Form 990

Extended to November 15, 2023 Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.



Department of the Treasury Internal Revenue Service

Т

АГ	or un	e 2022 calendar year, or tax year beginning and	a enaing				
B c	heck if	le: C Name of organization		D Employer identified	cation number		
	_Addre	uss e Epic International Corporation					
	Name	Doing business as Reach the Rest, Inc.		58-2666820			
	Initial	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite				
			100m/suite	(877) 811-374			
	Final returr termi ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	2,813,346.			
	Amer			H(a) Is this a group re			
		F Name and address of principal officer:Michael Jackson		for subordinates			
	pend	ng same as C above		H(b) Are all subordinates in			
<u> </u>	- av.ev	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 52		list. See instructions		
-	Vebsi			H(c) Group exemption			
-		f organization: X Corporation Trust Association Other	I Vea	<u> </u>	State of legal domicile: GA		
	irt I	Summary			otate of legal dofinient.		
	1	Briefly describe the organization's mission or most significant activities: Epic	Internati	onal Corporation			
ЭCe	'	is a non-profit ministry based in Clarksville, Tennessee. E		onar corporation			
Activities & Governance	2	Check this box if the organization discontinued its operations or disp		than 25% of its not as	eata		
ver	2				500.5		
ဗီ	4	Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b)			5		
8	-			·····	4		
tië	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)	······	150			
iţ	6	Total number of volunteers (estimate if necessary)		0.			
Ac		Total unrelated business revenue from Part VIII, column (C), line 12			0.		
	D	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u> </u>	Prior Year	Current Year		
Revenue	Contributions and grants (Part VIII, line 1h)			2,210,918.	2,813,144.		
ven	9	Program service revenue (Part VIII, line 2g)		117.	202.		
Re	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		3,763.	202.		
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		,			
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,214,798.	2,813,346.		
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		1,270,524.	2,397,295.		
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.		
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10		264,014. 75,456.	346,082. 67,641.		
ens			onal fundraising fees (Part IX, column (A), line 11e)				
ЩЩ			,292.	0.6 825	106.042		
-		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		86,735.	126,043.		
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,696,729.	2,937,061.		
5	19	Revenue less expenses. Subtract line 18 from line 12		518,069.	-123,715.		
Net Assets or Fund Balances				eginning of Current Year	End of Year		
sse Bala	20	Total assets (Part X, line 16)	······	1,299,027.	1,178,450.		
et A nd I	21	Total liabilities (Part X, line 26)		358.	3,496.		
Z ^D	22	Net assets or fund balances. Subtract line 21 from line 20		1,298,669.	1,174,954.		
	nrt II	Signature Block					
		alties of perjury, I declare that I have examined this return, including accompanying schedu			/ knowledge and belief, it is		
true,	corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of $ imes$	which prepare	r has any knowledge.			

Sign	Signature of officer		Date						
Here	Michael Jackson, President/CEO Type or print name and title								
Paid	Print/Type preparer's name Lois S. Lazenby	Preparer's signature Lois S. Lazenby	Date Check PTIN if self-employed P00295161						
Preparer	Firm's name Mersereau, Lazenby & Rocka	as, LLC	Firm's EIN 58-2115374						
Use Only	Iy Firm's address 3469 Lawrenceville-Suwanee Rd.								
	Suwanee, GA 30024 Phone no.770-6								
May the IF	RS discuss this return with the preparer shown abo	ove? See instructions	X Yes No						

Form	990 (2022) Epic International Corporation	58-2666820	Page 2
	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission:		
	Epic International Corporation is a non-profit ministry based in		
	Clarksville, Tennessee. Epic International Corporation works with		
	indigenous missionaries in Africa, the Middle East, and South Asia to		
	deliver the Gospel to unengaged people groups.		
2	Did the organization undertake any significant program services during the year which were not listed on the	е	
	prior Form 990 or 990-EZ?	Yes	X No
	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 servic	es?Yes	X No
	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, a	and
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ 2,606,276. including grants of \$ 2,397,295.) (R	evenue \$)
	Epic International Corporation is a non-profit ministry based in		
	Clarksville, Tennessee. Epic International Corporation works with		
	indigenous missionaries in Africa, the Middle East, and South Asia to		
	deliver the Gospel to unengaged people groups. We work in West Africa,		
	North Africa, Southeast Asia and the Middle East with over 215 field		
	partners and church planters with a strategy to meet the physical and		
	spiritual needs of millions of people.		
4b	(Code:) (Expenses \$ including grants of \$) (R	evenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (R	evenue \$)
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses2,606,276.		
		Form 9	90 (2022)
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Form 990 (2022) Epic International
Part IV Checklist of Required Schedules Epic International Corporation

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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		77	
-	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			v
	public office? If "Yes," complete Schedule C, Part I	3		X
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		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		v
~	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If</i> "Yes," <i>complete Schedule D, Part I</i>	~		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	6		<u>л</u>
'	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	- /		
0		8		x
9	Schedule D, Part III	<u> </u>		
Ũ	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		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
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		Х
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		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
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	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	104		x
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13		13 14a		X
14a b	Did the organization maintain an office, employees, or agents outside of the United States?	140		
U	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	х	
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	х	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
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		X

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Form **990** (2022)

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Part IV

Epic International Corporation

Checklist of Required Schedules (continued) Yes No 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Х 22 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current 23 and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J 23 Х 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a Х 24a **b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease 24c any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a Х b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Х 25b Schedule L. Part I 26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II х 26 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled 27 Х entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III 28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV х 28a Х **b** A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 28b c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV Х 28c Х Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation 30 Х contributions? If "Yes," complete Schedule M 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I Х 31 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete 32 32 Х Schedule N, Part II 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 Х 33 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Х Part V. line 1 34 х **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 Х 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 Х 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Х Note: All Form 990 filers are required to complete Schedule O 38 Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V No Yes **1a** Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable ٥ 1b c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming х (gambling) winnings to prize winners? 1c Form 990 (2022) 232004 12-13-22 2022.04030 Epic International Corporat 30079_1 13500926 146762 30079

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		(2022) Epic International Corporation	58-2666820		P	age 5
Pa	t V	Statements Regarding Other IRS Filings and Tax Compliance (continued)				
					Yes	No
2a	Ente	r 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	2 a 4			
b		least one is reported on line 2a, did the organization file all required federal employment tax retur	ns?	2b	Х	
3a				3a		x
b		es," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule		3b		
		ny time during the calendar year, did the organization have an interest in, or a signature or other a				
		ncial account in a foreign country (such as a bank account, securities account, or other financial a		4a		x
h		es," enter the name of the foreign country		14		
D.		instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccounts (EBAR)			
50		the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		x
5a		any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa		5a 5b		x
b						
c		es" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a		s the organization have annual gross receipts that are normally greater than \$100,000, and did th		•		
		contributions that were not tax deductible as charitable contributions?		6a		X
b		es," did the organization include with every solicitation an express statement that such contribut	5			
		not tax deductible?		6b		
7	-	anizations that may receive deductible contributions under section 170(c).				
а		ne organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser		7a		X
b	lf "Ye	es," did the organization notify the donor of the value of the goods or services provided?		7b		
с		he organization sell, exchange, or otherwise dispose of tangible personal property for which it was				
	to file	e Form 8282?		7c		Х
d	lf "Ye	es," indicate the number of Forms 8282 filed during the year	7d			
е	Did t	he organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c	ontract?	7e		
f	Did t	he organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr	act?	7f		
g	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?					
h		e organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiza		7g 7h		
8		nsoring organizations maintaining donor advised funds. Did a donor advised fund maintained				
		nsoring organization have excess business holdings at any time during the year?		8		
9		nsoring organizations maintaining donor advised funds.				
а	-			9a		
b		he sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10		tion 501(c)(7) organizations. Enter:		0.0		
а		tion fees and capital contributions included on Part VIII, line 12	10a			
a h		s receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11		tion 501(c)(12) organizations. Enter:				
			110			
а ь		s income from members or shareholders	11a			
D		ss income from other sources. (Do not net amounts due or paid to other sources against	4.41-			
40		unts due or received from them.)	11b	10		
		tion 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		
		es," enter the amount of tax-exempt interest received or accrued during the year	12b			
13		tion 501(c)(29) qualified nonprofit health insurance issuers.				
а		e organization licensed to issue qualified health plans in more than one state?		13a		
		e: See the instructions for additional information the organization must report on Schedule O.				
b		r the amount of reserves the organization is required to maintain by the states in which the	1			
		nization is licensed to issue qualified health plans	13b			
С		r the amount of reserves on hand	13c			
14a	Did t	he organization receive any payments for indoor tanning services during the tax year?		14a		Х
b		es," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu		14b		
15	Is the	e organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune	ration or			
	exce	ess parachute payment(s) during the year?		15		х
		es," see the instructions and file Form 4720, Schedule N.				
16		e organization an educational institution subject to the section 4968 excise tax on net investmen	t income?	16		х
		es," complete Form 4720, Schedule O.				
17		tion 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac	tivities			
		would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		1
		es," complete Form 6069.				
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Par	t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for the line of the line of the structure of the line of the	a "No"	respo	ns
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.			Г
200	Check if Schedule O contains a response or note to any line in this Part VI			
sec	tion A. Governing Body and Management		V.	Γ.
1.	Enter the number of veting members of the governing body at the and of the tay year	5	Yes	
Ia	Enter the number of voting members of the governing body at the end of the tax year 1a			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
h	Enter the number of voting members included on line 1a, above, who are independent 1b	5		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	-		
2	officer, director, trustee, or key employee?	2		
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			t
•	of officers, directors, trustees, or key employees to a management company or other person?	3		
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		T
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		t
6	Did the organization have members or stockholders?	6		t
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			T
	more members of the governing body?	7a		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
-	persons other than the governing body?	7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	х	L
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			T
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	
0a	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 such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
1 1 a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	X	
3	Did the organization have a written whistleblower policy?	13		
4	Did the organization have a written document retention and destruction policy?	14		
5	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15a		
b	Other officers or key employees of the organization	15b		
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
l6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		L
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filedGA			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3	i)s only) avail	al
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	nd finai	ncial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	The Organization - 877-811-3742			
	607 West Creek Drive, Clarksville, TN 37040	Ferry	000	10
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Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Co	mpensated	
	Employees, and Independent Contractors		
	Check if Schedule O contains a response or note to any line in this Part VII		
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		
te Comple	to this table for all parages required to be listed. Depart companyation for the colonder year anding y	ith or within the exercite	n'a tay yaar

Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

 List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)			(C)			(D)	(E)	(F)
Name and title	Average	Position (do not check more than one		Reportable	Reportable	Estimated				
	hours per					than is bot		compensation	compensation	amount of
	wook	offic	cer ar			or/trus		from	from related	other
	(list any	tor						the	organizations	compensation
	hours for	direc				5		organization	(W-2/1099-MISC/	from the
	related	ee or	stee			insat		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	trus	ial tru		oyee	dmo		1099-NEC)		and related
	below	idual	Institutional trustee	er	Key employee	est ci loyee	ler			organizations
	(list any hours for related organizations below line)	Indiv	Insti	Officer	Key (Highest compensated employee	Former			
(1) Michael Jackson	50.00									
President/CEO				х				114,941.	Ο.	0.
(2) Chris Stripplehoff	1.00									
Secretary		Х		х				0.	0.	0.
(3) Jeff Wadsworth	2.00									
Chairman		Х		х				٥.	0.	0.
(4) Brad Cross	2.00									
Director		Х						0.	0.	0.
(5) Richard Baxter	1.00									
Director		х						0.	0.	0.
(6) Woody Hayes	2.00									
Vice Chairman/Treasurer		Х		х				0.	0.	0.
		<u> </u>								
		1								
		1								
		1								
232007 12-13-22	-	-	-	-					-	Form 990 (2022)

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Form 990 (2022)Epic International Corporation58-2666820							320		Pa	age 8				
Par	t VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, an	d Hi	ghe	st C	ompensated Employe	es (continued)				
	(A) Name and title	(B) Average hours per week	age Position (do not check more than one box, unless person is both an				than is bot	h an	(D) Reportable compensation from	(E) Reportable compensation from related			(F) stimate nount other	
		(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC 1099-NEC)	5/	fr org an	pensa om the anizat d relat anizatio	e ion ed
1h	Subtotal								114,941.		0.			0.
С	Subtotal Total from continuation sheets to Part VI Total (add lines 1b and 1c)	I, Section A	·····		·····	·····		 	0. 114,941.		0.			0. 0.
2	Total number of individuals (including but no compensation from the organization	ot limited to th	iose	liste	ed al	bove	e) wł	סר o r	eceived more than \$100),000 of reportable	1		Yes	1 No
3	Did the organization list any former officer, line 1a? <i>If "Yes," complete Schedule J for su</i>										[3	100	x
4	For any individual listed on line 1a, is the su and related organizations greater than \$150	0,000? If "Yes,	" CO	mple	ete S	Sche	edule	ə J f	for such individual	-		4		X
5 Sec	Did any person listed on line 1a receive or a rendered to the organization? <i>If "Yes," com</i> tion B. Independent Contractors	-				-			-			5		X
1	Complete this table for your five highest con the organization. Report compensation for t										bens	ation	from	
	(A) Name and business		NO						(B) Description of s		С	(C ompe	C) nsatio	n
								_						
2	Total number of independent contractors (in \$100,000 of compensation from the organiz	•	iot lii	mite	d to		se lis 0	stec	d above) who received n	nore than		Form	990 (2	2022)

			2022) Epic International	Corporation			58-2666820	Page 9
Pa	rt \	/	Statement of Revenue					
			Check if Schedule O contains a response	e or note to any lin				
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ts ts	1	а	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	•		Membership dues 1b					
Å,G			Fundraising events 1c					
ar /			Related organizations 1d					
imil			Government grants (contributions) 1e					
r Si		f	All other contributions, gifts, grants, and					
ibut			similar amounts not included above 1f	2,813,144.				
d df		g	Noncash contributions included in lines 1a-1f					
a C		h	Total. Add lines 1a-1f		2,813,144.			
				Business Code				
ice	2	а						
ue v		b						
n S /en		С						
graı Rev		d						
Program Service Revenue		e						
_			All other program service revenue					
	3	g	Total. Add lines 2a-2f					
	3		Investment income (including dividends, inte other similar amounts)		202.			202.
	4		other similar amounts) Income from investment of tax-exempt bond		202.			
	5 Royalties		· •					
	Ŭ		(i) Real	(ii) Personal				
	6	а	Gross rents 6a					
	_	b	Less: rental expenses 6b					
		с	Rental income or (loss) 6c					
		d						
	7	а	Gross amount from sales of (i) Securities					
			assets other than inventory 7a					
		b	Less: cost or other basis					
evenue			and sales expenses 7b					
eve			Gain or (loss)					
			Net gain or (loss)					
Other R	8	а	Gross income from fundraising events (not					
0			including \$ of					
			contributions reported on line 1c). See					
			Part IV, line 18					
			Less: direct expenses 8 Net income or (loss) from fundraising events	-				
	0		Gross income from gaming activities. See					
	9	a	Part IV, line 19					
		þ	Less: direct expenses					
			Net income or (loss) from gaming activities	_				
	10		Gross sales of inventory, less returns					
			and allowances	a				
		b	Less: cost of goods sold 10					
			Net income or (loss) from sales of inventory					
S				Business Code				
Miscellaneous Revenue	11	а		ļļ			ļ	
ent		b		ļļ				
Scel		С		ļļ				ļ
Mis			All other revenue					
	L		Total. Add lines 11a-11d		0.040.01-	_	-	
	12		Total revenue. See instructions		2,813,346.	0.	0.	202.

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Epic International Corporation

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response	se or note to any line in t	this Part IX		
Do not include amounts reported on lines 6b,	(A)	(B) I	(C)	(D)
7b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1 Grants and other assistance to domestic organizations		expensee	general expenses	oxperiece
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	2,397,295.	2,397,295.		
4 Benefits paid to or for members	, ,	, ,		
5 Compensation of current officers, directors,				
trustees, and key employees	114,940.	45,976.	22,988.	45,976.
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 Other salaries and wages	231,142.	134,368.	69,750.	27,024.
 8 Pension plan accruals and contributions (include 		_ / _ / _ / •	•••••	
section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	7,500.		7,500.	
d Lobbying	,		,	
e Professional fundraising services. See Part IV, line 17	67,641.			67,641.
f Investment management fees	, .			/ -
g Other. (If line 11g amount exceeds 10% of line 25,				
column (A), amount, list line 11g expenses on Sch 0.)	5,000.			5,000.
12 Advertising and promotion	, -			/ -
13 Office expenses	6,724.		6,724.	
14 Information technology	,		,	
15 Royalties				
16 Occupancy				
17 Travel	72,292.	28,637.	1,828.	41,827.
18 Payments of travel or entertainment expenses	,	,	,	,
for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,667.		1,667.	
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A).				
amount, list line 24e expenses on Schedule 0.)	05 405		05 105	
a Office Supplies	25,187.		25,187.	140
b Miscellaneous	5,998.		5,849.	149.
c Events and Meals	1,675.			1,675.
d				
e All other expenses	0.000 0.00	0 606 086	141 400	100 000
25 Total functional expenses. Add lines 1 through 24e	2,937,061.	2,606,276.	141,493.	189,292.
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)				
Check here if following SOP 98-2 (ASC 958-720)				Form 990 (2022)

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Epic International Corporation

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Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or	note to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1,296,527.	1	1,177,617.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any currer					
		trustee, key employee, creator or founder, su					
		controlled entity or family member of any of	these pers	ons		5	
	6	Loans and other receivables from other disq	ualified pe	rsons (as defined			
Assets		under section 4958(f)(1)), and persons descr	ibed in sec	ction 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or othe	er				
		basis. Complete Part VI of Schedule D		5,000.			
	b	Less: accumulated depreciation	2,500.	10c	833.		
	11	Investments - publicly traded securities		11			
	12	Investments - other securities. See Part IV, li		12			
	13	Investments - program-related. See Part IV, I		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must e	1,299,027.	16	1,178,450.		
	17	Accounts payable and accrued expenses	358.	17	3,496.		
	18	Grants payable		18			
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple				21	
es	22	Loans and other payables to any current or	ormer offic	cer, director,			
Liabilities		trustee, key employee, creator or founder, su	ubstantial	contributor, or 35%			
iab		controlled entity or family member of any of		22			
_	23	Secured mortgages and notes payable to ur	related thi	ird parties		23	
	24	Unsecured notes and loans payable to unrel	ated third	parties		24	
	25	Other liabilities (including federal income tax	payables	to related third			
		parties, and other liabilities not included on l	nes 17-24)). Complete Part X			
		of Schedule D		25			
	26	Total liabilities. Add lines 17 through 25			358.	26	3,496.
S		Organizations that follow FASB ASC 958,	check her	e X			
č		and complete lines 27, 28, 32, and 33.					
alar	27	Net assets without donor restrictions			854,096.	27	446,996.
Ä	28	Net assets with donor restrictions	444,573.	28	727,958.		
ŭ		Organizations that do not follow FASB AS	C 958, che	eck here			
۲ ۲		and complete lines 29 through 33.					
tsc	29	Capital stock or trust principal, or current fur				29	
Se	30	Paid-in or capital surplus, or land, building, o	r equipme	nt fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulate		F		31	
Ne	32	Total net assets or fund balances			1,298,669.	32	1,174,954.
	33	Total liabilities and net assets/fund balances			1,299,027.	33	1,178,450.
							Form 990 (2022

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Form	990 (2022) Epic International Corporation	58-2666820		Pa	ge 12
Pa	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2	,813	,346.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2	,937	,061.
3	Revenue less expenses. Subtract line 2 from line 1	3		-123	,715.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1	,298	,669.
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 on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	1	,174	,954.
Pa	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	e O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	l on a			
	separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		X
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	red audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	000	

Form **990** (2022)

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SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990)

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 fe	or instructions and the I	atest information

	OMB No. 1545-0047
2022	2022

Open to Public Inspection

Nam	e of t	he organization						Employer	dentification number		
			nternational Co						8-2666820		
Par	tΙ	Reason for Public (Charity Status.	All organizations must c	omplete th	nis part.) S	ee instructior	ıs.			
The c	rgan	ization is not a private found	lation because it is: (For lines 1 through 12, o	heck only	one box.)					
1		A church, convention of ch	urches, or associatio	on of churches describe	d in sectio	n 170(b)(1	l)(A)(i).				
2		A school described in secti	ion 170(b)(1)(A)(ii).	Attach Schedule E (Forn	n 990).)						
3		A hospital or a cooperative	hospital service orga	anization described in s e	ection 170	(b)(1)(A)(ii	i).				
4		A medical research organiz)(iii). Enter	the hospital's name.		
		city, and state:						~ /			
5		An organization operated for	or the benefit of a co	llege or university owned	d or operat	ted by a g	overnmental	unit describ	ped in		
•		section 170(b)(1)(A)(iv). (C			a er epera						
6				nental unit described in	section 17	70(h)(1)(A)	(v)				
	Х	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in									
•				inial part of its support i	ion a you	errineritai		ne general			
•		section 170(b)(1)(A)(vi). (C		(A)(A)(iii) (Compolate Dev							
8		A community trust describe						1			
9		An agricultural research org									
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	/, and state o	t the colleg	je or		
	_	university:									
10		An organization that norma									
		activities related to its exen		-					-		
		income and unrelated busin		(less section 511 tax) fr	om busine	sses acqu	ired by the o	rganization	after June 30, 1975.		
		See section 509(a)(2). (Cor	mplete Part III.)								
11		An organization organized a	and operated exclus	ively to test for public sa	afety. See	section 50)9(a)(4).				
12		An organization organized a	and operated exclus	ively for the benefit of, to	o perform	the functio	ons of, or to c	arry out the	e purposes of one or		
		more publicly supported or	ganizations describe	ed in section 509(a)(1) o	r section	509(a)(2).	See section	509(a)(3). (Check the box on		
		lines 12a through 12d that	describes the type c	of supporting organizatio	n and com	nplete lines	s 12e, 12f, an	d 12g.			
а		Type I. A supporting orga	anization operated, s	upervised, or controlled	by its sup	ported org	anization(s),	typically by	/ giving		
		the supported organization	on(s) the power to re	gularly appoint or elect a	a majority (of the dire	ctors or truste	ees of the s	supporting		
		organization. You must o	complete Part IV, Se	ections A and B.							
b		Type II. A supporting org	anization supervised	l or controlled in connec	tion with it	s support	ed organizatio	on(s), by ha	aving		
		control or management o	f the supporting org	anization vested in the s	ame perso	ons that co	ontrol or mana	age the sup	ported		
		organization(s). You mus	t complete Part IV,	Sections A and C.							
с		Type III functionally inte	grated. A supportin	g organization operated	in connec	tion with, a	and functiona	lly integrate	ed with,		
		its supported organization									
d		Type III non-functionally						rted oraani	ization(s)		
		that is not functionally int						-			
		requirement (see instruct			-		-				
е		Check this box if the orga	-					II Type III			
Ū		functionally integrated, or					, . , . , . , pe	n, iype n			
f	Ente	er the number of supported of									
		vide the following information	-						·		
9		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	nization listed	(v) Amount o	fmonetary	(vi) Amount of other		
	-	organization		(described on lines 1-10	in your governi Yes	No	support (see ir	nstructions)	support (see instructions)		
				above (see instructions))							
Total									1		

Schedule A (Form 990) 2022

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Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1,804,346.	2,128,235.	1,784,143.	2,171,587.	2,813,144.	10,701,455.
2	Tax revenues levied for the organ-						
	ization'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 \dots						
4	Total. Add lines 1 through 3	1,804,346.	2,128,235.	1,784,143.	2,171,587.	2,813,144.	10,701,455.
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)						819,918.
	Public support. Subtract line 5 from line 4.						9,881,537.
Se	ction B. Total Support						
Cale	endar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	1,804,346.	2,128,235.	1,784,143.	2,171,587.	2,813,144.	10,701,455.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources \dots	350.	295.	197.	43,211.	202.	44,255.
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						10,745,710.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third, t	fourth, or fifth tax	year as a section §	501(c)(3)	
	organization, check this box and stop	here					
	ction C. Computation of Publ		-				
	Public support percentage for 2022 (14	91.96 %
	Public support percentage from 2021					15	94.45 %
16a	33 1/3% support test - 2022. If the o	-					
	stop here. The organization qualifies						
k	33 1/3% support test - 2021. If the o	organization did no	t check a box on l	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	nis box
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes	t - 2022. If the org	anization did not c	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the fact	s-and-circumstanc	es test, check this	box and stop her	r e. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	est. The organization	on qualifies as a pu	blicly supported o	organization		
b	0 10% -facts-and-circumstances tes	t - 2021. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circur	nstances test, che	ck this box and st	op here. Explain ii	n Part VI how the	
	organization meets the facts-and-circ	umstances test. Th	ne organization qu	alifies as a publicly	y supported organ	ization	
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	o, check this box a	and see instruction	s
						Sebedule A	(Form 990) 2022

Schedule A (Form 990) 2022

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section	i A. Public Support						
Calendar y	/ear (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 202	2 (f) Total
1 Gifts	, grants, contributions, and						
mem	bership fees received. (Do not						
inclu	de any "unusual grants.")						
mero form any a	es receipts from admissions, chandise sold or services per- ed, or facilities furnished in activity that is related to the nization's tax-exempt purpose						
-	s receipts from activities that						
are n	not an unrelated trade or bus- s under section 513						
	revenues levied for the organ-						
izatio	on's benefit and either paid to pended on its behalf						
	value of services or facilities						
	shed by a governmental unit to						
	organization without charge						
	I. Add lines 1 through 5						
	unts included on lines 1, 2, and						
	ceived from disgualified persons						
from o exceed	nts included on lines 2 and 3 received other than disqualified persons that d the greater of \$5,000 or 1% of the nt on line 13 for the year						
c Add	lines 7a and 7b						
	lic support. (Subtract line 7c from line 6.)						
	B. Total Support			1	1		i
	/ear (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 202	2 (f) Total
	unts from line 6						
divid	is income from interest, lends, payments received on irities loans, rents, royalties, income from similar sources						
b Unrel	ated business taxable income						
(less	section 511 taxes) from businesses						
acqui	ired after June 30, 1975						
c Add	lines 10a and 10b						
activ whet	ncome from unrelated business ities not included on line 10b, ther or not the business is larly carried on						
12 Othe or los	er income. Do not include gain ss from the sale of capital ts (Explain in Part VI.)						
	Support. (Add lines 9, 10c, 11, and 12.)						
14 First	t 5 years. If the Form 990 is for th	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) org	anization,
	k this box and stop here						
Section	C. Computation of Publ	ic Support Pe	rcentage				
15 Publ	ic support percentage for 2022 (line 8, column (f), c	livided by line 13,	column (f))		15	%
16 Publ	ic support percentage from 2021	Schedule A, Part	III, line 15			16	%
Section	D. Computation of Inve	stment Incom	e Percentage)			
17 Invest	stment income percentage for 20)22 (line 10c, colur	nn (f), divided by l	ine 13, column (f)))	17	%
	stment income percentage from					18	%
19a 33 1	/3% support tests - 2022. If the	organization did n	ot check the box	on line 14, and lin	ne 15 is more than	33 1/3%, and	l line 17 is not
more	e than 33 1/3%, check this box a	nd stop here. The	organization qual	ifies as a publicly	supported organiz	ation	
	/3% support tests - 2021. If the						
line 1	18 is not more than 33 1/3%, che	eck this box and st	op here. The orga	anization qualifies	as a publicly supp	orted organiz	ation
20 Priva	ate foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check	this box and see in		
232023 12-0	09-22			15		Sche	dule A (Form 990) 2022

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Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b Schedule A (Form 990) 2022

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 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.
- 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).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If* "Yes," *answer lines 3b and 3c below.*
- **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.*
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," *and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*
- **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.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **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.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- **c** Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If* "*Yes*," *provide detail in* **Part VI.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
 - **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.)

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Sch	edule A (Form 990) 2022 Epic International Corporation	58-2666820	Pa	age 5
Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
C	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
6	ation B. Type I Supporting Organizations			

Section B. Type I Supporting Organizations

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

2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

17

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

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2a

2b

За

Yes No

Yes

1

2

No

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Part V Type III Non-Functionally Integ 1 Check here if the organization satisfied the		-		art VI). See instructio
All other Type III non-functionally integrate	d supporting organizations must comp	lete Sections A	through E.	
Section A - Adjusted Net Income		(A) Pr	ior 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 f	or production or			
collection of gross income or for management, c	conservation, or			
maintenance of property held for production of i	ncome (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) Pr	ior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-us	e 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 asset	s 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-exer	npt-use assets 2			
3 Subtract line 2 from line 1d.	3			
4 Cash deemed held for exempt use. Enter 0.015	of line 3 (for greater amount,			
see instructions).	4			
5 Net value of non-exempt-use assets (subtract lin	e 4 from line 3) 5			
6 Multiply line 5 by 0.035.	6			
7 Recoveries of prior-year distributions	7			
8 Minimum Asset Amount (add line 7 to line 6)	8			
Section C - Distributable Amount	· · · ·			Current Year
1 Adjusted net income for prior year (from Section	A, line 8, column A) 1			
2 Enter 0.85 of line 1.	2			
3 Minimum asset amount for prior year (from Sect	ion B, line 8, column A) 3			
4 Enter greater of line 2 or line 3.	4			
5 Income tax imposed in prior year	5			
6 Distributable Amount. Subtract line 5 from line	4, unless subject to			
emergency temporary reduction (see instruction	-			
7 Check here if the current year is the organ		arated Type III	supporting orga	nization (see

instructions).

Schedule A (Form 990) 2022

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Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations _{(continue}	ed)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	าร	3		
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.	· · ·		6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	he organization is responsiv	e		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
		(i)	(ii)		(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2022	S	Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
а	From 2017				
b	From 2018				
с	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2018				
b	Excess from 2019				
с	Excess from 2020				
d	Excess from 2021				
6	Excess from 2022				

Schedule A (Form 990) 2022

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|--|

	Form 990) 2022		national Corpora				58-2666820	Pag
Part VI	Supplemental In Part IV, Section A, line line 1; Part IV, Section Section D, lines 5, 6, a (See instructions.)	es 1, 2, 3b, 3c, 4b, 4 D, lines 2 and 3; P	4c, 5a, 6, 9a, 9b, 9c, [•] Part IV, Section E, line	11a, 11b, and s 1c, 2a, 2b, 3	d 11c; Part IV, Sect 3a, and 3b; Part V,	tion B, lines 1 a line 1; Part V, 3	nd 2; Part IV, S Section B, line 1	12; ection C,
232028 12-09-2	2						Schedule A (Fo	orm 990) /
		0		20 	T			
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Department of the Treasury

Internal Revenue Service

90)

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

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

OMB No. 1545-0047
2022
Open to Public
Inspection

Name of the organization

Epic International Corporation

Employer identification number 58-2666820

1		(a) Donor ad	vised funds	(b) Fun	ds and other accounts
	Total number at end of year				
	Aggregate value of contributions to (during year)				
	Aggregate value of grants from (during year)				
	Aggregate value at end of year				
	Did the organization inform all donors and donor advisors in w	riting that the asset	s held in donor advise	d funds	
	are the organization's property, subject to the organization's e	exclusive legal contr	ol?		Yes 🗌 🗌
	Did the organization inform all grantees, donors, and donor ac				
	for charitable purposes and not for the benefit of the donor or	donor advisor, or fo	or any other purpose c	onferring	
	impermissible private benefit?				Yes
Par	t II Conservation Easements. Complete if the orga	anization answered	"Yes" on Form 990, Pa	art IV, line 7	
1	Purpose(s) of conservation easements held by the organization				
	Preservation of land for public use (for example, recreat	ion or education)		-	important land area
	Protection of natural habitat		Preservation of a	certified his	storic structure
	Preservation of open space				
	Complete lines 2a through 2d if the organization held a qualified	ed conservation cor	ntribution in the form o	f a conserva	
	day of the tax year.				Held at the End of the Tax Y
	Total number of conservation easements				
	Total acreage restricted by conservation easements				
	Number of conservation easements on a certified historic stru			2c	
	Number of conservation easements included in (c) acquired a	•			
	historic structure listed in the National Register				
3	Number of conservation easements modified, transferred, rele	eased, extinguished	, or terminated by the	organizatior	o during the tax
	year				
4	Number of states where property subject to conservation eas	ement is located			
	Does the organization have a written policy regarding the peri-				
	violations, and enforcement of the conservation easements it	holds?			Yes
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violation	s, and enforcing conse	ervation eas	ements during the year
7	Amount of expenses incurred in monitoring, inspecting, handl	ing of violations, an	d enforcing conservati	on easemer	its during the year
8	Does each conservation easement reported on line 2(d) above	e satisfy the require	ments of section 170(r	n)(4)(B)(i)	
	and section 170(h)(4)(B)(ii)?				Yes
	In Part XIII, describe how the organization reports conservation				
	balance sheet, and include, if applicable, the text of the footne		-		
	organization's accounting for conservation easements.	ere re nie erganizan			
_	t III Organizations Maintaining Collections of	Art, Historical	Treasures, or Ot	her Simil	ar Assets.
	Complete if the organization answered "Yes" on Form		,		
	If the organization elected, as permitted under FASB ASC 958		revenue statement ar	nd balance s	heet works
1a	of art, historical treasures, or other similar assets held for public	•			
		lic exhibition, educa	tion. or research in fur	inerance or	
	· · · · · · · · · · · · · · · · · · ·				public
	service, provide in Part XIII the text of the footnote to its finan	cial statements that	describes these items	6.	
b	service, provide in Part XIII the text of the footnote to its finan If the organization elected, as permitted under FASB ASC 958	cial statements that 3, to report in its rev	describes these items enue statement and b	s. alance shee	t works of
b	service, provide in Part XIII the text of the footnote to its finan If the organization elected, as permitted under FASB ASC 958 art, historical treasures, or other similar assets held for public	cial statements that 3, to report in its rev	describes these items enue statement and b	s. alance shee	t works of
b	service, provide in Part XIII the text of the footnote to its finan If the organization elected, as permitted under FASB ASC 958 art, historical treasures, or other similar assets held for public provide the following amounts relating to these items:	cial statements that 3, to report in its rev exhibition, educatio	describes these items enue statement and b n, or research in furthe	s. alance shee erance of pu	t works of
b	service, provide in Part XIII the text of the footnote to its finan If the organization elected, as permitted under FASB ASC 958 art, historical treasures, or other similar assets held for public provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1	cial statements that 3, to report in its rev exhibition, educatio	describes these items enue statement and b n, or research in furthe	s. alance shee erance of pu	t works of blic service, \$
b	service, provide in Part XIII the text of the footnote to its finan If the organization elected, as permitted under FASB ASC 958 art, historical treasures, or other similar assets held for public provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X	cial statements that 3, to report in its rev exhibition, educatio	describes these items enue statement and b n, or research in furthe	s. alance shee erance of pu	t works of blic service, \$
b 2	service, provide in Part XIII the text of the footnote to its finan If the organization elected, as permitted under FASB ASC 958 art, historical treasures, or other similar assets held for public provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical trea	cial statements that 3, to report in its rev exhibition, educatio sures, or other simil	describes these items enue statement and b n, or research in furthe ar assets for financial	s. alance shee erance of pu	t works of blic service, \$
Ъ 2	 service, provide in Part XIII the text of the footnote to its finan. If the organization elected, as permitted under FASB ASC 958 art, historical treasures, or other similar assets held for public provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures the following amounts required to be reported under FASB ASC 	cial statements that 3, to report in its rev exhibition, educatio sures, or other simil SC 958 relating to th	describes these items enue statement and b n, or research in furthe ar assets for financial uese items:	s. alance shee erance of pu gain, provid	t works of blic service, \$ \$ e
b 2 a	service, provide in Part XIII the text of the footnote to its finan If the organization elected, as permitted under FASB ASC 958 art, historical treasures, or other similar assets held for public provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical trea the following amounts required to be reported under FASB AS Revenue included on Form 990, Part VIII, line 1	cial statements that 3, to report in its rev exhibition, educatio sures, or other simil SC 958 relating to th	describes these items enue statement and b n, or research in furthe ar assets for financial nese items:	s. alance shee erance of pu gain, provid	t works of blic service, \$
b 2 a b	service, provide in Part XIII the text of the footnote to its finan If the organization elected, as permitted under FASB ASC 958 art, historical treasures, or other similar assets held for public provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical trea the following amounts required to be reported under FASB AS Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X	cial statements that 3, to report in its rev exhibition, educatio sures, or other simil SC 958 relating to th	describes these items enue statement and b n, or research in furthe ar assets for financial nese items:	s. alance shee erance of pu gain, provid	t works of blic service, \$ \$ \$ \$ \$
b 2 a b HA	service, provide in Part XIII the text of the footnote to its finan If the organization elected, as permitted under FASB ASC 958 art, historical treasures, or other similar assets held for public provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical trea the following amounts required to be reported under FASB AS Revenue included on Form 990, Part VIII, line 1	cial statements that 3, to report in its rev exhibition, educatio sures, or other simil SC 958 relating to th	describes these items enue statement and b n, or research in furthe ar assets for financial nese items:	s. alance shee erance of pu gain, provid	t works of blic service, \$ \$ e

Sche	dule D (Form 990) 2022 Epic Intern	ational Corporation			58-266	6820	Pa	age 2		
Par	t III Organizations Maintaining C	ollections of Art, Hi	storical Treasures,	or Other S	Similar Ass	s ets (contin	ued)			
3	Using the organization's acquisition, accession	on, and other records, che	eck any of the following the	at make signi	ficant use of	its				
	collection items (check all that apply):									
а	Public exhibition	d	Loan or exchange progr	am						
b	Scholarly research	e	Other							
С	Preservation for future generations									
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.									
5	During the year, did the organization solicit or	r receive donations of art,	historical treasures, or oth	er similar as	sets			_		
	to be sold to raise funds rather than to be ma					Yes		No		
Par	t IV Escrow and Custodial Arrang reported an amount on Form 990, Par		ne organization answered	"Yes" on For	m 990, Part l	V, line 9, or				
12	Is the organization an agent, trustee, custodia		or contributions or other as	sets not incl	uded					
Ia	on Form 990, Part X?					Yes		No		
h	If "Yes," explain the arrangement in Part XIII a				L					
D				Γ		Amount	:			
с	Beginning balance			ľ	1c					
	Additions during the year				1d					
	Distributions during the year				1e					
f	Ending balance				1f					
2a	Did the organization include an amount on Fo				[Yes		No		
b	If "Yes," explain the arrangement in Part XIII.	Check here if the explana	tion has been provided on	Part XIII]		
Par	t V Endowment Funds. Complete if	the organization answere								
		(a) Current year (b)	Prior year (c) Two yea	rs back (d)	Three years bac	ck (e) Four	years	back		
1a	Beginning of year balance									
b	Contributions									
с	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curr	ent year end balance (line	1g, column (a)) held as:							
а	Board designated or quasi-endowment	%								
b	Permanent endowment	%								
С	Term endowment9	6								
	The percentages on lines 2a, 2b, and 2c show	•								
3a	Are there endowment funds not in the posses	ssion of the organization t	hat are held and administe	ered for the		F				
	organization by:						Yes	No		
	(i) Unrelated organizations									
	(ii) Related organizations									
b	If "Yes" on line 3a(ii), are the related organization					3b				
4	Describe in Part XIII the intended uses of the		it funds.							
Par	t VI Land, Buildings, and Equipm				10					
	Complete if the organization answered		1							
	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accur deprec		(d) Bool	< value	e		
1a	Land									
	Buildings									
	Leasehold improvements									
	Equipment									
	Other		5,000.		4,167.			833.		
	. Add lines 1a through 1e. (Column (d) must ed		umn (B), line 10c.)					833.		
					Schedu	ule D (Form	n 990)	2022		

232052 09-01-22

Part VII Inv	m 990) 2022 Epic Internationation vestments - Other Securities.			58-2666820 P
	mplete if the organization answered "Yes"	on Form 990, Part IV, line	e 11b. See Form 990, Part X, lin	ne 12.
a) Description (of security or category (including name of security)	(b) Book value	(c) Method of valuation: (Cost or end-of-year market valu
Financial de	rivatives			
Closely held	l equity interests			
Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
al. (Col. (b) mu	ust equal Form 990, Part X, col. (B) line 12.)			
art VIII Inv	vestments - Program Related.			
	mplete if the organization answered "Yes"	on Form 990, Part IV, line	e 11c. See Form 990, Part X, lin	ie 13.
	a) Description of investment	(b) Book value		Cost or end-of-year market valu
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(<u>)</u> (7)				
(8)				
(0)				
.,				
(9)	ust aqual Form 000, Dart V, col. (D) line 12.)			
(9) al. (Col. (b) mu	ust equal Form 990, Part X, col. (B) line 13.)			
(9) al. (Col. (b) mu art IX Ot	her Assets.	on Form 990, Part IV, line	11d See Form 990, Part X lin	ne 15
(9) al. (Col. (b) mu art IX Ot	her Assets. mplete if the organization answered "Yes"		a 11d. See Form 990, Part X, lin	
(9) al. (Col. (b) mu art IX Ot Col	her Assets. mplete if the organization answered "Yes"	on Form 990, Part IV, line Description	e 11d. See Form 990, Part X, lin	
(9) al. (Col. (b) mu art IX Ot Con	her Assets. mplete if the organization answered "Yes"		e 11d. See Form 990, Part X, lin	
(9) al. (Col. (b) mu art IX Ot Con (1) (2)	her Assets. mplete if the organization answered "Yes"		9 11d. See Form 990, Part X, lin	
(9) al. (Col. (b) mL art IX Ot Con (1) (2) (3)	her Assets. mplete if the organization answered "Yes"		9 11d. See Form 990, Part X, lin	le 15. (b) Book value
(9) al. (Col. (b) mu art IX Ot Cor (1) (2) (3) (4)	her Assets. mplete if the organization answered "Yes"		e 11d. See Form 990, Part X, lin	
(9) al. (Col. (b) mu art IX Ot Col (1) (2) (3) (4) (5)	her Assets. mplete if the organization answered "Yes"		e 11d. See Form 990, Part X, lin	
(9) al. (Col. (b) mu art IX Ot Con (1) (2) (3) (4) (5) (6)	her Assets. mplete if the organization answered "Yes"		e 11d. See Form 990, Part X, lin	
(9) al. (Col. (b) mu art IX Ot Con (1) (2) (3) (4) (5) (6) (7)	her Assets. mplete if the organization answered "Yes"		e 11d. See Form 990, Part X, lin	
(9) al. (Col. (b) mu art IX Ot Con (1) (2) (3) (4) (5) (6) (7) (8)	her Assets. mplete if the organization answered "Yes"		e 11d. See Form 990, Part X, lin	
(9) al. (Col. (b) mL art IX Ot Con (1) (2) (3) (4) (5) (6) (7) (8) (9)	ther Assets. mplete if the organization answered "Yes" (a)	Description	9 11d. See Form 990, Part X, lin	
(9) al. (Col. (b) mu art IX Ot Con (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (Column (ther Assets. mplete if the organization answered "Yes" (a)	Description	9 11d. See Form 990, Part X, lin	
(9) al. (Col. (b) mu art IX Ot Con (1) (2) (3) (4) (5) (6) (7) (8) (7) (8) (9) (art X Ot	ther Assets. mplete if the organization answered "Yes" (a) (b) must equal Form 990, Part X, col. (B) line ther Liabilities.	Description		(b) Book value
(9) al. (Col. (b) mu art IX Ot Con (1) (2) (3) (4) (5) (6) (7) (8) (7) (8) (9) (art X Ot	ther Assets. mplete if the organization answered "Yes" (a) (b) must equal Form 990, Part X, col. (B) line ther Liabilities. mplete if the organization answered "Yes"	Description		(b) Book value
(9) al. (Col. (b) mu art IX Ot Con (1) (2) (3) (4) (5) (6) (7) (6) (7) (8) (9) cal. (Column (art X Ot	ther Assets. mplete if the organization answered "Yes" (a) (b) must equal Form 990, Part X, col. (B) line ther Liabilities.	Description		(b) Book value
(9) al. (Col. (b) mu art IX Ot Col (1) (2) (3) (4) (5) (6) (7) (8) (9) al. (Column (art X Ot Col	ther Assets. mplete if the organization answered "Yes" (a) (b) must equal Form 990, Part X, col. (B) line ther Liabilities. mplete if the organization answered "Yes"	Description		(b) Book value
(9) al. (Col. (b) mu control (b) mu control (control (contro) (contro) (control (contro) (contro) (contro) (contro) (con	ther Assets. mplete if the organization answered "Yes" (a) (b) must equal Form 990, Part X, col. (B) line ther Liabilities. mplete if the organization answered "Yes" (a) Description of liability	Description		(b) Book value
(9) al. (Col. (b) mu control (b) mu Control (control (contro) (contro) (control (contro) (contro) (contro) (contro) (con	ther Assets. mplete if the organization answered "Yes" (a) (b) must equal Form 990, Part X, col. (B) line ther Liabilities. mplete if the organization answered "Yes" (a) Description of liability	Description		(b) Book value
(9) al. (Col. (b) mu art IX Ot Con (1) (2) (3) (4) (5) (6) (7) (6) (7) (8) (9) (8) (9) (8) (9) (3) (1) Federal (2) (3)	ther Assets. mplete if the organization answered "Yes" (a) (b) must equal Form 990, Part X, col. (B) line ther Liabilities. mplete if the organization answered "Yes" (a) Description of liability	Description		(b) Book value
(9) al. (Col. (b) mu art IX Ot Col (1) (2) (3) (4) (5) (6) (7) (8) (9) (3) (4) (7) (8) (9) (1) Federal (2) (3) (4)	ther Assets. mplete if the organization answered "Yes" (a) (b) must equal Form 990, Part X, col. (B) line ther Liabilities. mplete if the organization answered "Yes" (a) Description of liability	Description		(b) Book value
(9) al. (Col. (b) mu art IX Ot Col (1) (2) (3) (4) (5) (6) (7) (8) (9) (3) (4) (7) (8) (9) (1) Federal (2) (3) (4)	ther Assets. mplete if the organization answered "Yes" (a) (b) must equal Form 990, Part X, col. (B) line ther Liabilities. mplete if the organization answered "Yes" (a) Description of liability	Description		(b) Book value
(9) al. (Col. (b) mu art IX Ot Col (1) (2) (3) (4) (5) (6) (7) (8) (9) (3) (4) (5) (1) Federal (2) (3) (4) (5)	ther Assets. mplete if the organization answered "Yes" (a) (b) must equal Form 990, Part X, col. (B) line ther Liabilities. mplete if the organization answered "Yes" (a) Description of liability	Description		(b) Book value
(9) al. (Col. (b) mu art IX Ot Col (1) (2) (3) (4) (5) (6) (7) (8) (9) (art X Ot Col (1) Federal (2) (3) (4) (5) (6) (7)	ther Assets. mplete if the organization answered "Yes" (a) (b) must equal Form 990, Part X, col. (B) line ther Liabilities. mplete if the organization answered "Yes" (a) Description of liability	Description		(b) Book value
(9) al. (Col. (b) mu art IX Ot Col (1) (2) (3) (4) (5) (6) (7) (8) (9) (art X Ot Col (1) Federal (2) (3) (4) (5) (6) (5) (6) (6)	ther Assets. mplete if the organization answered "Yes" (a) (b) must equal Form 990, Part X, col. (B) line ther Liabilities. mplete if the organization answered "Yes" (a) Description of liability	Description		(b) Book value

Schedule D (Form 990) 2022

Sche	dule D (Form 990) 2022 Epic International Corporation		58-2666820	Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Stateme	ents With Reve	enue per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	l.		
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	. 2b		
с	Recoveries of prior year grants	_ 2c		
d	Other (Describe in Part XIII.)	_ 2d		
е	Add lines 2a through 2d			
3	Subtract line 2e from line 1			
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4 a		
b	Other (Describe in Part XIII.)	. 4b		
	Add lines 4a and 4b			
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			
Par	t XII Reconciliation of Expenses per Audited Financial Statem		enses per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a			
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	. 2a		
b	Prior year adjustments	. 2b		
с	Other losses	. 2c		
d	Other (Describe in Part XIII.)	. 2d		
е	Add lines 2a through 2d			
3	Subtract line 2e from line 1			
	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a		
b	Other (Describe in Part XIII.)	. 4b		
с	Add lines 4a and 4b		4c	
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			
Par	t XIII Supplemental Information.			
Provi	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part	t IV, lines 1b and 2b	; Part V, line 4; Part X, line 2; Part	XI,
lines :	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any add	ditional information.		

Part X, Line 2:

Generally accepted accounting principles in the United States require that

uncertain tax positions be recognized in the financial statements when it

is more likely than not, based on the technical merits, that the position

will be sustained on examination. As of December 31, 2022 and 2021,

management has determined that the Organization had no uncertain tax

positions that require recognition or disclosure in the financial

statements.

232054 09-01-22

	Open to Public Inspection
Name of the organization Employer ic	identification number
Epic International Corporation 58-266682	
Part I General Information on Activities Outside the United States. Complete if the organization answe	vered "Yes" on
Form 990, Part IV, line 14b.	
1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance,	
the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?	X Yes No
2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistanc	nce outside the
United States.	
3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)	
(a) Region (b) Number of (c) Number of (d) Activities conducted in the region (e) If activity listed in (d)	
agents, and (by type) (such as, functionalsing, pro-	for and
in the region independent gram services, investments, grants to describe specific type	investments
contractors in the region recipients located in the region) of service(s) in the region	in the region
To assist with church	uh l
Sub-Saharan Africa 0 7 Program Services planting work	430,755.
To assist with church	h
South Asia 0 10 Program Services planting work	1,149,308.
	,
Middle East and To assist with church North Africa 0 6 Program Services planting work	
North Africa 0 6 Program Services planting work East Asia and the	597,669.
Pacific - Australia,	
Brunei, Burma, To assist with church	^s h
Cambodia, 0 3 Program Services planting work	55,757.
Central America and To assist with church	h
the Caribbean 0 3 Program Services planting work	29,259.
Europe (Including To assist with church	:h
Iceland & Greenland) 0 2 Program Sevices planting work	98,800.

Statement of Activities Outside the United States

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

 3 a Subtotal
 0
 31
 2,361,548.

 b Total from continuation sheets to Part I
 0
 0
 0.

 c Totals (add lines 3a and 3b)
 0
 31
 2,361,548.

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

Schedule F (Form 990) 2022

OMB No. 1545-0047

2022

232071 10-17-22

SCHEDULE F

(Form 990)

13500926 146762 30079

58-2666820

Page 2

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV appraisal, other)
			To assist with church planting work	110 266	Wine	0.		
		North Airica	planting work	112,266.	wire	0.		
			To assist with church planting work	308,973.	Wire	0.		
		South Asia	To assist with church planting work	6,119.	Wine	0.		
		South Asia	planting work	0,119.	wire	0.		
			To assist with church planting work	228,820.	Wire	0.		
		South Asia - Afghanistan,	To assist with church					
		Bhutan, India,	planting work	5,493.	Check	0.		
exempt 501(c)(3) orga	nization by the IRS,	or for which the grantee	recognized as charities by the or counsel has provided a sec	tion 501(c)(3) ed	quivalency letter			

Epic International Corporation

58-2666820

Page 3

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(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)
To assist with church	Middle East and						
planting work	North Africa	1	51,059.	АСН	0.		
To assist with church	Sub-Saharan						
planting work	Africa	6	416,755.	Wire	0.		
	South Asia - Afghanistan,						
To assist with church	Bangladesh,						
planting work	Bhutan, India,	2	327,517.	Wire	0.		
	Central America						
	and the Caribbean						
To assist with church	- Antigua &						
planting work	Barbuda, Aruba,	1	20,000.	Wire	٥.		

Schedule F (Form 990) 2022

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

6	Did the organization have any operations in or related to any boycotting countries during the tax year? If		
	"Yes," the organization may be required to separately file Form 5713, International Boycott Report (see		
	Instructions for Form 5713; don't file with Form 990)	Yes	X No

Foreign Partnerships (see Instructions for Form 8865)

Schedule F (Form 990) 2022

Yes X No

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Page 4

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

Part I, Line 2:

Epic International Corporation dba Reach the Rest has field personnel

give verbal and written reports to field leadership and US personnel. In

addition, leaership makes periodic field visits to insure proper use of

funds granted to overseas partners.

232075 10-17-22

58-2666820

SCHEDULE G		ental Information Regardin	-		•			DMB No. 1545-0047
(Form 990)	Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.							
Department of the Treasury Internal Revenue Service	0-1	Attach to Form 990 www.irs.gov/Form990 for instru						Open to Public Inspection
Name of the organization			uctions					ntification number
C C	Epic Intern	national Corporation				5	58-2666820	
	ing Activities complete this par	 Complete if the organization answ t. 	vered "\	′es" o	n Form 990, Part IV,	line 17	. Form 990-E2	Z filers are not
 Indicate whether th X Mail solicitat X Internet and X Phone solicitat X Phone solicitat X In-person so 2 a Did the organization key employees list 	e organization rais ions email solicitations tations licitations in have a written o ed in Form 990, P highest paid indir	sed funds through any of the follow e Solicit f Solicit g X Specia or oral agreement with any individu Part VII) or entity in connection with viduals or entities (fundraisers) pure	ation of ation of al fundra al (inclu profess	non-g gover aising ding c sional 1	overnment grants rnment grants events fficers, directors, tru fundraising services?	stees, o	Yes	
(i) Name and addres or entity (fund	s of individual	(ii) Activity	fund have c or cor	Did raiser sustody ntrol of utions?	(iv) Gross receipts from activity	to (or fu	mount paid retained by) ndraiser d in col. (i)	(vi) Amount paid to (or retained by) organization
Development Servic	,		Yes	No				
Inc 4258 Ridge	Gate Drive,			X	0.		67,641.	0.
			_					
Total							67,641.	
3 List all states in whi		on is registered or licensed to solici		oution	I s or has been notifie	l d it is e		l egistration
or licensing.								

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. See Part IV for continuations

Schedule G (Form 990) 2022

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Pa		U				
		of fundraising event contributions and gr				ots greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
						(add col. (a) through
e			(event type)	(event type)	(total number)	col. (c))
Revenue						
Re	1	Gross receipts				
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
	5	Noncash prizes				
ses						
xper	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
Ū	~	Fisherbeitensent				
	8 9	Entertainment Other direct expenses				
	10	Direct expense summary. Add lines 4 through		I		
	11	Net income summary. Subtract line 10 from I	ine 3, column (d)			
Pa	rt I	Gaming. Complete if the organization	answered "Yes" on Forn	n 990, Part IV, line 19, or	reported more than	
		\$15,000 on Form 990-EZ, line 6a.		(b) Pull tabs/instant		(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c)
Reve						
ш 	1	Gross revenue				
	2	Cach prizes				
lses	2	Cash prizes				
Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
Ē	•					
	5	Other direct expenses				
	6	Volunteer labor	└── Yes%	│	└── Yes %	
	0	Volunteer labor				
	7	Direct expense summary. Add lines 2 throug	h 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	r from line 1 column (d)			
9		ter the state(s) in which the organization condu				
		the organization licensed to conduct gaming a		states?		Yes No
b	It "	No," explain:				
		ere any of the organization's gaming licenses r	evoked, suspended, or t	erminated during the tax	year?	Yes No
b	lf "	Yes," explain:				

232082 10-27-22

Schedule G (Form 990) 2022

Sch	edule G (Form 990) 2022	Epic International Corporation	58-2666820		Page 3
11	Does the organization conduct g	aming activities with nonmembers?		Yes	No
12		neficiary or trustee of a trust, or a member of a partnership or other entity formed			
• -)		Yes	└── No
	Indicate the percentage of gamir		مدا	I	<u> </u>
					<u>%</u> %
		he person who prepares the organization's gaming/special events books and rec			70
17	Enter the name and address of t		0103.		
	Name				
	Address				
15a	a Does the organization have a co	ntract with a third party from whom the organization receives gaming revenue? $_{\dots}$		Yes	└── No
	If "Vec." enter the emount of cor	ning revenue received by the organization \$ and the a	mount		
Ľ		ning revenue received by the organization \$ and the a ne third party \$	nount		
	If "Yes," enter name and address				
	·····, ·····				
	Name				
	Address				
40	Coming manager information.				
16	Gaming manager information:				
	Name				
	Gaming manager compensation	\$			
	Description of services provided				
	Director/officer	Employee Independent contractor			
17	Mandatory distributions:				
á	e	er state law to make charitable distributions from the gaming proceeds to			
				Yes	└── No
k		s required under state law to be distributed to other exempt organizations or sper	it in the		
Pa	organization's own exempt activ	ities during the tax year \$ rmation. Provide the explanations required by Part I, line 2b, columns (iii) and (v): and Part III lin	nes 9	9b 10b
<u> </u>		is applicable. Also provide any additional information. See instructions.	v), and r are m, m	100 0,	00, 100,
Scł	nedule G, Part I, Line 2b,	List of Ten Highest Paid Fundraisers:			
(1)	Name of Fundraiser, Deve	lopment Services Group, Inc.			
(1)		Topmene bervieeb Group, inc.			
(i)	Address of Fundraiser:				
425	8 Ridge Gate Drive, Peach	tree Corners, GA 30097			
2320	83 10-27-22		Schedule G (Form	990) 2022
		37			

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	Schedule G (Form
232084 04-01-22	
500926 146762 30079	38 2022.04030 Epic International Corporat 30079_

SCHEDULE O	Supplemental Information to Form 990 or 990	-EZ	OMB No. 1545-0047
(Form 990) Department of the Treasury	Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ.		ZUZZ Open to Public
Internal Revenue Service	Go to www.irs.gov/Form990 for the latest information.		Inspection
Name of the organization	Epic International Corporation	Employe 58-26	r identification number 56820
Form 990, Part I, I	ine 1, Description of Organization Mission:		
International Corpo	ration works with indigenous missionaries in Africa,		
the Middle East, an	d South Asia to deliver the Gospel to unengaged		
people groups.			
Form 990, Part VI,	Section B, line 11b:		
Line 11a explanatio	n - The 990 is first reviewed by the management team and		
then the Board of D	irectors.		
Form 990, Part VI,	Section B, Line 12c:		
	reviews the conflicts first and then, if necessary, the		
Board of Directors	makes a decision.		
Form 990, Part VI,	Section C, Line 18:		
Documents are made	available upon request. A document is mailed or sent		
electronically.			
Form 990, Part VI,	Section C, Line 19:		
Documents are made	available upon request. A document is mailed or sent		
electronically.			

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990) 2022

232211 10-28-22

2022 DEPRECIATION AND AMORTIZATION REPORT

Form 990 Page 10

990

Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
ebsite Development	06/23/20	SL	3.00		16	5,000.				5,000.	2,500.		1,667.	4,167.
Total 990 Page 10 Depr						5,000.				5,000.	2,500.		1,667.	4,167.
	bsite Development	bsite Development 06/23/20	bsite Development 06/23/20 SL	bsite Development 06/23/20 SL 3.00	bsite Development 06/23/20 SL 3.00	bsite Development 06/23/20 SL 3.00 16	bsite Development 06/23/20 SL 3.00 16 5,000. 5,000.	bsite Development 06/23/20 SL 3.00 16 5,000. 5,000. 5,000. 2,500.	bsite Development 06/23/20 SL 3.00 16 5,000. 5,000. 2,500. 2,500.	bsite Development 06/23/20 SL 3.00 16 5,000. 5,000. 2,500. 2,500. 1,667.				

228111 04-01-22

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone