

EXTENDED TO NOVEMBER 15, 2017  
**Exempt Organization Business Income Tax Return**  
 (and proxy tax under section 6033(e))

OMB No 1545-0687

2016

For calendar year 2016 or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

▶ Information about Form 990-T and its instructions is available at [www.irs.gov/form990t](http://www.irs.gov/form990t).

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

Department of the Treasury  
Internal Revenue Service

<p><b>A</b> <input type="checkbox"/> Check box if address changed</p> <p><b>B</b> Exempt under section  <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e)  <input type="checkbox"/> 408A <input type="checkbox"/> 530(a)  <input type="checkbox"/> 529(a)</p>	<p>Print or Type</p>	<p>Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.)  <b>KINGDOM IMPACT GLOBAL MINISTRIES, INC.</b></p> <p>Number, street, and room or suite no. If a P.O. box, see instructions.  <b>2503 MURCHISON ROAD</b></p> <p>City or town, state or province, country, and ZIP or foreign postal code  <b>FAYETTEVILLE, NC 28301</b></p>	<p><b>D</b> Employer identification number (Employees' trust, see instructions)  <b>56-1391355</b></p> <p><b>E</b> Unrelated business activity codes (See instructions)  <b>531110</b></p>
---	------------------------------	---	--

**C** Book value of all assets at end of year: **653,119.**

**F** Group exemption number (See instructions.)

**G** Check organization type:  501(c) corporation  501(c) trust  401(a) trust  Other trust

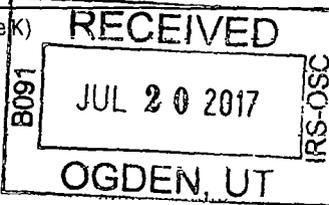
**H** Describe the organization's primary unrelated business activity. ▶ **REAL ESTATE RENTAL**

**I** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶  Yes  No  
 If "Yes," enter the name and identifying number of the parent corporation. ▶

**J** The books are in care of ▶ **MICHAEL C. HINES, SR.** Telephone number ▶ **910-488-9456**

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales			
b Less returns and allowances			
c Balance			
2 Cost of goods sold (Schedule A, line 7)			
3 Gross profit. Subtract line 2 from line 1c			
4a Capital gain net income (attach Schedule D)			
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)			
c Capital loss deduction for trusts			
5 Income (loss) from partnerships and S corporations (attach statement)			
6 Rent income (Schedule C)			
7 Unrelated debt-financed income (Schedule E)	2,235.	1,801.	434.
8 Interest, annuities, royalties, and rents from controlled organizations (Sch. F)			
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)			
10 Exploited exempt activity income (Schedule I)			
11 Advertising income (Schedule J)			
12 Other income (See instructions; attach schedule)			
13 <b>Total.</b> Combine lines 3 through 12	2,235.	1,801.	434.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions) (Except for contributions, deductions must be directly connected with the unrelated business income.)	(A) Income	(B) Expenses	(C) Net
14 Compensation of officers, directors, and trustees (Schedule K)			
15 Salaries and wages			
16 Repairs and maintenance			
17 Bad debts			
18 Interest (attach schedule)			
19 Taxes and licenses			
20 Charitable contributions (See instructions for limitation rules)			
21 Depreciation (attach Form 4562)	2,218.		
22a Less depreciation claimed on Schedule A and elsewhere on return	2,218.		0.
23 Depletion			
24 Contributions to deferred compensation plans			
25 Employee benefit programs			
26 Excess exempt expenses (Schedule I)			
27 Excess readership costs (Schedule J)			
28 Other deductions (attach schedule)			
29 <b>Total deductions.</b> Add lines 14 through 28			0.
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13			434.
31 Net operating loss deduction (limited to the amount on line 30) <b>SEE STATEMENT 1</b>			434.
32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30			0.
33 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)			1,000.
34 <b>Unrelated business taxable income</b> Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32			0.



Part III Tax Computation

35 Organizations Taxable as Corporations See instructions for tax computation.
36 Trusts Taxable at Trust Rates See instructions for tax computation.
37 Proxy tax See instructions
38 Alternative minimum tax
39 Tax on Non-Compliant Facility Income See instructions
40 Total Add lines 37, 38 and 39 to line 35c or 36, whichever applies

Part IV Tax and Payments

41a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)
41b Other credits (see instructions)
41c General business credit Attach Form 3800
41d Credit for prior year minimum tax (attach Form 8801 or 8827)
41e Total credits Add lines 41a through 41d
42 Subtract line 41e from line 40
43 Other taxes Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)
44 Total tax Add lines 42 and 43
45a Payments: A 2015 overpayment credited to 2016
45b 2016 estimated tax payments
45c Tax deposited with Form 8868
45d Foreign organizations: Tax paid or withheld at source (see instructions)
45e Backup withholding (see instructions)
45f Credit for small employer health insurance premiums (Attach Form 8941)
45g Other credits and payments: Form 2439 Form 4136 Other Total
46 Total payments Add lines 45a through 45g
47 Estimated tax penalty (see instructions) Check if Form 2220 is attached
48 Tax due If line 46 is less than the total of lines 44 and 47, enter amount owed
49 Overpayment If line 46 is larger than the total of lines 44 and 47, enter amount overpaid
50 Enter the amount of line 49 you want: Credited to 2017 estimated tax Refunded

Part V Statements Regarding Certain Activities and Other Information (see instructions)

51 At any time during the 2016 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country?
52 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?
53 Enter the amount of tax-exempt interest received or accrued during the tax year

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge

Sign Here Mohamed C. Amin, Jr 7/4/17 ADMINISTRATOR
Signature of officer Date Title

Paid Preparer Use Only Print/Type preparer's name TAYLOR G. STEPHENSON, CPA
Preparer's signature Date 06/20/17
Check [X] if self-employed PTIN P00644131
Firm's name TRP CPAS, PLLC Firm's EIN 56-1035259
Firm's address 2405 ROBESON STREET FAYETTEVILLE, NC 28305 Phone no. 910-323-3600

FORM 990-T NET OPERATING LOSS DEDUCTION STATEMENT 1

TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/12	1,034.	213.	821.	821.
12/31/14	1,918.	0.	1,918.	1,918.
12/31/15	717.	0.	717.	717.
NOL CARRYOVER AVAILABLE THIS YEAR			3,456.	3,456.

FORM 990-T SCHEDULE E - DEPRECIATION DEDUCTION STATEMENT 2

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
DEPRECIATION		2,218.	
- SUBTOTAL -	1		2,218.
TOTAL OF FORM 990-T, SCHEDULE E, COLUMN 3(A)			2,218.

FORM 990-T SCHEDULE E - OTHER DEDUCTIONS STATEMENT 3

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
INTEREST EXPENSE		268.	
REPAIRS AND MAINTENANCE		1,513.	
INSURANCE		221.	
PROPERTY TAXES		1,096.	
- SUBTOTAL -	1		3,098.
TOTAL OF FORM 990-T, SCHEDULE E, COLUMN 3(B)			3,098.

