

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Short Form 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 1545-1150

Department of the Treasury Internal Revenue Service

▶ Do not enter Social Security numbers on this form as it may be made public. ▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Open to Public Inspection

| Ā | For the | e 2013 calendar year, or tax year beginning JUL 8 , 2013 | and en | ding DE | C 3 | 1, 2013 | 3 |
|------------|-----------------|---|--|-----------------|-----------------------------|----------------|-------------------------|
| | Check rapplical | C Name of organization | | | | | ation number |
| Г | — | ress change | | | | | |
| F | \neg | e change INTERNATIONAL IMPACT MINISTRIES, | INC | | 4 | 6-31718 | 389 |
| | Initia | | | Room/suite | | phone numbe | |
| | _ | inated 1221 W WABASH AVE | | | 58 | 80-234- | -3971 |
| Ē | \neg | City or town, state or province, country, and ZIP or foreign postal code | | | | up Exemption | |
| Ē | _ | cation pending ENID, OK 73703 | | | | nber 🕨 | |
| G | Accou | nting Method: X Cash Accrual Other (specify) ▶ | | | H Che | ck 🕨 🗔 f 1 | the organization is not |
| | | te: ►N/A | | | l | ired to attach | = |
| | | cempt status (check only one) — X 501(c)(3) 501(c) () ◀(insert no.) | 4947(a)(1) | or 527 | (For | m 990, 990-E | Z, or 990-PF). |
| | | of organization: X Corporation Trust Association | Other | | | | |
| L | Add Iir | ies 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 c | or more, or if tota | al assets (Part | 11, | | |
| | colum | n (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ | | | | ▶ \$ | 50,716. |
| P | art (| Revenue, Expenses, and Changes in Net Assets or Fund | d Balances | (see the instru | uctions | for Part I) | |
| | | Check if the organization used Schedule 0 to respond to any question in this Part I | | | | | X |
| | 1 | Contributions, gifts, grants, and similar amounts received | | | | 1 | 50,716. |
| | 2 | Program service revenue including government fees and contracts | | | Ĺ | 2 | |
| | 3 | Membership dues and assessments | | | Ĺ | 3 | |
| | 4 | Investment income | | | | 4 | <u>-</u> |
| | 5a | Gross amount from sale of assets other than inventory | 5a | | | ļ | |
| | b | Less: cost or other basis and sales expenses | 5b | | | | |
| | C | Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) | | | | 5c | |
| | 6 | Gaming and fundraising events | | | | | |
| <u>o</u> | a | Gross income from gaming (attach Schedule G if greater than | | | | | |
| Revenue | | \$15,000) | 6a | | | | |
| ě | b | Gross income from fundraising events (not including \$ | of contribution | IS | | | |
| _ | | from fundraising events reported on line 1) (attach Schedule G if the sum of such | 1 1 | | | | |
| | | gross income and contributions exceeds \$15,000) | 6b | | | | |
| | C | Less: direct expenses from gaming and fundraising events | 6c | | | | |
| | d | Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and sul | btract line 6c) | | 1 | 6d | |
| | 7a | Gross sales of inventory, less returns and allowances | 7a | | | | |
| | b | Less: cost of goods sold | 7b | | | | |
| | C | Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) | | | . | 7c | |
| | 8 | Other revenue (describe in Schedule 0) | | | . | 8 | |
| | 9 | Total revenue . Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 | | | | 9 | 50,716. |
| | 10 | Grants and similar amounts paid (list in Schedule 0) | | | - | 10 | 42,640. |
| | 11 | Benefits paid to or for members | | | - | 11 | |
| Ses | 12 | Salaries, other compensation, and employee benefits | | | - | 12 | 020 |
| Expenses | 13 | Professional fees and other payments to independent contractors | / R | ECEIVI | _ | 13 | 930. |
| Χ | 14 | Occupancy, rent, utilities, and maintenance | 1-1-1 | - CEIV | EN | 14 | |
| | 15 | Printing, publications, postage, and shipping | EE SCHAND | | $^{\prime}$ U_{\parallel} | 15 7 | |
| | 16 | | E CHED | 10 FE 0 | . 7 | , 16 / cb/ | 20. |
| | 17 | Total expenses. Add lines 10 through 16 | | WLE 0 | 14 / | 98 | 43,590. |
| sts | 18 | Excess or (deficit) for the year (Subtract line 17 from line 9) | - OGr | Trains | / 5 | 77 | 7,126. |
| SSE | 19 | Net assets or fund balances at beginning of year (from line 27, column (A)) | ************************************** | EN. IT | デ /\$ | - / | ^ |
| Net Assets | 20 | (must agree with end-of-year figure reported on prior year's return) | • | 1 | <u>/</u> | /19 | 0. |
| ž | 20 21 | Other changes in net assets or fund balances (explain in Schedule 0) | | | | 20 | 7,126. |
| <u> </u> | | Net assets or fund balances at end of year. Combine lines 18 through 20 Paperwork Reduction Act Notice, see the separate instructions. | | | | | rm 990-EZ (2013) |
| 1 | | i apoinoin ileuguigii Met Meties, see tile separate matiuetions. | | | | 1 0 | (2013) |

| | m 990-EZ (2013) INTERNATIONAL IMPACT MINI | STRIES, IN | C 4 | <u> 16 – </u> | 31718 | 89 Page 2 |
|------|--|-------------------------------|---------------------------------|---------------|---------------------------|--|
| P | art II Balance Sheets (see the instructions for Part II) | | | | | - |
| | Check if the organization used Schedule O to res | spond to any que | | | | |
| | • | <u> </u> | (A) Beginning of year | | (B) E | nd of year |
| 22 | Cash, savings, and investments | | 0. | . 22 | | <u>7,126.</u> |
| 23 | B Land and buildings | | | 23 | | |
| 24 | Other assets (describe in Schedule 0) | | | 24 | | |
| 25 | 5 Total assets | | 0, | . 25 | | <u>7,126.</u> |
| 26 | Total liabilities (describe in Schedule 0) | _ | 0. | . 26 | | 0. |
| 27 | | | | . 27 | | 7,126. |
| P | art III Statement of Program Service Accomplishmen | • | | | | penses |
| | Check if the organization used Schedule O to res | spond to any que | stion in this Part III | X | | for section and 501(c)(4) |
| Wha | at is the organization's primary exempt purpose? SEE SCHEDULE O |) | | | | ons and section |
| Desc | cribe the organization's program service accomplishments for each of its three largest program | services, as measured by ex | penses in a clear and concise | | |) trusts; optional |
| man | nner, describe the services provided, the number of persons benefited, and other relevant inform | nation for each program title | | | for others. | <i>)</i> |
| 28 | THE CORPORATION IS ORGANIZED EXCLUS | | | | | |
| | RELIGIOUS, EDUCATIONAL AND SCIENTIF | IC PURPOSES | S | | | |
| | | | | | | |
| | (Grants \$) If this amount includes foreign g | rants, check here | > | | 28a | |
| 29 | | | | | | |
| | | | | | | |
| | | | | | | |
| | (Grants \$) If this amount includes foreign g | rants, check here | <u> </u> | | 29a | |
| 30 | | | | | | |
| | | | | | | |
| | | | • | |] | |
| | (Grants \$) If this amount includes foreign g | rants, check here | ▶ 1 | | 30a | |
| 31 | Other program services (describe in Schedule O) | | • | | | |
| | (Grants \$) If this amount includes foreign g | rants, check here | ▶ | | 31a | |
| 32 | Total program service expenses (add lines 28a through 31a) | | | | 32 | 0. |
| | art IV List of Officers, Directors, Trustees, and Key E | mployees (list each | one even if not compensated - s | ee the | instructions fo | or Part IV) |
| | Check if the organization used Schedule O to res | spond to any que | stion in this Part IV | | | |
| | | (b) Average hours | (C) Reportable | d) не | alth benefits, | (e) Estimated |
| | (a) Name and title | per week devoted t | compensation (Forms | emplo | butions to byee benefit | amount of other |
| | (2) | position | (if not paid, enter -0-) | | and deferred pensation | compensation |
| KY | YLE WILLIAMS | | | | | |
| | RESIDENT | 0.00 | 0. | | 0. | 0. |
| | AROL WILLIAMS | | | | | |
| | IRECTOR | 0.00 | 0. | | 0. | 0. |
| | LEX WILLIAMS | 0.00 | | | | |
| | IRECTOR | 0.00 | 0. | | 0. | 0. |
| | ORDAN WILLIAMS | 0.00 | | | | |
| | IRECTOR | 0.00 | 0. | | 0. | 0. |
| | NGELA WILLIAMS | 0.00 | - 0 - | | | <u> </u> |
| | IRECTOR | 0.00 | 0. | | ο. | 0. |
| | V WILLIAMS | 0.00 | | | | <u> </u> |
| | IRECTOR | 0.00 | 0. | | ο. | 0 |
| | ONNIE WILLIAMS | 0.00 | | | <u> </u> | 0. |
| | | 0 00 | 0. | | ο. | 0 |
| דת | IRECTOR | 0.00 | | | · · | 0. |
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| _ | | | | | | 990-EZ (2013) |

| Form | 990-EZ (2013) INTERNATIONAL IMPACT MINISTRIES, INC 46-3171 | | | Page 3 |
|------|---|-------------|----------|--------------|
| Pa | ort V Other Information (Note the Schedule A and personal benefit contract statement requirement | ts in t | the | · |
| | instructions for Part V) Check if the organization used Sch. O to respond to any question in thi | s Par | | |
| | • | | Yes | No |
| 33 | Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each | | | |
| | activity in Schedule 0 | 33 | | _X_ |
| 34 | Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended | | | |
| | documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule 0 (see instructions) | 34 | <u> </u> | X |
| 35 a | Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported | | | |
| | on lines 2, 6a, and 7a, among others)? | 35a | | X |
| b | If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule 0 | 35b | N/ | A |
| C | Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax | | | |
| | requirements during the year? If "Yes," complete Schedule C, Part III | 35c | | X |
| 36 | Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," | | | |
| | complete applicable parts of Schedule N | 36 | | <u>X</u> |
| 37 a | Enter amount of political expenditures, direct or indirect, as described in the instructions | | | |
| b | Did the organization file Form 1120-POL for this year? | 37b | | <u>X</u> _ |
| 38 a | Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made | | | |
| | in a prior year and still outstanding at the end of the tax year covered by this return? | 38a | | X |
| þ | If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A | | | |
| 39 | Section 501(c)(7) organizations. Enter: | | | |
| а | Initiation fees and capital contributions included on line 9 | | | |
| b | Gross receipts, included on line 9, for public use of club facilities 39b N/A | | | |
| 40 a | Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: | | | |
| | section 4911 ► 0 . ; section 4912 ► 0 . | | | |
| b | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the | | | 1 |
| | year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? | 401 | | v |
| | If "Yes," complete Schedule L, Part I | 40b | | X |
| C | Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disgualified persons during the year under sections 4912, 4955, and 4958 | | | |
| | | | | |
| a | Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization | | | |
| _ | organization All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter | | | |
| е | transaction? If "Yes," complete Form 8886-T | 40e | | x |
| 41 | List the states with which a copy of this return is filed OK | 700 | | |
| | The organization's books are in care of ► KYLE WILLIAMS Telephone no. ► 580 – 23 | 4-3 | 971 | |
| 724 | Located at ► 1221 W WABASH AVE, ENID, OK ZIP+4 ► 7 | | | |
| h | 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 | | Yes | No |
| | account)? | 42b | | X |
| | If "Yes," enter the name of the foreign country: | | | |
| | See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. | | | |
| c | At any time during the calendar year, did the organization maintain an office outside of the U.S.? | 42c | | <u> </u> |
| | If "Yes," enter the name of the foreign country: | | | |
| 43 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here | | | |
| | and enter the amount of tax-exempt interest received or accrued during the tax year | <u> N/A</u> | | |
| | | | | |
| | | | Yes | No |
| 44 a | Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of | | | |
| | Form 990-EZ | 44a | | X |
| b | Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead | | | |
| | of Form 990-EZ | 44b | <u> </u> | <u>X</u> _ |
| | Did the organization receive any payments for indoor tanning services during the year? | 44c | | X |
| đ | If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation | | | |
| | in Schedule O | 44d | | |
| | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 45a | - | X |
| 45 b | Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section | ا 🚛 ا | | |
| | 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) | 45b | 00.55 | (0040) |
| | | rorm 9 | yu-EZ | (2013) |

| orm: | 990-EZ (2 | 013} | INTERNA | TIONAL | IMPACT | MINIST | RIES, | INC | | | 46-33 | 1718 | 89 | ۶ | Page 4 |
|------------------|------------------------------|---------------------------------|--|---|--|------------------------------------|--------------------------|-----------------|--------------|---|-------------------------|----------------------|--------------|------------------|---------------|
| | | - | engage, directly | | | | | | | | | , | 46 | Yes | No X |
| | rt VI | Section | chedule C, Part I n 501(c)(3) o | rganization | ns only | | | | *********** | | | | 10 | l | <u> </u> |
| | | | n 501(c)(3) orga | | | stions 47:49 | and 52, an | nd complet | te the ta | bles for tine | s 50 and | 51. | | | |
| | | | the organization | | | | | | | | | | | | |
| ···· | | | | | | | | | | | | | T | Yes | No |
| 47 | Did the or | ganization | engage in lobbyi | ng activities or t | rave a section 6 | 01(h) election | in effect duri | ng the tax y | ear? H "Y | es," complete | e Sch. C, F | ert II 🗔 | 47 | | X |
| 48 | is the arg | anization a | a school as descri | bed in section 1 | 70(b)(1)(A)(ii)1 | ? If "Yes," comp | olete Scheduk | ø£ ., | | • | . , | [_ | 48 | | X |
| 49 a | Old the or | ganization | make any transfe | ers to an exemp | t non-charitable | related organ | zation? | ····· | | | ······ | 4 | 9a | | X |
| b | if "Yes," w | as the rela | ited organization (| a section 527 or | ganization? | | | | | | | <u>L</u> | (9b | | |
| 50 | Comptele | this table | for the organization | on's five highest | compensated | employees (oti | ner than office | ers, director | s, trastee | s and key en | nployees) | who eac | h rece | n bevi | nore |
| | than \$100 | ,000 of co | ompensation from | the organizatio | n. If there is no | ne, enter "Non | ł." | | | | | | | | |
| - | | (| a) Name and title | of each employe | 38 | | (b) Average | | (C) F | lepartable dellon (Forms | (d) Health contribut | benefits, iona to | | Estima | |
| | | | | | | | per week der position | | W-2/1 | 099-MISC) | emplayee plans, and | benefit deferred | | unt of ipansa | |
| | | | | NC | NE | | position | <i></i> | | | сопрол | sation | | ihouse | 3(101) |
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| 51 (| Complete organizati | this table on. If ther | er employees paid for the organization e is none, enter N | on's five highest lone." NC | compensated | | ontractors wh | | | | 000 of cor | | | | |
| | (a) N | ame and D | ousiness address | or each indepen | dent contractor | <u></u> | | 10 | Type of | Service | | (0) 60 | anper | sation | |
| | | | | | | | | | | | | | | | |
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| ď | Total num | ber of oth | er Independent co | oniractors each | receiving over 8 | 100,000 | | | > | | | | | | |
| | | | comprete Sched | | | | ns and 4947(| a)(1) nonex | empt | | | | _ | | |
| | charilable | trusts mu | is altach a compl | eled Schedule A | | | | | | ····· | | <u>▶ 🗵</u> |] Yes | | No. |
| Unnar Docisio | penaulus of otion of pres | perjury, Toll ourer (other I | is allach a compl ecury mar i nave exa (baryonicer) is based | impled this return, or all Information | of which properer | mying screenles has any knowled | ge. Sno stetement: | s, and to the t | SEAR OF MY | Cuomiscõe suo | क्रशंहर, ११ वर | uuo, corra | sı, qna | compi | 3(0. |
| | | X | No. | سسعر و | | | | | | | x 7 | -/2 | <u>~ / `</u> | 7 | |
| Sigr | 1 " | Signature | g older | | | | | | | | Date | | | | |
| Her | e L | | E WILLIA | MS, PRE | S | | | | | | | | | | |
| | | тура огр | MAL DIE STERN JAN | | | | | | | | -i | | | | |
| | | Print/Ty | be Orebarer, a usu | 16 | Preparer's | ~~~ | _ | Date | | Check [| - , | אר | - | | |
| Paic | 1 | | | | | ashal | Dy | `[| | set- emplo | 1 | _ * * * | | – | |
| | arer | | A SHALOY | | ERICA | | 0 | 11/10 | 1/14 | | | <u> 2008</u> | | | |
| - | Only | | ame WYME | | | | | | | Firm's EIN | | | | | |
| | , | Firm's a | ddress 🕨 126 | | | | | | | Phone no. | 580 | -227 | -47 | 09 | |
| | | <u></u> | | RVIEW, | | | | | | | | | | | - |
| May ti | ne IRS dis | cuss this | return with the pr | eparer shown al | bove? See instr | uctions | ····· | | | | | | Yes | | No |
| _ | • | | | | | | | | | | | Fo | rm 99 | 10-EZ (| (2013) |

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number 46-3171889 INTERNATIONAL IMPACT MINISTRIES TNC

| | | | T 14 T T1/T4/1 | TI TOTALITY TITE TIC | <u> </u> | | <u> </u> | | | | | <u> </u> | |
|-------|----------|-----------------|--|------------------------------|-----------------|-------------|--------------|------------------------|--------------------|--|--------------|----------|------------|
| Par | ŧΙ | Reason | for Public Cha | rity Status (All organiz | ations mu: | st complet | te this part | See inst | tructions | | | | |
| he c | rgan | zation is not a | a private foundation | because it is (For lines 1 | through 1 | 11, check | only one b | ox) | | | | | |
| 1 [| | | | es, or association of church | | | | |). | | | | |
| 2 | | A school des | cribed in section 1 | 70(b)(1)(A)(ii). (Attach Sc | hedule E) | | | | | | | | |
| з [| | | | ital service organization of | | | 170(b)(1) | (A)(iii). | | | | | |
| 4 | | • | • | operated in conjunction | | | | | (b)(1)(A)(ii | ii). Enter | the hospita | l's nam | ne, |
| | | city, and stat | ū | , | | • | | | | • | • | | • |
| 5 [| | • | | benefit of a college or ur | niversity ov | vned or or | perated by | a governi | mental uni | t describ | oed in | | |
| | | - | (b)(1)(A)(iv). (Comp | | | | , | _ J - · · · · · | | | | | |
| 6 [| \neg | | | nent or governmental unit | t described | d in eactio | n 170/h\/- | (VAVO) | | | | | |
| 7 | Ÿ | | · - | ceives a substantial part | | | | | or from the | neneral | nublic desc | rihad i | n |
| , , | A | • | · · | • | oi its supp | ort nom a | governine | intai unit c | , 110111 tile | generar | public desc | , ibed i | •• |
| ا م | \neg | , | b)(1)(A)(vi). (Complete trust described in | | Complete | Dort II \ | | | | | | | |
| 8 [| \dashv | = | | section 170(b)(1)(A)(vi). | | | | ht | h h - | - faas - | | | from |
| 9 L | | • | • | ceives (1) more than 33 1 | | • • | | | | • | - | - | |
| | | | • | inctions - subject to certa | • | | • | | | | - | | |
| | | | | taxable income (less sect | ion 511 ta | x) from bu | isinesses a | acquirea b | y tne orga | ınızatıon | aπer June 3 | 30, 197 | 5 |
| [| _ | | 509(a)(2). (Complet | • | | | | | | | | | |
| 10 L | | ū | - | perated exclusively to te | • | - | | | • | | | | |
| 11 [| | - | • | perated exclusively for the | | - | | | | _ | | | or |
| | | | | ations described in section | | • | | 2) See se o | ction 509(| a)(3). Ch | eck the box | that | |
| | | | | organization and comple | | | | | | | | | |
| , | | a Type I | | • • | ype III - Fui | - | - | | | | n-functional | - | - |
| e | | | | at the organization is not | | | | | | | | | 'n |
| | | | | than one or more publicly | | | | | | 9(a)(1) or | section 509 | }(a)(2) | |
| f | | If the organiz | ation received a wri | tten determination from t | he IRS tha | atıtıs a Ty | pe I, Type | II, or Type | e III | | | | |
| | | supporting of | rganization, check t | his box | | | | | | | | | |
| g | | Since August | t 17, 2006, has the | organization accepted ar | ny gift or co | ontribution | from any | of the follo | owing per | sons? | | | |
| | | (i) A perso | n who directly or inc | directly controls, either al | one or tog | ether with | persons o | lescribed | ın (ıi) and (| ııi) below | /, | Yes | No |
| | | the gove | erning body of the s | supported organization? | | | | | | | 11g(i) | | |
| | | (ii) A family | member of a perso | n described in (i) above? | | | | | | | 11g(ii) | | |
| | | (iii) A 35% (| controlled entity of a | a person described in (i) o | or (ii) above | ∍? | | | | | 11g(iii) | | |
| h | | Provide the fo | ollowing information | about the supported or | ganization(| (s) | | | | | | | |
| | | | Ū | | | | | | | | | | |
| /iX i | Mame | of supported | (ii) EIN | (iii) Type of organization | (iv) Is the o | rganization | (v) Did you | u notify the | (vi) Is | the | (vii) Amoun | t of mor | netary |
| (1) | | inization | (11) 2111 | (described on lines 1-9 | in col. (i) lis | | | ion in col. | organization | on in col. | | port | i i ciui y |
| | 0.90 | | | 1 | governing | document? | (i) of you | r support? | (i) organiz U.S | .? | | F | |
| | | | | (see instructions)) | Yes | No | Yes | No | Yes | No | 1 | | |
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2013

Schedule A (Form 990 or 990-EZ) 2013 INTERNATIONAL IMPACT MINISTRIES, INC 46-3171889 Page 2 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)

| Se | ction A. Public Support | | | | | | |
|------|---|-----------------------------|----------------------|---------------------------|----------------------|------------------------|--------------------|
| Cale | ndar year (or fiscal year beginning in) | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants ") | | | | | 50,716. | 50,716. |
| 2 | Tax revenues levied for the organ- | _ :- | | | | | |
| | ızatıon's benefit and either paid to | | | | • | | |
| | or expended on its behalf | , | | | | | |
| 3 | The value of services or facilities | | | | | | |
| | furnished by a governmental unit to | | | | | | |
| | the organization without charge | | | | | | |
| 4 | Total. Add lines 1 through 3 | | | | | 50,716. | 50,716. |
| 5 | The portion of total contributions | | | | - | | |
| • | by each person (other than a | , | | | | | |
| | governmental unit or publicly | | | | | | |
| | supported organization) included | | | | | | |
| | on line 1 that exceeds 2% of the | , | | | | | |
| | amount shown on line 11, | İ | | | | | |
| | column (f) | | | | | | |
| 6 | Public support. Subtract line 5 from line 4 | | | | | | 50,716. |
| | ction B. Total Support | | | <u> </u> | • | | |
| Cale | ndar year (or fiscal year beginning in) | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
| | Amounts from line 4 | | • | | | 50,716. | 50,716. |
| 8 | Gross income from interest, | | | | | | |
| _ | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties | | | | | | |
| | and income from similar sources | | | | | | |
| 9 | Net income from unrelated business | | | | | | |
| _ | activities, whether or not the | | | | | | |
| | business is regularly carried on | | | | | | |
| 10 | Other income Do not include gain | | | | | | |
| | or loss from the sale of capital | | | | | | |
| | assets (Explain in Part IV) | | | | | | |
| 11 | Total support. Add lines 7 through 10 | | | | | | 50,716. |
| | Gross receipts from related activities, | etc. (see instruction | ons) | • | • | 12 | |
| | First five years. If the Form 990 is for | | | d, fourth, or fifth t | ax vear as a section | n 501(c)(3) | |
| | organization, check this box and stop | here | | | • | , , , | $\triangleright X$ |
| Se | ction C. Computation of Publi | ic Support Pe | rcentage | | | | |
| 14 | Public support percentage for 2013 (I | ine 6, column (f) d | ivided by line 11, | column (f)) | | 14 | % |
| 15 | Public support percentage from 2012 | Schedule A, Part | II, line 14 | | | 15 | % |
| 16a | 33 1/3% support test - 2013. If the o | rganization did no | ot check the box o | n line 13, and line | 14 is 33 1/3% or r | nore, check this box | and |
| | stop here. The organization qualifies | as a publicly supp | orted organization | 1 | | | |
| b | 33 1/3% support test - 2012. If the o | rganization did no | ot check a box on | line 13 or 16a, and | d line 15 is 33 1/3% | or more, check this | s box |
| | and stop here. The organization quali | fies as a publicly : | supported organiz | ation | | | |
| 17a | 10% -facts-and-circumstances test | t - 2013. If the org | janization did not | check a box on lin | e 13, 16a, or 16b, | and line 14 is 10% o | r more, |
| | and if the organization meets the "fac | ts-and-circumstan | ces" test, check t | his box and stop l | here. Explain in Pa | rt IV how the organiz | zation |
| | meets the "facts-and-circumstances" | test. The organiza | ition qualifies as a | publicly supporte | d organization | | |
| b | 10% -facts-and-circumstances test | t - 2012. If the org | janization did not | check a box on lin | e 13, 16a, 16b, or | 17a, and line 15 is 16 | 0% or |
| | more, and if the organization meets th | ie "facts-and-circu | ımstances" test, c | heck this box and | stop here. Explair | n in Part IV how the | _ |
| | organization meets the "facts-and-circ | umstances" test | The organization | qualifies as a publ | icly supported orga | anızatıon | ▶□ |
| 18 | Private foundation. If the organization | n did not check a | box on line 13, 16 | a, 16b, 17a, or 17 | b, check this box a | and see instructions | |

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II)

| Se | ction A. Public Support | | | | | | |
|------|--|----------------------|-----------------------|--|--------------------|---------------------------------------|-----------|
| Cale | ndar year (or fiscal year beginning in) | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received (Do not | | | | | | |
| | ınclude any "unusual grants ") | | | | | | |
| 2 | Gross receipts from admissions, | | | | | | |
| | merchandise sold or services per- | | | | | | |
| | formed, or facilities furnished in any activity that is related to the | | | | ŀ | | |
| | organization's tax-exempt purpose | | | | | | |
| 3 | Gross receipts from activities that | | | | | | |
| | are not an unrelated trade or bus- | | | | | | |
| | iness under section 513 | | | | | | |
| 4 | Tax revenues levied for the organ- | | | | | | |
| | ızatıon'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 | | | | | <u> </u> | |
| 6 | Total. Add lines 1 through 5 | | | | | | |
| 7: | Amounts included on lines 1, 2, and | | | | | | |
| | 3 received from disqualified persons | | | | | | |
| t | Amounts included on lines 2 and 3 received | | | | | | |
| | from other than disqualified persons that exceed the greater of \$5,000 or 1% of the | | | | | | |
| | amount on line 13 for the year | | | | | 1 | |
| • | Add lines 7a and 7b | | | | | | |
| | Public support (Subtract line 7c from line 6) | | | | | | |
| Se | ction B. Total Support | | r · · · | | , | 1 | |
| Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
| 9 | Amounts from line 6 | | | | | | |
| 10 | Gross income from interest, | | | | | | i |
| | dividends, payments received on securities loans, rents, royalties | | | | | | |
| | and income from similar sources | | | | | | |
| ŀ | Unrelated business taxable income | | | | | | |
| | (less section 511 taxes) from businesses | | | | | | |
| | acquired after June 30, 1975 | | | | | | |
| | Add lines 10a and 10b | | | | | | |
| 11 | Net income from unrelated business activities not included in line 10b. | ļ | | | | | |
| | whether or not the business is | | | | | | |
| | regularly carned on | | | | | - | |
| 12 | Other income Do not include gain or loss from the sale of capital | | | | | | |
| | assets (Explain in Part IV.) | | | | | - | |
| | Total support. (Add lines 9, 10c, 11, and 12) | | | | L | | <u> </u> |
| 14 | First five years. If the Form 990 is fo | r the organization's | s first, second, thir | d, fourth, or fifth t | ax year as a secti | on 501(c)(3) organiz | zation, |
| | check this box and stop here | Command Da | | | | | <u> </u> |
| | ction C. Computation of Publ | | | | | Tae I | 0/ |
| | Public support percentage for 2013 (| | | column (t)) | | 15 | <u>%</u> |
| _ | Public support percentage from 2012 ction D. Computation of Inve | | | | . | 16 | % |
| | | | | no 13 column (fl) | | 17 | <u></u> % |
| | Investment income percentage for 20 Investment income percentage from | • | •• | ie 15, coluitiii (I)) | | 17 | |
| | a 33 1/3% support tests - 2013. If the | | | on line 14, and line | a 15 is more than | · · · · · · · · · · · · · · · · · · · | |
| 19 | more than 33 1/3%, check this box a | | | | | | 17 IS HOL |
| | 33 1/3% support tests - 2012. If the | | | | | | and end |
| | line 18 is not more than 33 1/3%, che | | | | | | . — |
| 20 | Private foundation. If the organization | | | | | | |
| | vace roundation in the organization | GIG HOUR DINGUR D | | _, _, _, _, _, _, _, _, _, _, _, _, _, _ | | | <u> </u> |

| Schedule A (Form 990 or 990-EZ) 2013 INTERNATIONAL IMPACT MINISTRIES, INC 46-3171889 Page |
|---|
| Part IV Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b, and Part III, line 12. |
| Also complete this part for any additional information (See instructions) |
| FORM 990EZ PAGE 1 |
| |
| EXPLANATION: SHORT YEAR SINCE CORPORATION BEGAN ON 7/8/13 |
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SCHEDULE O

(Form 990 or 990-EZ)

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

Attach to Form 990 or 990-EZ. ▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. OMB No 1545-0047 Open to Public

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

> INTERNATIONAL IMPACT MINISTRIES, INC

Employer identification number 46-3171889

| FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - THE CORPORATION IS ORGANIZED EXCLUSIVELY FOR CHARITABLE, RELIGIOUS, EDUCATIONAL AND SCIENTIFIC PURPOSES, INCLUDING, FOR SUCH PURPOSES, THE MAKING OF DISTRIBUTIONS TO ORGANIZATIONS THAT QUALIFY AS EXEMPT ORGANIZATIONS | FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES: | |
|--|--|---------|
| FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - THE CORPORATION IS ORGANIZED EXCLUSIVELY FOR CHARITABLE, RELIGIOUS, EDUCATIONAL AND SCIENTIFIC PURPOSES, INCLUDING, FOR SUCH PURPOSES, THE MAKING OF DISTRIBUTIONS TO ORGANIZATIONS THAT QUALIFY AS EXEMPT ORGANIZATIONS | DESCRIPTION OF OTHER EXPENSES: | AMOUNT: |
| FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - THE CORPORATION IS ORGANIZED EXCLUSIVELY FOR CHARITABLE, RELIGIOUS, EDUCATIONAL AND SCIENTIFIC PURPOSES, INCLUDING, FOR SUCH PURPOSES, THE MAKING OF DISTRIBUTIONS TO ORGANIZATIONS THAT QUALIFY AS EXEMPT ORGANIZATIONS UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE OF 1986. | OFFICE SUPPLIES | 20. |
| SCIENTIFIC PURPOSES, INCLUDING, FOR SUCH PURPOSES, THE MAKING OF DISTRIBUTIONS TO ORGANIZATIONS THAT QUALIFY AS EXEMPT ORGANIZATIONS | FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - THE CORPORATION | IS |
| DISTRIBUTIONS TO ORGANIZATIONS THAT QUALIFY AS EXEMPT ORGANIZATIONS | ORGANIZED EXCLUSIVELY FOR CHARITABLE, RELIGIOUS, EDUCATIONAL AND | D |
| | SCIENTIFIC PURPOSES, INCLUDING, FOR SUCH PURPOSES, THE MAKING O | F |
| UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE OF 1986. | DISTRIBUTIONS TO ORGANIZATIONS THAT QUALIFY AS EXEMPT ORGANIZAT | IONS |
| | UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE OF 1986. | |
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FORM 8688

EXPLANATION FOR EXTENSION

STATEMENT

1

EXPLANATION

AN ATTEMPT TO OBTAIN INFORMATION NECESSARY FOR FILING A RETURN WAS REQUESTED IN A TIMELY FASHION, BUT THE INFORMATION WAS NOT FURNISHED IN SUFFICIENT TIME TO PERMIT THE TIMELY FILING OF THE RETURN, OR THE TAXPAYER PERSONALLY VISITED AN IRS OFFICE FOR THE PURPOSE OF SECURING INFORMATION OR ADVICE AND WAS UNABLE TO MEET WITH AN IRS REPRESENTATIVE

| Form 8 | 868 (Rev. 1-2014) | | | | | Page 2 |
|--------------------------|---|-------------|---------------------------------------|--------------|---------------|----------------------|
| • If you | u are filing for an Additional (Not Automatic) 3-Month Ex | tension, d | complete only Part II and check this | s box | | ightharpoons |
| Note. | Only complete Part II if you have already been granted an a | automatic | 3-month extension on a previously f | led Form | 8868. | |
| If you | u are filing for an Automatic 3-Month Extension, comple | te only Pa | art I (on page 1) | | | |
| Part | II Additional (Not Automatic) 3-Month E | xtensio | n of Time. Only file the origin | al (no c | opies ne | eded). |
| | | | _ Enter filer's | identifyii | ng number | r, see instructions |
| Type or | Name of exempt organization or other filer, see instru | ctions | | Employe | r identificat | tion number (EIN) or |
| print | | | | | | |
| File by the | INTERNATIONAL IMPACT MINISTE | RIES, | INC | | 46-3 | 171889 |
| due date i | I Nulliber, Street, and room of Suite no mar o box, s | ee instruc | tions. | Social se | curity num | nber (SSN) |
| filing your return Se | אנו אויי אווי אווי אווי אווי אווי אוויי ווייי ווייי ווייי ווייי ווייי וויייי וויייי וויייי ווייייי וויייייי | | | | | |
| ınstructioi | City, town or post office, state, and ZIP code For a fo | oreign add | ress, see instructions | | | |
| | ENID, OK 73703 | | | | | |
| | | | | | | |
| Enter th | ne Return code for the return that this application is for (file | e a separa | te application for each return) | | _ | 0 1 |
| | •• | • | | | | |
| Applica | ation | Return | Application | | | Return |
| Is For | | Code | Is For | | | Code |
| Form 9 | 90 or Form 990-EZ | 01 | | | | |
| Form 9 | 90-BL | 02 | Form 1041-A | | | 08 |
| Form 4 | 720 (Individual) | 03_ | Form 4720 (other than individual) | | | 09 |
| Form 9 | 90-PF | 04 | Form 5227 | | | 10 |
| Form 9 | 90-T (sec 401(a) or 408(a) trust) | 05 | Form 6069 | | · | 11 |
| Form 9 | 90-T (trust other than above) | 06 | Form 8870 | | | 12 |
| STOP! | Do not complete Part II if you were not already granted | l an auton | natic 3-month extension on a prev | iously file | d Form 88 | 368. |
| | KYLE WILLIAMS | | | | | |
| • The | books are in the care of ▶ 1221 W WABASH | AVE - | ENID, , OK 73703 | | | |
| | phone No ▶ 580-234-3971 | | Fax No ▶ | | | |
| | e organization does not have an office or place of business | s in the Ur | nited States, check this box | | | > |
| | is is for a Group Return, enter the organization's four digit | | | f this is fo | r the whole | group, check this |
| box 🕨 | | - | ich a list with the names and EINs of | | | |
| 4 1 | | NOVEM | BER 15, 2014 | | | |
| 5 F | or calendar year, or other tax year beginning | JUL 8 | , 2013 , and endin | g DEC | 31, | 2013 . |
| | the tax year entered in line 5 is for less than 12 months, c | | | Final i | eturn | |
| [| Change in accounting period | | | | | |
| 7 S | state in detail why you need the extension SEE STA | ATEME | NT 1 | | | |
| | | | | | | |
| _ | | | | | | |
| _ | | | | | | |
| 8a If | this application is for Forms 990-BL, 990-PF, 990-T, 4720, | or 6069, | enter the tentative tax, less any | | | |
| n | onrefundable credits. See instructions | | _ | 8a | \$ | 0. |
| b If | this application is for Forms 990-PF, 990-T, 4720, or 6069 | , enter an | y refundable credits and estimated | | | |
| | ax payments made. Include any prior year overpayment all | | | | | |
| | previously with Form 8868. | | • | 8b | \$ | 0. |
| | Balance due. Subtract line 8b from line 8a. Include your pa | yment wit | th this form, if required, by using | | | - |
| | FTPS (Electronic Federal Tax Payment System) See instru | - | | 8c | \$ | 0. |
| | | | st be completed for Part II o | only. | | |
| Under p it is true | enalties of perjury, I declare that I have examined this form, includ , correct, and complete, and that I am authorized to prepare this fo | ing accomp | | | f my knowle | edge and belief, |
| Signatur | Title 🔪 1 | סקקס | | Date | | |