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 2018

Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

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Α	For the	2018 cale	ndar year, or tax year beginning , 2018, and endi	ng	-	, 20	
В	Check if a	applicable	C Name of organization Impact Nations International Ministries		D Employ	er identification nur	nber
	Address	change	Doing business as			46-4517575	
	Name cha	ange	Number and street (or P O box if mail is not delivered to street address) Room/s	uite	E Telephor	ne number	
7]	Initial retu	-	P O Box 45596			(505)695-1433	
Ę		n/terminated	City or town, state or province, country, and ZIP or foreign postal code				
5	Amended		Rio Rancho, NM 87124		G Gross re	eceipts \$	
=		on pending	F Name and address of principal officer	H/a) Is this a o		subordinates? Yes	√ No
	Application	on pending	Stephen Stewart 8100 Rancho Viejo Ct NW Albuquerque, NM 87120			s included? Yes	_
						list (see instruction:	
		npt status	✓ 501(c)(3)				-,
<u>.</u>	Website				exemption		NM
			✓ Corporation Trust Association Other L Year of forms	ation 2014	M State	of legal domicile	IAIAI
Р	art I	Summ					
			Joon Do and digamean on a modern or miles and my are a series a			volent assistance t	
ę	1 .	individual	s in developing nations and relief to victims of natural disaster. The organization	also conducts	s evangelis	sm, education, and	
Jan	1		and abroad				
ē	2	Check th	ils box 🕨 🗌 if the organization discontinued its operations ortdisposed	of more than	n 25% of	its net assets	
Activities & Governance	3	Number	of voting members of the governing body (Part VI, Ine 1a)		3		6
	4	Number	of independent voting members of the governing body (Part VI, line 1 b		4		4
	5	Total nur	mber of individuals employed in calendar year 2018 Part VMA 28, 7	2019 82	5		7
	6	Total nur	mber of volunteers (estimate if necessary)	. 1821	6		150
	7a	Total unr	related business revenue from Part VIII, column (C), line 10GDEN	LIT	7a	-	
•	b	Net unre	lated business taxable income from Form 990-T, line 38	, 01	7b		
	├	rtor dino	acco business taxable income mem out 1, income	Prior Ye		Current Yea	r
	8	Contribu	tions and grants (Part VIII, line 1h)	6	11,810 97	516	5,471 79
Revenue					, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,
			service revenue (Part VIII, line 2g)				
			ent income (Part VIII, column (A), lines 3, 4, and 7d)				
			venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-	14 040 07	£16	474.70
			enue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)		11,810 97		5,471 79
	t .		nd similar amounts paid (Part IX, column (A), lines 1-3)	2	90,822 17		3,510 03
			paid to or for members (Part IX, column (A), line 4)	-			
S	15	Salaries,	other compensation, employee benefits (Part IX, column (A), lines 5-10)	14	49,856 67	201	,902 51
use	16a	Profession	onal fundraising fees (Part IX, column (A), line 11e)				
Expenses	b	Total fun	draising expenses (Part IX, column (D), line 25) ▶ 820 52				
Ŵ	17	Other ex	penses (Part IX, column (A), lines 11a-11d, 11f-24e)	14	44,700 97	80	,699 73
	18	Total exp	penses Add lines 13-17 (must equal Part IX, column (A), line 25) .	5	85,379 81	536	3,112 27
	19	Revenue	less expenses Subtract line 18 from line 12		26,431 16	19	,640 48
r a			• • •	Beginning of Cu	ırrent Year	End of Year	r
ets or	20	Total ass	sets (Part X, line 16)	1:	29,782 54	113	3,879 65
Net Asse Fund Ball	21		oilities (Part X, line 26)	(63,886 36	67	,623 95
Ę,Ę	22		ets or fund balances Subtract line 21 from line 20 .		65,896 18	46	3,255 70
	art II	_	ture Block				
			iry, I declare that I have examined this return, including accompanying schedules and stat	ements and to t	he hest of r	ny knowledge, and b	elief. it is
tru	ider perial ie, correct	. and comp	lete Declare that Thave examined this return, including accompanying scriedules and state lete. Declaration of preparer (other than officer) is based on all information of which prepare	er has any know	ledge	ny knowledge and c	701101, 11 10
		<u> </u>					
Sig	an	Sign	nature of officer	L	ate		
_	ere j	n Sigi	Tim Stewart VP of Operations		#	130 19	
пе	. c	—				100 111	
			e or print name and title roe preparer's name Preparer's signature D	Date		PTIN	
Pa	nid දි	FINNUIS	rpe preparer's name Preparer's signature	JaiC .	Check [ıf	
Pr	epare	r		1 .	self-emp	noyea	
	se Ohl		name ►	Fırr	n's EIN ▶		
	<i>∨</i> 2	Firm's a	address ►	Pho	one no		
Ma	y th e√ R	S discus	s this return with the preparer shown above? (see instructions) .		<u></u>	. Yes	□ No
For	r Paperw	ork Redu	iction Act Notice, see the separate instructions.	No 11282Y		Form 99	90 (2018)





••••	
Part	·
1	Check if Schedule O contains a response or note to any line in this Part III
'	Impact Nations provides benevolent assistance to individuals in developing nations and relief to victims of natural disasters. The organization
	also conducts overselves and training at home and chroad
	also conducts evangensin, and training at nome and abroad
	······
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
	If "Yes," describe these changes on Schedule O
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
	expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,
	the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 210,400 52 including grants of \$ 210,400 52) (Revenue \$ 210,045 04)
	Journeys of Compassion Impact Nations conducted 8, 10, and 12 day mission trips in 2018 We took teams of 10-25 volunteers
	to Philippines, Uganda, India, Guatemala, Kenya, Puerto Rico, and Bulgaria On these trips, the teams helped in medical clinics,
	distributed water filters, provided education in health and sanitation, and taught local pastors and leaders
	The teams also led in many evangelistic meetings, conducted door to door evangelism, and baptized new Christian believers

4b	(Code.) (Expenses \$ 14,122 15 including grants of \$ 14,122 15) (Revenue \$ 14,122 15)
4b	(Code.) (Expenses \$ 14,122.15 including grants of \$ 14,122.15) (Revenue \$ 14,122.15) IThirst Water-borne diseases lead to a multitude of serious health problems, many life-threatening Impact Nations provides
	water filters and water tank systems that supply ongoing clean water to families and communities. These solutions along with
	sanitation and health training result in an immediate, drastic improvement in health
	<u> </u>
4c	(Code.) (Expenses \$ 23,741 50 including grants of \$ 23,741 50) (Revenue \$ 23,741 50)
	Sewing School Our Partners, the New Life City Foundation, began a sewing school in India this year. Women are marginalized and
	often abused by family members before being left alone on the streets to fend for themselves. In partnership with the NLC Foundation,
	we gave twenty five women the opportunity to develop sewing and business skills with which to support themselves and
	their children
	Other and the control (December of Cabadula C.)
4d	Other program services (Describe in Schedule O.) (Expenses \$\frac{146.384.70}{200.000000000000000000000000000000000
A =	(Expenses \$ 146,384 79 including grants of \$ 146,384 79) (Revenue \$ 146,384 79) Total program service expenses ▶ 394,648 96
4e	Total program service expenses ► 394,648 96

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Part IV Checklist of Required Schedules

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	1	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	1	
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		1
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		1
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		1
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	۲		 `
Ü	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		✓
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		✓
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		√
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		1
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V .	10		√
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.		i	
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		✓
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		√
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII .	11c		✓
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		√
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		✓
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		√
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		/
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		✓
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		✓
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		✓
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	✓	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		√
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? If "Yes," complete Schedule F, Parts III and IV.	16	✓	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		√
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		√
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		√
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		✓
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	000	✓ V0010
			. 000	10010

Part	Checklist of Required Schedules (continued)			
00			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		✓
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		1
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		1
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		✓
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I.	25b		1
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III.	27		√
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	✓	
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	√	
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV .	28c		V
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		✓
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		✓
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		✓
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		✓
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		✓_
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		√
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		✓_
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		✓_
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	✓	
Part				
	Check if Schedule O contains a response or note to any line in this Part V		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . 1a 1		- 63	140
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	4 -		
	reportable gaming (gambling) winnings to prize winners?	1 1c	✓	I

Part	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	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 7	2b	1	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)	20	<u> </u>	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		$\overline{}$
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in 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		√
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).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		$\overline{}$
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		√
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
b	organization solicit any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or	6a		<u> </u>
_	gifts were not tax deductible?	6b		<u> </u>
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		<u> </u>
b	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		<u> </u>
d	If "Yes," indicate the number of Forms 8282 filed during the year	<u> </u>		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		<u>√</u>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?. If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		~
g h	If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?	79 7h		`
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		_	
0	sponsoring organization have excess business holdings at any time during the year?	8		$\overline{}$
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		√
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		<u>√</u>
10	Section 501(c)(7) organizations. Enter.			
a	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities [10b]			
11 a	Section 501(c)(12) organizations. Enter Gross income from members or shareholders			
b	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		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . 12b			
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			ŀ
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b		✓
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	140		
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		✓
	If "Yes," see instructions and file Form 4720, Schedule N	ř,		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		√
	If "Yes," complete Form 4720, Schedule O			
		Forn	n 990	(2018)

Part		•			
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes Check if Schedule O contains a response or note to any line in this Part VI	s in Scriedule O S	ee ins	truçti	ons
Secti	on A. Governing Body and Management		•	•	<u> </u>
				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 9			
	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 in Schedule O	_			
b	Enter the number of voting members included in line 1a, above, who are independent .	1b 7			
2	Did any officer, director, trustee, or key employee have a family relationship or a business rany other officer, director, trustee, or key employee?	elationship with	2	√	
3	Did the organization delegate control over management duties customarily performed by or supervision of officers, directors, or trustees, or key employees to a management company or other		3		
4	Did the organization make any significant changes to its governing documents since the prior Form 95		4	-	√
5	Did the organization become aware during the year of a significant diversion of the organization		5		√
6	Did the organization have members or stockholders?		6		✓
7a	Did the organization have members, stockholders, or other persons who had the power to one or more members of the governing body?	elect or appoint	7a		v
b	Are any governance decisions of the organization reserved to (or subject to approval stockholders, or persons other than the governing body?	by) members,	7b		1
8	Did the organization contemporaneously document the meetings held or written actions un	dertaken during			
_	the year by the following.		٠,		
a b	The governing body?		8a 8b	`	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be seen any officer and off	nt he reached at	00	•	
•	the organization's mailing address? If "Yes," provide the names and addresses in Schedule C		9		✓
Secti	on B. Policies (This Section B requests information about policies not required by the		ue C	ode.)	
				Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a		✓
b	If "Yes," did the organization have written policies and procedures governing the activities of affiliates, and branches to ensure their operations are consistent with the organization's exem		10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before	ore filing the form?	11a	✓	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13 .		12a	√	
þ	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give		12b	✓	
С	Did the organization regularly and consistently monitor and enforce compliance with the particle in Schedule O how this was done	oolicy? If "Yes,"	12c	√	
13	Did the organization have a written whistleblower policy?		13		✓
14	Did the organization have a written document retention and destruction policy?		14		✓
15	Did the process for determining compensation of the following persons include a review a independent persons, comparability data, and contemporaneous substantiation of the deliberation				
а	The organization's CEO, Executive Director, or top management official		15a	✓	
b	Other officers or key employees of the organization		15b	✓	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar	lar arrangement	<u> </u>		
	with a taxable entity during the year?	•	16a		✓
b	If "Yes," did the organization follow a written policy or procedure requiring the organization participation in joint venture arrangements under applicable federal tax law, and take steps to				
	organization's exempt status with respect to such arrangements?		16b		
	on C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed ► New Mexico				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable (3)s only) available for public inspection. Indicate how you made these available. Check all that Own website Another's website Upon request Other (explain in Sci.	it apply. hedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing docume financial statements available to the public during the tax year			-	, and
20	State the name, address, and telephone number of the person who possesses the organization Margaret Baca 4111 Barbara Loop SE Suite E1 Rio Rancho, NM 87124 (505)296-1377	on s dooks and re	Joras		

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

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 instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

 List persons in the following order individual trustees or directors, institutional trustees, officers, key employees; highest

compensated employees, and former such persons

Check this box if neither the organization no	r any relate	d orga	anız			ompe	nsa	ted any curren	t officer, director	, or trustee
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	bo of directo	unles	Pos eck s pe	more	than or Highest compensated	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) Stephen Stewart, President and Chairman (2) Christina Stewart, Secretary	45 0 30 0			√		led		48,094 04	0	0
(2) Christina Stewart, Secretary	300			1				4,740 70	0	0
(3) Gar Liebler	50	/						o	0	0
(4) Susan Walker	9 0	1				_		0	0	0
(5) Viviano Sisneros, Jr	25	√						0	0	0
(6) Cynthia Pearson	1 60	v						0	0	0
(7)	<u> </u>									
(8)										
(9)					-					
(10)										
(11)										
(12)	ļ							-		
(13)										
(14)	<u> </u>	_								

Part	VII Section A. Officers, Directors, Trust	lees, Key E	mplo	yees	s, aı	nd F	lighes	st C	ompensated E	mployees (c	ontinued)	
					(6	C)						
	(A) (B) Position (D) (do not check more than one				(E)	(F)						
	Name and title	Average					ıs both		Reportable	Reportable		
		hours per	office	r and	dad	irect	or/trust	tee)	compensation from	compensation related	from amount of other	
		week (list any hours for	악중	Ins	Q	증	9,₹	Form	the	organization		1
		related	dire	tit.	Officer	Key employee	Ples	<u>a</u>	organization	(W-2/1099-M		
		organizations	e la	tion	,	힐	e c	, i	(W-2/1099-MISC)		organization	
		below dotted line)	ੋੜ੍ਹੋ	al t)ye	ğ				and related organizations	
			Individual trustee or director	Institutional trustee		100	ens				o gamaanana	
				ee			Highest compensated employee					
(15)							_				_	
(15)												
(4.0)												
(16)		ļ										
(4.7)												
<u>(17)</u>		ļ]		
(18)		ļ	ļ									
(19)			ļ								1	
(20)												
(21)												
(22)												
			1									
(23)	- 											
3		†					:					
(24)		-		_		-	 -					
3=.:/			1									
(25)												
32.07												
1b	Sub-total	I				l		-	52,834 74			
c	Total from continuation sheets to Part	VII Sectio	n Δ	•			•		0			
_		-		•			•		52,834 74		-	
		Lange limited				· ·	ob ove	N		ora than \$10		
2	Total number of individuals (including but		ו נט נו	iose	1151	eu a	above	e) W	no received m 0	ore man \$10	10,000,01	
	reportable compensation from the organi	Zation										
											P	No
3	Did the organization list any former of							emp	loyee, or high	est comper		٠
	employee on line 1a? If "Yes," complete 3										3	✓
4	For any individual listed on line 1a, is the											
	organization and related organizations	greater th	an \$1	50,	000	17 /1	f "Ye	s, "	complete Sch	nedule J for		
	ındıvidual										4	✓_
5	Did any person listed on line 1a receive of	r accrue co	ompei	nsat	ion	fror	m any	un/	related organiz	ation or indi	ıvıdual and and	
	for services rendered to the organization	? If "Yes," c	ompl	ete	Sch	iedu	ıle J f	or s	uch person		5	✓
Section	on B. Independent Contractors											
1	Complete this table for your five highest of	compensat	ed ind	debe	end	ent	contr	acto	ors that receive	ed more than	n \$100,000 of	
-	compensation from the organization. Rep	•										.x
	year	•						•	ŭ		J	
	(A)							Γ.	(B)		(C)	
	Name and business add	ress							Description of s	ervices	Compensation	
									· · -			
								\vdash				
	***************************************							\vdash	·			
								\vdash		-		
	Table washing of called a little and a			_			ا امد	<u></u>	1:-4- 1 1	\l:		
2	Total number of independent contracto) th		ove) wno		
	received more than \$100,000 of compens	ation from 1	me or	gan	ızat	ion I			0			

Part VIII		Statement of Revenue						_
	, , , , , , , , , , , , , , , , , , , 	Check if Schedule O contains	a res	ponse or note to	o any line in this (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
y v	1a	Federated campaigns	1a			revenue		0.2 0.4
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues .	1b					
G.	c	Fundraising events	1c			•		'
iffs ar A	d	Related organizations .	1d					
s, G	e	Government grants (contributions)	1e					
Sil	f	All other contributions, gifts, grants,						
but		and similar amounts not included above	1f	516,471 79				
ntri d O	g	Noncash contributions included in lines 1a	-1f \$					
Co	h	Total. Add lines 1a-1f .		▶	516,471 79			
ıue				Business Code				
ven	2a							
e Re	b							
Zi Č	С							
Sel	d							
ram	e	All all and an arrangement of the second		-				ļ
Program Service Revenue	f	All other program service reven Total. Add lines 2a–2f	ue .	•				
- -	<u>g</u>	Investment income (including	dıvıd					
		and other similar amounts)						
	4	Income from investment of tax-exe	mpt b	ond proceeds ▶		•		
	5	Royalties	٠.	▶		.,		
		(i) Rea	al	(ii) Personal				
	6a	Gross rents .						!
	b	Less. rental expenses						j
	С	Rental income or (loss)						
	d	Net rental income or (loss)	<u> </u>					
	7a	Gross amount from sales of (i) Securi	ties	(II) Other				
	_	assets other than inventory						
	b	Less cost or other basis and sales expenses						
	С	Gain or (loss)						
	ď	Net gain or (loss)		·				
ø			•					
anue	8a	Gross income from fundraising events (not including \$						
eve		of contributions reported on line	[o]]
Other Reve		See Part IV, line 18 .	· a					
)th	b	Less, direct expenses	b	,				
•		Net income or (loss) from fundr		events >				
	9a	Gross income from gaming activ	rities.					
		See Part IV, line 19	а	-			1	
		Less direct expenses	b	`L				
		Net income or (loss) from gamin		ıvıtıes . ▶				
	10a	Gross sales of inventory, returns and allowances						
	L.		_					
		Less cost of goods sold Net income or (loss) from sales			<u> </u>			
	Ŭ	Miscellaneous Revenue	01 1114	Business Code				
	11a							
	b							
	c							
	d	All other revenue .						
	е	Total. Add lines 11a-11d .						
	12	Total revenue. See instructions	3	▶	516,471 79			

Part IX Statement of Functional Expenses

Sectio	n 501(c)(3) and 501(c)(4) organizations must con	nplete all columns. A	ll other organization	s must complete colu	ımn (A).
	Check if Schedule O contains a respon	se or note to any lin	e in this Part IX		
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	253,510 03	253,510 03		
4 5	Benefits paid to or for members . Compensation of current officers, directors, trustees, and key employees .	52,834 74	52,834 74		
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 8	Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	102,445 15	29,449 46	72,995 69	<i>,</i> , , , , , , , , , , , , , , , , , ,
9	Other employee benefits .	31,447 93	14,286 32	17,161 61	
10	Payroll taxes	15,174 69	8,042 59	7,132 10	
11	Fees for services (non-employees):				
а	Management	24,527 89	7,710 57	16,817 32	
b	Legal	3,045 00		3,045 00	
c	Accounting				
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f g	Investment management fees Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion .	3,973 40	2,337 42	1,317 06	318 92
13	Office expenses	20,451 97	10,438 15	10,013 82	0.002
14	Information technology .	11,017 79	5,839 43	5,178 36	
15	Royalties				<u> </u>
16	Occupancy	11,035 00	5,848 55	5,186 45	· · · · · · · · · · · · · · · · · · ·
17	Travel	2,361 28	382 00	1,477 68	501 60
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .	2,487 78	2,487 78		
20	Interest		· <u> </u>		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .				
23	Insurance	1,799 62	1,481 92	317 70	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а					
b					
С					
d					
е	All other expenses				
25		536,112 27	394,648 96	140,642 79	820 52
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here if following SOP 98-2 (ASC 958-720)				

P	art X				
		Check if Schedule O contains a response or note to any line in this Pai	t X	. ,	<u></u> . 🔲
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	127,762 80	1	107,137 67
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	2,019 74	4	6,741 98
	5	Loans and other receivables from current and former officers, directors,			
	_	trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and			
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
Assets		organizations (see instructions) Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
Αs	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or			
		other basis Complete Part VI of Schedule D 10a	:		
	b	Less accumulated depreciation 10b		10c	
	11	Investments—publicly traded securities		11	
	12	Investments – other securities. See Part IV, line 11		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 34) .	129,782 54	16	113,879 65
	17	Accounts payable and accrued expenses	2,912 10	17	2,642 37
	18	Grants payable .	60,974 26	18	64,981 58
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
es	22	Loans and other payables to current and former officers, directors,			
Ě		trustees, key employees, highest compensated employees, and	·		<u></u>
Liabilities		disqualified persons Complete Part II of Schedule L		22	
⋍	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties .		24	. <u> </u>
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17–24) Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	63,886 36	26	67,623 95
Ŋ		Organizations that follow SFAS 117 (ASC 958), check here ▶ ☐ and			
ည္တ		complete lines 27 through 29, and lines 33 and 34.			
or Fund Balances	27	Unrestricted net assets		27	
æ	28	Temporarily restricted net assets	• .	28	
밀	29	Permanently restricted net assets		29	
교		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and □			
٥		complete lines 30 through 34.		-	
Net Assets	30	Capital stock or trust principal, or current funds		30	,
\ss	31	Paid-in or capital surplus, or land, building, or equipment fund	6E 006 40	31	46 DEE 70
et /	32	Retained earnings, endowment, accumulated income, or other funds .	65,896 18		46,255 70 46,255 70
ž	33	Total net assets or fund balances	65,896 18 129,782 54		113,879 65
	34	Total liabilities and net assets/fund balances	129,702 34	J4 !	113,019 03

Page	1	

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Onn 98	0 (2018)				rage 12
Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u>.</u>		. 🗆
1	Total revenue (must equal Part VIII, column (A), line 12)	1		516	,471 79
2	Total expenses (must equal Part IX, column (A), line 25)	2		536	,112 27
3	Revenue less expenses. Subtract line 2 from line 1	3		-19	640 48
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) .	4		65	,896 18
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		46	,255 70
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII			<u>.</u>	<u>. 🖵</u>
	`			Yes	No
1	Accounting method used to prepare the Form 990. Cash Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," ex	olaın ı	n		i l
	Schedule O.				\perp
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		28	1	✓
	If "Yes," check a box below to indicate whether the financial statements for the year were comp	olled c	er		
	reviewed on a separate basis, consolidated basis, or both				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		<u> </u>		
b	Were the organization's financial statements audited by an independent accountant?	•	2t	<u> </u>	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited	d on	a		
	separate basis, consolidated basis, or both:				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		<u> </u>		
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over				
	of the audit, review, or compilation of its financial statements and selection of an independent accou			;	
	If the organization changed either its oversight process or selection process during the tax year, ex	plaın ı	n		
	Schedule O.		<u> </u>		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth ı			1.
	the Single Audit Act and OMB Circular A-133?		32	1	-
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	udits	31		
			F	orm 99	O (2018)

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SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ▶ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047 2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization Employer identification number Impact Nations International Ministries 46-4517575 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) 1 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 or 990-EZ)) 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 name, city, and state 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) 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.) ☐ 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 An organization that normally receives (1) more than 331/3% 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 33½% 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) An organization organized and operated exclusively to test for public safety See section 509(a)(4). 12 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving 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 h 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, С 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) d 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 II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s) (i) Name of supported organization (n) EIN (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see document? above (see instructions)) instructions) instructions) Yes (A) (B) (C) (D)

(E)

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.)

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts grants contributions, and membership fees received (Do not include any "unusual grants")	258,425 98	429,974 39	520,580 53	611,810 97	516,471 79	2,337,263 66
2	Tax revenues levied for the organization'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	258,425 98	429,974 39	520,580 53	611,810 97	516,471 79	2,337,263 66
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)	•					
6	Public support. Subtract line 5 from line 4	,		•	• •	17 797 798	<u> </u>
	on B. Total Support	,					
	dar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4	258,425 98	429,974 39	520,580 53	611,810 97	516,471 79	2,337,263 66
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	-	į		!		
9	Net income from unrelated business activities, whether or not the business is regularly carried on .						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)				:		
11	Total support. Add lines 7 through 10					。 (記憶管	2,337,263 66
12	Gross receipts from related activities, etc					12	
13	First five years. It the Form 990 is for the	_	's first second	d, third, fourth,	, or fifth tax ye	ear as a sectio	n 501(c)(3)
	organization, check this box and stop he		····			· · ·	. ▶ ✓
Secti	on C. Computation of Public Suppor						
14	Public support percentage for 2018 (line 6			1 column (f))	,	14	<u>%</u>
15	Public support percentage from 2017 Sch					15	<u> %</u>
16a	331/3% support test – 2018. If the organi				d line 14 is 33	31/3% or more,	
	box and stop here. The organization qua			-			. ▶ ⊔
b	331/3% support test—2017. If the organithis box and stop here. The organization					is 331/3% or m	. –
	, , ,		•	ū			
17a	10%-facts-and-circumstances test – 20 10% or more and if the organization me Part VI how the organization meets the " organization	eets the facts-	and-circumsta	ances" test, ch	eck this box a	and stop here.	Explain ın
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization in Part VI how the organization is supported organization	ition meets the	e "facts-and-c	arcumstances"	test, check t	this box and s	stop here.
18	Private foundation. If the organization disinstructions	d not check a t	oox on line 13,	16a, 16b, 17a	, or 17b, checl	k this box and	see ►□

Part							
	(Complete only if you checked t						uńder Part II.
Cast	If the organization fails to qualify	under the te	sts listed bel	ow, please co	omplete Part	II.)	
	ion A. Public Support Idar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants contributions and membership fees	(a) 2014	(6) 2013	(0) 2010	(u) 2017	(e) 2010	(i) Total
	received (Do not include any 'unusual grants")	1	}	1	/		
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					L	
3	Gross receipts from activities that are not an						
4	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		/				
6	Total. Add lines 1 through 5	<u></u>				_	
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons		/				<u> </u>
b	Amounts included on lines 2 and 3 received from other than disqualified						
	persons that exceed the greater of \$5,000						1
	or 1% of the amount on line 13 for the year	/	7				
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from	. //					
	line 6)	· · //					<u> </u>
	on B. Total Support	<u> </u>		() 0010	-	() 0040	
Galen 9	dar year (or fiscal year beginning in) Amounts from line 6	(ấ) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
10a	Gross income from interest, dividends,	/				_	
104	payments received on securities loans, rents,			'			
	royalties and income from similar sources						
b	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, whether or not the business is regularly carried on						
12	Other income Do not include gain or				-		
-	loss from the sale of capital assets						
	(Explain in Part VI)						
13	Total support. (Add lines 9 10c, 11,						
	and 12) .				5.611		
14	First five years. If the Form 990 is for the organization, check this box and stop he		r's first, secon	a, thira, fourth	, or fifth tax ye		on 501(c)(3) ► □
Secti	on C. Computation of Public Suppor		e				
15	Public support percentage for 2018 (line 8	<u>_</u>		13, column (f))	•	15	%
16	Public support percentage from 2017 Sch			·		16	%
	on D. Computation of Investment In						
17	Investment income percentage for 2018 (y line 13, colu	mn (f)) .	17	<u>%</u>
18 19a	Investment income percentage from 2017 33/13% support tests – 2018. If the organ			on line 11 ar	nd line 15 is m	18 ore than 331/	% and line
134	1/2 is not more than 331/3% check this box						
b	331/3% support tests—2017. If the organiz						_
	line 18 is not more than 331/3%, check this l						

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV

Supporting Organizations

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

Section A.	All S	Supporting	Organizations
------------	-------	------------	---------------

ecti	on 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	<i>\$</i>	
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below	3a		7
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		1
4a	Was any supported organization not organized in the United States ('foreign supported organization")? If 'Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below	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	The state of the s	
5a	Did the organization add, substitute or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)	5a	12 5 12 B	
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		*
6	Substitutions only. Was the substitution the result of an event beyond the organization's control? 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	5c	, , , , , , , , , , , , , , , , , , ,	2000
7	benefit one or more of the filing organization's supported organizations? If 'Yes," provide detail in Part VI. Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If 'Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	6	, ,	
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 79 If Yes, 'complete Part I of Schedule L (Form 990 or 990-EZ)	8		1
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If 'Yes," provide detail in Part VI.	9a	-	
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes," provide detail in Part VI.	9b	;	
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes," provide detail in Part VI.	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(i) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If Yes, "answer 10b below	10a	- 13. - 13.	

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)

Part	N Supporting Organizations (continued)			<u>-</u>
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		1	
а	A person who directly or indirectly controls either alone or together with persons described in (b) and (c)		100	
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If 'Yes" to a, b, or c, provide detail in Part VI.	11c		
Secu	on B. Type I Supporting Organizations		Yes	No
1	Did the directors, trustees or membership of one or more supported organizations have the power to		ារព	140
'	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If No "describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		· · ·
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,		增	
	supervised, or controlled the supporting organization	-		
Secti	on C. Type II Supporting Organizations	2	1	
00011	on or type it supporting organizations		Yes	No
1	Were a majority of the organization s directors or trustees during the tax year also a majority of the directors		.4	
	or trustees of each of the organization's supported organization(s)? If 'No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed		- 7	
	the supported organization(s)	1		
<u>Secti</u>	on D. All Type III Supporting Organizations		1	 -
4	Dud the accounting angular to each of its accounted accounts to be built by loss day of the fifth month of the	$\overline{}$	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization s tax year (i) a written notice describing the type and amount of support provided during the prior tax		4.3	
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the		7	
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	-,	43	
	organization(s) or (ii) serving on the governing body of a supported organization? If 'No," explain in Part VI how		46	
	the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a	1		
	significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If Yes," describe in Part VI the role the organization's		42	
	supported organizations played in this regard	3	. 55	* *** # <u>*</u>
Section	on E. Type III Functionally Integrated Supporting Organizations	1 3 1		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	nstru	ctions	:)
а	The organization satisfied the Activities Test Complete line 2 below			•
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (
2	Activities Test Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If 'Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities	2a	2 643	
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	T.	- 3	
	of the organization's supported organization(s) would have been engaged in? If Yes," explain in Part VI the	,		
	reasons for the organization s position that its supported organization(s) would have engaged in these		3	
	activities but for the organization's involvement	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.		1	
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		***	ة جريد
	trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a	- 4	
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If 'Yes' describe in Part VI the role played by the organization in this regard	3b		4

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical	gan	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	g tru	st on Nov 20, 1970 (explai	n ın Part VI). See
instructions. All other Type III non-functionally integrated supporting organ	nızat	ions must complete Sectio	ns A through E.
Section A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section 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).			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c	·	
d 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 1-1/2% of line 3 (for greater amount, see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 035	6		
7 Recoveries of prior-year distributions	7		_
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C-Distributable Amount	·		Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	y %	
2 Enter 85% of line 1	2	, 4	
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	, 31	
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		1	
emergency temporary reduction (see instructions)	6	•	<u> </u>
7 Check here if the current year is the organization's first as a non-functional	y int	tegrated Type III supporting	g organization (see
instructions)			

Part	V Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organi	izations (continued)	
Sect	ion D—Distributions			Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes		
2	Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity	empt purposes of suppo	orted	
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	inizations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI) See instructions			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to whic (provide details in Part VI) See instructions	h the organization is res	sponsive	
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
	ion E—Distribution Allocations (see instructions)	(ı) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Dıstributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reasonable cause required—explain in Part VI) See instructions			
3	Excess distributions carryover, if any, to 2018			14
a	From 2013		*	A.20
b	From 2014	,	<u> </u>	4
	From 2015		4	
d	From 2016			4
e	From 2017	·-	-	125
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years	,		
h	Applied to 2018 distributable amount			
	Carryover from 2013 not applied (see instructions)			(A)
J	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2018 from Section D, line 7 \$		•	
a	Applied to underdistributions of prior years			N.O.
b	Applied to 2018 distributable amount			
С	Remainder Subtract lines 4a and 4b from 4			247
5	Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2. For result greater than zero explain in Part VI. See instructions			
6	Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 For result greater than zero, explain in Part VI. See instructions			
7	Excess distributions carryover to 2019. Add lines 3j and 4c		-	
8	Breakdown of line 7			À Par
а	Excess from 2014			
b	Excess from 2015		, ·	
С	Excess from 2016			<u> </u>
d	Excess from 2017		*	
е	Excess from 2018			

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)
	•
••	
	,
	,
	<u>'</u>
_ _	

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.

OMB No 1545-0047 2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Attach to Form 990.

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

Name of the organization

Impact Nations International Ministries

Employer identification number 46-4517575

General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

5 Addivides per riegion (The le	<u></u>	., 5 145/6 1	ban be adplicated it addition		
(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) Central America and Carribean	0	0	Program Services	Outreach and evangelism	22,488 97
(2) Central America and Carribean	0	0	Grantmaking		2,598 91
(3) Europe	0	0	Program Services	Outreach and evangelism	24,393 11
(4) East Asia and the Pacific	0	0	Program Services	Outreach and evangelism	3,967 26
(5) East Asia and the Pacific	0	0	Grantmaking		992 19
(6) South Asia	0	0	Program Services	Outreach and evangelism	57,022 36
(7) South Asia	0	0	Grantmaking		43,412 16
(8) Sub Saharan Africa	0	0	Program Services	Outreach and evangelism	48,753 45
(9) Sub Saharan Africa	0	0	Grantmaking		36,948 14
(10)					
(11)				,	
(12)					
(13)					1
(14)					
(15)					
(16)					
(17)					
3a Subtotal b Total from continuation	0	0			240,576 55
sheets to Part I .					240 570 55
c Totals (add lines 3a and 3b)	0	0	<u> </u>]	240,576 55

Page 2

Schedule F (Form 990) 2018

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000 Part II can be duplicated if additional space is needed 1 Part II

	(a) Name or organization	(b) INS code section and EIN (if applicable)	(c) Region	grant	cash grant	(t) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
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0 0	Enter total nuby the IRS, or	imber of recipier r for which the g	Enter total number of recipient organizations listed above to by the IRS, or for which the grantee or counsel has provided total number of other organizations or entities.	above provide	ognized as charities 1501(c)(3) equivaler	that are recognized as charities by the foreign country, recognized as tax-exempted a section 501(c)(3) equivalency letter	try, recognized as ta	ax-exempt ▼	
,	בוונפו וסומו ווח	III IDEI OI OII IEI C	Jugar IIzation is of entit						

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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. Schedule F (Form 990) 2018

Part III Grants ar

Part III can be duplic	Part III can be duplicated it additional space is needed	is needed.					
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1) Water Filters	Sub-Saharan Afrıca	800			35,000 00		FMV
(2) Water tanks	Sub-Saharan Africa	800			25,000 00		FMV
(3) Medical Supplies	Sub-Saharan Africa	909			1,850		FMV
(4) Food	Sub-Saharan Africa	009			1,000	,	FMV
(5) Sewing Supplies	South Asia	100			800		FMV
(6) School Supplies	South Asia	100			800		FMV
(7) School Tuition	South Asia	100			1,250	· ·	FMV
(8) School Supplies	Sub-Saharan Africa	200	•		775		FMV
(9) Water Filters	East Asia & the Pacific	150			3,500		FMV
(10) Mosquito Nets	South Asia	100			1,850		FMV
(11) Medical Supplies	Central America and Carr	75			400		FMV
(12) Medical Supplies	South Asia	100			2,500		FMV
(13) Clothing	Europe	75			400		FMV
(14) Medical Supplies	Europe	50			375		FMV
(15) Food	Europe	50	-		350		FMV
(16) Water filters	Europe	50			200		FMV
(17) Food	Central America and Carr	75			400		FMV
(18) Water filters	Central America and Carr	75			400		FMV
						los.	Schedule F (Form 990) 2018

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

Schedule F (Form 990) 2018

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.

We keep detailed records of monies spent outside of the United States We maintain receipts and pictures of items purchased and/or built with
the monies
We also send an employee to each location at least once a year to monitor activities and progress made with the funding. These site visits ensure
the monies and supplies are being used according to the allocations we required
The value given to each grant (h) is based on the true value of the labor and cost of goods
The number of recipients (c) is an estimate of individuals that will benefit from the expenditures (i.e the number of individuals that will use
the water filters and tanks we provide)
<u> </u>

SCHEDULE L (Form 990 or 990-EZ)

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

Department of the Treasury Internal Revenue Service Name of the organization

Name o	of the org	anization							Emp	loyer ide	ntıfıcat	ion nu	mber		
Impac	t Nation	s International N	Ministries								46-	45175	75		
Par	t I	Excess Bene Complete if th	fit Transacti ne organization	ons (section 50 on answered "Ye	1(c)(3), es" on	section Form 99	501(c)(4), a 0, Part IV, I	nd 50 ine 2	01(c)(29) organ 5a or 25b, or F	ızatıons orm 99	only) 0-EZ,). Part	V, line	40b.	
4	1 (a) Name of disqualified person		(b) Relationship between disqualified person and					(c) Description of transaction			n	(d) Corrected?			
	(a) Na	varie of disqualified person		organization					(c) Description of tran			saction		Yes	No
(1)						_									
(2)															
(3)									-						
(4)															
(5)															
(6)															
2		the amount r section 4958		ed by the orga	nızatıc	on manag	gers or dis	qualif	ied persons o	lurıng t	he ye	ar ► §	.		
3	Enter	the amount o	f tax, if any,	on line 2, above,	reimb	oursed by	the organ	ızatıo	n	•		▶ \$.		
Part		Complete if th	ie organizatio	erested Person on answered "Ye mount on Form	s" on	Form 99 Part X, line	0-EZ, Part e 5, 6, or 2	V, line 2.	e 38a or Form	990, Pa	nrt IV,	line 2	!6, or	f the	
(a) N	ame of ir	nterested person	(b) Relationsh with organizati			oan to or om the inization?	(e) Origir principal an		(f) Balance due	e (g) In (default?	(h) Approved by board or committee?		(i) Written agreement?	
					То	From	1			Yes	No	Yes	No	Yes	No
(1)								-							
(2)															
(3)															
(4)		,													
(5)		·													
(6)												ļ			
(7)											<u> </u>				
(8)			_												
(9)		_													
(10)			<u> </u>				l		ļ			<u> </u>	<u></u>		
Total		<u></u>		. <u>.</u>				. ▶	<u>\$</u>						
Part	Ш	Grants or Ass Complete if th	sistance Bei ie organization	nefiting Interest on answered "Ye	ed Pe s" on	rsons. Form 99	0, Part IV, i	ine 2	7						
(a)	Name o	f interested persor		onship between inter on and the organization		(c) Amount	t of assistance		(d) Type of assista	nce	(е) Purpo	ose of a	ssistan	ce
(1)															
(2)							-								
(3)				·											
(4)															
(5)															
(6)															
(7)				1	-										
(8)			_												
(9)															
(10)															

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organi	aring of zation's nues?
		•	• .	Yes	No
(1) Christina Stewart	Officer		Employment compensation		✓
(2) Steve Stewart	Officer		Employment compensation		✓
(3) Tim Stewart	Son of officers	59,560 11	Employment compensation	_	✓
(4)					
(5)					
(6)					
(7)	- -				
(8)					
(9) (10)					
Part V Supplemental Information.					<u> </u>
Provide additional information	on for responses to questions	on Schedule L (see	instructions).		
Part IV - Christina Stewart is an employee and	officer of Impact Nations Internat	tional Ministries She	served as the Secretary on		
Fait IV - Chilstina Stewart is an employee and	- Concer of Impact (Vations internat	ional willistries one	served as the Secretary of		
the Board of Directors in 2018 The Board (ex	cluding Steve and Christina Stew	art) approved Christin	a's employment and salary		
2010 2 (0		,			
•					
Part IV - Steve Stewart is an employee and off	ficer of Impact Nations Internation	al Ministries Steve se	erved as the President of the Board		
throughout 2018 He also served as Chairmar	n of the Board The Board (exclud	ding Steve and Christii	na Stewart)		
	······				
approved Steve's employment and salary					
Part IV - Tim Stewart is the son of Steve and 0	Christina Stewart and is an employ	yee of Impact Nations	International Ministries		
Tim is the Chief Operating Officer of the organ				nd salarv	
Time the office operating officer of the organ			vari, approved 11113 employment at	id Salary	
				•	
		••			
·	•••••			•	

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.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

Employer identification number

Impact Nations International Ministries	46-4517575					
Part VI 11 - A complete copy of this Form 990 was given to the board members prior to filing						
······						
Part VI 12 - The organization had a written conflict of interest policy in 2018 Included in the policy was a section regarding annual statements						
Each governing board member shall annually sign a statement which affirms such person (a) has received a	copy of the conflict of interest policy,					
(b) has read and understands the policy, (c) has agreed to comply with the policy, and (d) understands the org	anization is charitable and in order					
to maintain it's federal exemption status, it must engage primarily in activities which accomplish one or more of it's tax exempt purposes						
In addition to annual statements, periodic reviews will be conducted on (a) compensation and benefits and, (b) partnerships, joint ventures,						
and any management arrangements, to ensure conformity to our written policies and proper documentation						
Lastly, board members can present any conflict of interest concerns at the quarterly board meetings						
Part VI 15 - Compensation from the organization is precluded by board members voting on matters pertaining	g to that employee's compensation					
All compensation decisions are made by the Board of Directors						
Further, all compensation paid will be reasonable and based on the following factors (a) the type and amount	t of compensation received by					
others in similar positions, (b) the compensation levels paid in our particular geographic community, (c) the amount of time the individual spends						
in their position, (d) the expertise and other pertinent background of the individual, (e) the size and complexity of our organization, and						
(f) the need of the organization for the services of that individual						
	•••••					
Part VI 19 - The organization's governing documents and financial statements were available to the public up	on request throughout the tax year					
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