	any line	in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash — non-interest-bearing			26,776.	1	5,159.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current or forme trustee, key employee, creator or founder, substantial controlled entity or family member of any of these person	er officer, contribut	director, or, or 35%		5	
	6	Loans and other receivables from other disqualified pe					
	"	section 4958(f)(1)), and persons described in section 4	-			6	
	7	Notes and loans receivable, net				7	
Ø	8	Inventories for sale or use		_		8	
Assets	9	Prepaid expenses and deferred charges		_	15,404.	9	20,070.
As			1 1		15, 101.		20,010.
	IUa	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	2,057,092.			
		Less: accumulated depreciation		1,491,238.	487,606.	10c	565,854.
	11	Investments – publicly traded securities			1,632,666.	11	1,621,648.
	12	Investments – other securities. See Part IV, line 11		<u> </u>	_,,	12	
	13	Investments – program-related. See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equal line 3		2,162,452.	16	2,212,731.	
	17	Accounts payable and accrued expenses	25,243.	17	54,425.		
	18	Grants payable			·	18	·
	19	Deferred revenue			7,018.	19	4,732.
	20	Tax-exempt bond liabilities		_		20	
es	21	Escrow or custodial account liability. Complete Part IV				21	
Liabilities	22	Loans and other payables to any current or former offickey employee, creator or founder, substantial contribut controlled entity or family member of any of these persons.	cer, dired tor, or 35 sons	ctor, trustee, %		22	
	23	Secured mortgages and notes payable to unrelated thi		_		23	
	24	Unsecured notes and loans payable to unrelated third		<u> </u>		24	
	25	Other liabilities (including federal income tax, payables and other liabilities not included on lines 17-24). Comp	s to relate plete Part	ed third parties, t X of Schedule D	160,543.	25	160,743.
	26	Total liabilities. Add lines 17 through 25			192,804.	26	219,900.
nces		Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.	L	X			
aga	27	Net assets without donor restrictions		_	1,969,648.	27	1,992,831.
Ω.	28	Net assets with donor restrictions				28	
Net Assets or Fund Balance		Organizations that do not follow FASB ASC 958, checand complete lines 29 through 33.	k here				
ō	29	Capital stock or trust principal, or current funds		<u> </u>		29	
ė E	30	Paid-in or capital surplus, or land, building, or equipme		<u> </u>		30	
155	31	Retained earnings, endowment, accumulated income,	<u> </u>		31		
et)	32	Total net assets or fund balances			1,969,648.	32	1,992,831.
	33	Total liabilities and net assets/fund balances			2,162,452.	33	2,212,731.
	Α		TEEA0111L	DD 102 102			Form 990 (2023)

Pai	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				🔲
1	Total revenue (must equal Part VIII, column (A), line 12).	1	2,6	64,4	144.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,7	95,7	775.
3	Revenue less expenses. Subtract line 2 from line 1.	3	-1	31,3	331.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,9	69,6	548.
5	Net unrealized gains (losses) on investments	5		54,5	
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B)).	10	1,9	92,8	331.
Pai	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
b	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both. Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant?		2b	X	
~	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate				
	basis, consolidated basis, or both. X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the review, or compilation of its financial statements and selection of an independent accountant?	e audit,	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.				
	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Ur Guidance, 2 C.F.R. Part 200, Subpart F?		3a		Х
b	o If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
BAA	TEEA0112L 08/23/23		Form	990	(2023)

SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Employer identification number

INC. INTERACT MINISTRIES, 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.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's 4 name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 12 **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must** complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.** Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. **g** Provide the following information about the supported organization(s). (i) Name of supported organization (iii) Type of organization (described on lines 1-10 above (see instructions)) (ii) EIN (v) Amount of monetary (iv) Is the organization listed (vi) Amount of other support (see instructions) in your governing document? Yes No (A) (B) (C) (D) (E) Total

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

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

Sec	tion A. Public Support								
Cale: begii	ndar year (or fiscal year nning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total		
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,943,215.	2,316,011.	2,102,865.	2,238,993.	2,449,021.	11,050,105.		
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.		
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.		
4 5	Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)	1,943,215.	2,316,011.	2,102,865.	2,238,993.	2,449,021.	11,050,105.		
6	Public support. Subtract line 5 from line 4						11,050,105.		
Sec	tion B. Total Support								
	ndar year (or fiscal year nning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total		
7	Amounts from line 4	1,943,215.	2,316,011.	2,102,865.	2,238,993.	2,449,021.	11,050,105.		
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	42,369.	39,266.	44,880.	42,391.	48,131.	217,037.		
9	Net income from unrelated business activities, whether or not the business is regularly carried on	,		22,000	,		0.		
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.		
	Total support. Add lines 7 through 10						11,267,142.		
12	Gross receipts from related activi	ities, etc. (see ins	tructions)			12	712,314.		
13	First 5 years. If the Form 990 is f organization, check this box and	or the organizatio	n's first, second, t	hird, fourth, or fift	h tax year as a se	ection 501(c)(3)			
Sec	tion C. Computation of Pu	blic Support F	Percentage						
	Public support percentage for 20: Public support percentage from 2						98.07 %		
	33-1/3% support test–2023. If th	ne organization did	I not check the bo	x on line 13, and	line 14 is 33-1/3%	or more, check t			
b	and stop here. The organization qualifies as a publicly supported organization								
17a	10%-facts-and-circumstances test—2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization								
	10%-facts-and-circumstances te or more, and if the organization rorganization meets the facts-and	meets the facts-ar -circumstances te	nd-circumstances st. The organization	test, check this bo on qualifies as a p	ox and stop here. bublicly supported	Explain in Part V organization.	I how the		
18	Private foundation. If the organiz	ation did not ched	k a box on line 13	3, 16a, 16b, 17a, d	or 17b, check this	box and see instr	uctions		

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							
	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 202	3	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")							
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose							
3	Gross receipts from activities that are not an unrelated trade or business under section 513.							
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities furnished by a governmental unit to the organization without charge							
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons							
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year							
С	Add lines 7a and 7b							
	Public support. (Subtract line 7c from line 6.)							
Sec	tion B. Total Support		1	1	1			
	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 202	3	(f) Total
-	Amounts from line 6							
	similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b							
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on.							
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).							
	Total support. (Add lines 9, 10c, 11, and 12.)							
	First 5 years. If the Form 990 is f organization, check this box and	stop here						
	tion C. Computation of Pu							
	Public support percentage for 202	•					15	%
	Public support percentage from 2						16	%
Sec	tion D. Computation of Inv			/				
17	Investment income percentage for	•		•			17	%
	Investment income percentage fr					J.	18	%
	33-1/3% support tests—2023. If the is not more than 33-1/3%, check	this box and stop	here. The organi	zation qualifies as	a publicly suppor	ted organiza	ation	
	33-1/3% support tests—2022. If the line 18 is not more than 33-1/3%	, check this box a	nd stop here. The	organization qual	lifies as a publicly	supported of	rganizatio	1
20	Private foundation. If the organiz	ation did not ched	ck a box on line 14	4, 19a, or 19b, che	eck this box and s	ee instructio	ns	

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
За	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		
С	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.	4b		
С	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		
С	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 or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990)</i> .	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).	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 on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9с		
0 a	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		

Pa	rt I\	V Supporting Organizations (continued)			
11	На	as the organization accepted a gift or contribution from any of the following persons?		Yes	No
	A	person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, e governing body of a supported organization?	11a		
ŀ		family member of a person described on line 11a above?	11b		
	, ~	raining member of a person described on line fra above:	110		
		35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI .	11c		
Sec	tioi	n B. Type I Supporting Organizations		V	NI -
1	or off org tha	d the governing body, members of the governing body, officers acting in their official capacity, or membership of one more supported organizations have the power to regularly appoint or elect at least a majority of the organization's ficers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported ganization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more an one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees are allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers uring the tax year.	1	Yes	No
2	Dio tha	d the organization operate for the benefit of any supported organization other than the supported organization(s) at operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such enefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the apporting organization.	2		
Sec	tio	n C. Type II Supporting Organizations			
				Yes	No
1	of	ere a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the upporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Sec	tio	n D. All Type III Supporting Organizations			
1	<u>.</u>			Yes	No
1	org ye	d the organization provide to each of its supported organizations, by the last day of the fifth month of the ganization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax ear, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the ganization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	org	ere any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported ganization(s), or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how e organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	vo all	reason of the relationship described on line 2, above, did the organization's supported organizations have a significant policie in the organization's investment policies and in directing the use of the organization's income or assets at I times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played this regard.	3		
Sec		n E. Type III Functionally Integrated Supporting Organizations			
		heck the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction	ons).		
;	а	The organization satisfied the Activities Test. Complete line 2 below.			
ı	b =	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
(С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	nstruc	tions).	
2	Ac	ctivities Test. Answer lines 2a and 2b below.		Yes	No
i	su or res	d substantially all of the organization's activities during the tax year directly further the exempt purposes of the poorted organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported rganizations and explain how these activities directly furthered their exempt purposes, how the organization was sponsive to those supported organizations, and how the organization determined that these activities constituted	20		
		ubstantially all of its activities.	2a		
ļ	mo rea	d the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or ore of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the asons for the organization's position that its supported organization(s) would have engaged in these activities at for the organization's involvement.	2b		
3		arent of Supported Organizations. <i>Answer lines 3a and 3b below.</i>			
	a Dio	d the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a		
ı		d the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its apported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pai	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	ganiza	itions						
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust instructions. All other Type III non-functionally integrated supporting organization	on Nov	v. 20, 1970 (explain in F complete Sections A th	Part VI). See nrough E.					
Sec	Section A — Adjusted Net Income (A) Prior Year								
1	Net short-term capital gain	1							
2	Recoveries of prior-year distributions	2							
3	Other gross income (see instructions)	3							
4	Add lines 1 through 3.	4							
5	Depreciation and depletion	5							
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6							
7	Other expenses (see instructions)	7							
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8							
Sec	tion B — Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)					
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):								
	Average monthly value of securities	1a							
Ł	Average monthly cash balances	1b							
	Fair market value of other non-exempt-use assets	1c							
	I Total (add lines 1a, 1b, and 1c)	1d							
	e Discount claimed for blockage or other factors (explain in detail in Part VI):								
2	Acquisition indebtedness applicable to non-exempt-use assets	2							
3	Subtract line 2 from line 1d.	3							
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4							
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5							
6	Multiply line 5 by 0.035.	6							
7	Recoveries of prior-year distributions	7							
8	Minimum Asset Amount (add line 7 to line 6)	8							
Sec	tion C — Distributable Amount			Current Year					
1	Adjusted net income for prior year (from Section A, line 8, column A)	1							
2	Enter 0.85 of line 1.	2							
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3							
4	Enter greater of line 2 or line 3.	4							
5	Income tax imposed in prior year	5							
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6							
7	Check here if the current year is the organization's first as a non-functionally integer (see instructions).	grated 7	Гуре III supporting orga	nization					

BAA Schedule A (Form 990) 2023

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)						
Section D — Distributions							
1	Amounts paid to supported organizations to accomplish exempt purposes	1					
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 supported organizations	3					
4	Amounts paid to acquire exempt-use assets	4					
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5					
6	Other distributions (describe in Part VI). See instructions.	6					
_ 7	Total annual distributions. Add lines 1 through 6.	7					
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8					
9	Distributable amount for 2023 from Section C, line 6	9	_				
10	Line 8 amount divided by line 9 amount	10	•				

Section E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1 Distributable amount for 2023 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2023 (reasonable cause required — <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2023			
a From 2018			
b From 2019			
c From 2020			
d From 2021			
e From 2022			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2023 distributable amount			
i Carryover from 2018 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2023 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2023 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2023, 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 2023. 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 2024. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2019			
b Excess from 2020			
c Excess from 2021			
d Excess from 2022			
e Excess from 2023			

BAA Schedule A (Form 990) 2023

Page 8

INTERACT MINISTRIES,

Part VI

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

BAA Schedule A (Form 990) 2023 TEEA0408L 08/14/23

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

Attach to Form 990.

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization Employer identification number

IN:	TERACT MINISTRIES, INC.		92-6004561
Pa	Organizations Maintaining Donor Advised Funds or Other Similar F Complete if the organization answered "Yes" on Form 990, Part IV, I	unds or A line 6.	Accounts
	(a) Donor advised funds	(b) F	unds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor are the organization's property, subject to the organization's exclusive legal control?		
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purposes.	can be used urpose confe	only
	impermissible private benefit?		Yes No
	Conservation Easements Complete if the organization answered "Yes" on Form 990, Part IV, I	line 7.	
1	<u> </u>		
	Preservation of land for public use (for example, recreation or education) Preservation	on of a histor	ically important land area
	Protection of natural habitat Preservation	on of a certifi	ed historic structure
	Preservation of open space		
2		e form of a d	conservation easement on the
	last day of the tax year.		Indiate Fred Alba Tan Vann
-	a Total number of conservation easements.		leld at the End of the Tax Year
	b Total acreage restricted by conservation easements	-	
(c Number of conservation easements on a certified historic structure included on line 2a	2c	
	d Number of conservation easements included on line 2c acquired after July 25, 2006, and not or a historic structure listed in the National Register.	2d	
3	Number of conservation easements modified, transferred, released, extinguished, or terminated tax year	d by the orga	nization during the
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, handl and enforcement of the conservation easements it holds?		
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing	ng conservat	ion easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing co	onservation e	easements during the year
8	Does each conservation easement reported on line 2d above satisfy the requirements of section and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation easements in its revenue and e include, if applicable, the text of the footnote to the organization's financial statements that des conservation easements.	expense state scribes the or	ement and balance sheet, and rganization's accounting for
Pa	rt III Organizations Maintaining Collections of Art, Historical Treasures, Complete if the organization answered "Yes" on Form 990, Part IV, I	or Other Sline 8.	Similar Assets
1a	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue state historical treasures, or other similar assets held for public exhibition, education, or research in a Part XIII the text of the footnote to its financial statements that describes these items.	ement and be furtherance of	alance sheet works of art, of public service, provide in
k	If the organization elected, as permitted under FASB ASC 958, to report in its revenue stateme historical treasures, or other similar assets held for public exhibition, education, or research in following amounts relating to these items.	furtherance of	of public service, provide the
	(i) Revenue included on Form 990, Part VIII, line 1.		
	(ii) Assets included in Form 990, Part X		\$
	If the organization received or held works of art, historical treasures, or other similar assets for amounts required to be reported under FASB ASC 958 relating to these items.		
a	Revenue included on Form 990, Part VIII, line 1		\$
	Acceptational value of the Forms COO. Down V		

Part III Organizations Maintaini	ng Collection	s of Art, Histo	rical Treasures, or (Other Similar Asset	s (cont	inued))						
3 Using the organization's acquisition, a items (check all that apply).	accession, and o		,	nat make significant us	e of its	collectio	n						
a Public exhibition d Loan or exchange program													
b Scholarly research e Other													
c Preservation for future generations													
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.													
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?													
Part IV Escrow and Custodial Arrangements Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.													
1a Is the organization an agent, trustee,	custodian, or oth	ner intermediary f	or contributions or other	assets not included	Yes		No						
	on Form 990, Part X?												
				_	Amoun	i .							
c Beginning balance													
d Additions during the year													
e Distributions during the year													
f Ending balance							٦						
2a Did the organization include an amou				-			No						
b If "Yes," explain the arrangement in F	Part XIII. Check r	iere if the explana	ation has been provided	in Part XIII		· · · · · _							
Part V Endowment Funds													
Complete if the organiz	ation answer	ed "Yes" on F	Form 990 Part IV	line 10									
		+			_								
	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e)	Four years	s back						
1a Beginning of year balance													
b Contributions													
c Net investment earnings, gains, and losses													
d Grants or scholarships													
e Other expenditures for facilities and programs													
f Administrative expenses													
g End of year balance													
2 Provide the estimated percentage of	the current year	end balance (line	1g, column (a)) held as	:									
a Board designated or quasi-endowmer	nt	%											
b Permanent endowment	%												
c Term endowment	%												
The percentages on lines 2a, 2b, and	2c should equal	100%.											
3a Are there endowment funds not in the	possession of the	ne organization th	nat are held and adminis	stered for the	Г								
organization by: (i) Unrelated organizations?					2-45	Yes	No						
•					3a(i)								
(ii) Related organizations?					` '								
b If "Yes" on line 3a(ii), are the related	-				3b								
4 Describe in Part XIII the intended use		ition's endowrnen	it iunas.										
Part VI Land, Buildings, and E	• •	F 000 Dt	IV E. 11 - O. F. F.	000 Deat V Ear 10									
Complete if the organization a	answered "Yes" o	n Form 990, Part											
Description of property	(a) Cos (ir	t or other basis nvestment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d)	Book va	lue						
1a Land			268,070.			268.	,070.						
b Buildings			1,393,600.	1,258,280.			,320.						
c Leasehold improvements				,			<u></u>						
d Equipment			304,572.	142,108.		162	,464.						
e Other			90,850.	90,850.			0.						
Total. Add lines 1a through 1e. (Column (d)) must equal Fori	otal. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)). 565, 854.											

	1ts — Other Securities he organization answered "Yes" on	Form 990 Part IV line	N/A e 11b. See Form 990, Part X, line 12.	
	category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
				-
` '	erests			
(3) Other				
(B)				
(C)				
(A) (B) (C) (D) (E)				
(F)				
(G)				
(H)				
(l)				
	orm 990, Part X, line 12, column (B))			
Complete if t	nts — Program Related he organization answered "Yes" on	Form 990, Part IV, line	N/A e 11c. See Form 990, Part X, line 13.	
(a) Description	n 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)	orm 990, Part X, line 13, column (B))			
Other Ass Complete if t	he organization answered "Yes" on	N/A I Form 990, Part IV, line scription	e 11d. See Form 990, Part X, line 15.	(b) Book value
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(10)				
	aual Form 900 Part V line 15 ac	lumn (D))		
Part X Other Liab	oilities		e 11e or 11f. See Form 990, Part X, line	25
1.		ption of liability	5 115 61 111. 566 F01111 550, Fait A, IIII6	(b) Book value
(1) Federal income taxes		,		(-, - : 5 1555
(2) RENTAL DEPOSI	IT LIABILITY			2,675
(3) SPLIT INTERES				158,068
(4)				
(5)				
(6)				
(7)				
(8)				
(9) (10)				<u> </u>
(11)				1
	aual Form 000 Part V line 05	umn (P))		160 740
			nancial statements that reports the organization's I	160,743
			nancial statements that reports the organization's i	
DAA	- Chiese Horo II and toke of the foothete has	Soon provided in ruit Aill.		

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Retu	rn	
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	2,822,974.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		·
a Net unrealized gains (losses) on investments		
b Donated services and use of facilities		
c Recoveries of prior year grants		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d.	2e	158,530.
3 Subtract line 2e from line 1.	3	2,664,444.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b		
b Other (Describe in Part XIII.). 4b		
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	2,664,444.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Re	turn	
Complete if the organization answered "Voc" on Form 900 Part IV line 12a		
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
Total expenses and losses per audited financial statements	1	2,799,791.
	1	2,799,791.
 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: 		2,799,791.
1 Total expenses and losses per audited financial statements.2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		2,799,791.
1 Total expenses and losses per audited financial statements		2,799,791.
1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities.		2,799,791.
1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities.		2,799,791. 4,016.
1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities.	-	
1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities.	2e	4,016.
1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses c Other losses d Other (Describe in Part XIII.). e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. 4 Amounts included on Form 990, Part VIII, line 7b. 4 Amounts included on Form 990, Part VIII, line 7b. 4 Amounts included on Form 990, Part VIII, line 7b. 4 Amounts included on Form 990, Part VIII, line 7b.	2e	4,016.
1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities.	2e 3	4,016.
1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities.	2e 3	4,016. 2,795,775.
1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities.	2e 3	4,016.

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

BAA Schedule D (Form 990) 2023

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization				Employer identif	ication number
INTERACT MINISTRIES,	INC.			92-60045	61
	n on Activities	Outside the Uni	ted States. Complete if the		
			ubstantiate the amount of its gralection criteria used to award the		
2 For grantmakers. Describe United States. PART		anization's proced	ures for monitoring the use of it	ts grants and other assis	stance outside the
3 Activities per Region. (The	following Part I, Ii	ne 3 table can be	duplicated if additional space i	s needed.)	
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) CANADA	1		PROGRAM	EVANGELISM	630,196.
(2) RUSSIA	1	4	PROGAMS AND GRANTS	EVANGELISM	198,282.
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Subtotal	2	4			828,478.

b Total from continuation sheets to Part I..... c Totals (add lines 3a and 3b).

828,478.

92-6004561

Schedule F (Form 990) 2023

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.

(i) Method of valuation (book, FMV, appraisal, other)									0	
(h) Description of noncash assistance										- :
(g) Amount of noncash assistance									c exempt 501(c)(3)	
(f) Manner of cash disbursement	WIRE								scognized as a tax	
(e) Amount of cash grant	630,196.								foreign country, re uivalency letter	
(d) Purpose of grant	EVANGELISM								is charities by the tion 501(c)(3) eq	
(c) Region	CANADA								at are recognized a has provided a sec	
(b) IRS code section and EIN (if applicable)									ations listed above that are grantee or counsel	ons or entities
(a) Name of organization									2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter	3 Enter total number of other organizations or entities
-									. 7	3

INTERACT MINISTRIES, INC. Schedule F (Form 990) 2023

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

Page 3

92-6004561

(h) Method of valuation (book, FMV, appraisal, other) Schedule F (Form 990) 2023 (g) Description of noncash assistance (f) Amount of noncash assistance (e) Manner of cash disbursement (d) Amount of cash grant (c) Number of recipients (b) Region (a) Type of grant or assistance (18) BAA 8 \in \mathfrak{S} 4 2 9 6 8 (10) (1) (12) (13) (14) (15) (16) (1) 6

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 the 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 the 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 the 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 the 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 the 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 the Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2023 BAA TEEA3505L 11/01/23

Part V Supplemental Information

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

PART I, LINE 2 - GRANTMAKERS EXPLANATION FOR MONITORING USE OF FUNDS OUTSIDE US

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

BAA TEEA3504L 11/01/23 Schedule F (Form 990) 2023

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

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

OMB No. 1545-0047

ջ □ (h) Purpose of grant or assistance STAFF SUPPORT Employer identification number X Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed 92-6004561 0 "Yes" Enter total number of section 501(c)(3) and government organizations listed in the line 1 table. (g) Description of noncash assistance Part II | Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered SEE PART IV VEHICLE 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance; and the selection criteria used to award the grants or assistance? (f) Method of valuation (book, FMV, appraisal, other) 18,300. PURCHASE PRICE (e) Amount of noncash assistance 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. (d) Amount of cash grant 97 (c) IRC section (if applicable) Part I | General Information on Grants and Assistance 95-1831097 (**p**) EIN **1 (a)** Name and address of organization or government PO BOX 231756 ANCHORAGE, AK 99523 INTERACT MINISTRIES, (1) ALASKA FREEDOM JOURNEY i İ | | | | 1 Name of the organization İ İ I 1 1 I 1 1 | | 1 I | 1 8 1 4 6 (3) (5) (9) (8)

Enter total number of other organizations listed in the line 1 table.

Schedule I (Form 990) 2023 INTERACT MINISTRIES, INC.

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

Page 2

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
-						
2						
က						
4						
2						
9						
7						
Part IV	Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	te the information	n required in Part I	, line 2; Part III, α	olumn (b); and any oth	ner additional information.

PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANTS FUNDS IN U.S.

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

SCHEDULE L (Form 990)

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c; or Form 990-EZ, Part V, line 38a or 40b.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Department of the Treasury Internal Revenue Service

(6) (7)(8) (9) (10)Total.

INTERACT MINISTRIES, INC.

Employer identification number

92-6004561 **Excess Benefit Transactions** (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only) Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b; or Form 990-EZ, Part V, line 40b. (b) Relationship between disqualified person and (d) Corrected? 1 (c) Description of transaction (a) Name of disqualified person organization Yes No (1) (2) (3) (4) (5) (6) Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization..... Loans to and/or From Interested Persons Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22. (b) Relationship with organization (d) Loan to or (e) Original principal amount (a) Name of interested person (c) Purpose of (f) Balance due (g) In default? (h) Approved (i) Written organization? Tο From Yes No Yes No Yes No (1) (2) (3) (4) (5)

Grants or Assistance Benefiting Interested Persons Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

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

Schedule L (Form 990) 2023

Part IV Business Transactions Involving Interested Persons Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) CAROL SMITH	FAMILY	27,600.	COMPENSATION		Х
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information
Provide additional information for responses to questions on Schedule L. See instructions.

TEEA4501L 10/20/23

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

INTERACT MINISTRIES, INC

Employer identification number

92-6004561

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

SUPPORT MINISTRIES - ALASKA - THE ORGANIZATION MAINTAINS A 140 ACRE CAMPUS FACILITY IN PALMER, ALASKA TO PROVIDE CONFERENCE AND TRAINING FACILITIES FOR THE ORGANIZATION AND OTHER ASSOCIATED MINISTRIES. THE FACILITY INCLUDES INDIVIDUAL HOUSES AND DORMS, MEETING ROOMS AND RECREATION SPACE, AS WELL AS, AN AIRSTRIP, OFFICES AND MAINTENANCE FACILITIES. THIS CAMPUS GREATLY ENAHANCES THE EVANGELISM, DISCIPLESHIP, AND TRAINING MINISTRIES OF THE ORGANIZATION AND OTHER SIMILAR ORGANIZATIONS THROUGHOUT THE STATE.

THE ORGANIZATION ALSO HAS A DEDICATED TEAM OF STAFF TRAINED TO PROVIDE PASTORAL CARE AND ADVANCE TRAINING STAFF MEMBERS SERVING IN DIFFICULT AND REMOTE MINISTRY LOCATIONS.

COMMUNITY DEVELOPMENT - RUSSIA - THE ORGANIZATION PROVIDES ADMINISTRATION AND SUPPORT OF 4 MISSIONARY UNITS WHO ARE INVOLVED IN DISCIPLESHIP IN SIBERIA. STAFF MEMBERS PROVIDE TRAINING AND COACHING TO NATIONALS IN THEIR COMMUNITIES.

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 STAFF WAS BENCHMARKED IN 2020 USING INFORMATION FOR COMPARABLE POSITIONS LISTED ON CHURCHSALARY.COM AND ADUSTED FOR SPECIFIC MINISTRY LOCATIONS

Schedule O (Form 990) 2023 Page 2

Name of the organization

INTERACT MINISTRIES, INC.

Employer identification number
92-6004561

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

SUBSEQUENTLY, COMPENSATION HAS BEEN ADJUSTED EACH YEAR TO REFLECT THE COLA APPLIED BY THE SOCIAL SECURITY ADMINISTRATION.

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.

BAA TEEA4902L 07/24/23 **Schedule O (Form 990) 2023**