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# Short Form Return of Organization Exempt From Income Tax

2009

OMB No 1545 1150

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form
990 All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form

The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public

Inspection

Α	For the 2009 calendar year, or tax year beginning , 2009, and endir	ng		,	
<u>B_</u>	Check if applicable C		D Emp	loyer ı <b>d</b> e	ntification number
	Address change   Please   BLESSINGS IN A BACKPACK INC		26	-262	7847
	Name change label or 111 E WAYNE ST STE 555		E Telep		
	Initial return Type FORT WAYNE. IN 46802		26	0-42	4-9080
===	Termination See Specific				
Ħ	Amended return Instruc- tions		F Gro	up Exe	mption
Ш	Application pending		Nun	-	
	• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).	Accounting Other (spec		[X]	Cash Accrua
-	"	Check ►			nization is <b>not</b>
1	Website: ► N/A	required to	attach S	Schedu	ıle B (Form 990,
<u>J</u>	Tax-exempt status (check only one) $ X$ 501(c) (3) $\triangleleft$ (insert no) $4947(a)(1)$ or $527$	990-EZ, or			
	Check F I if the organization is not a section 509(a)(3) supporting organization <b>and</b> its gros \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file.	s receipts are e a complete	norma return	ily <b>not</b>	more than
	Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form			<del></del>	
	instead of Form 990-EZ	_		<u>► \$</u>	194,250
Pa		s (See the	nstru		
- 1	1 Contributions, gifts, grants, and similar amounts received		-	1	117,000
	Program service revenue including government fees and contracts		<b>⊢</b>	2	
	3 Membership dues and assessments		L	3	
	4 Investment income		L	4	
	5a Gross amount from sale of assets other than inventory 5a			1	
	<b>b</b> Less cost or other basis and sales expenses 5b			1	
Ŗ	c Gain or (loss) from sale of assets other than inventory (Subtract In 5b from In 5a)			5c	
R E V E	6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check h	ere <b>&gt;</b>			
E	a Gross revenue (not including \$ of contributions		_ [	1	
N		77 '	250	1	
E	reported on line 1) 6a	77,2		- 1	
	<b>b</b> Less, direct expenses other than fundraising expenses 6b	34,2	222.	_ 🕴	40.00
	c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)		_	6c	43,02
	7a Gross sales of inventory, less returns and allowances 7a				
	b Less. cost of goods sold 7b			1	
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)			7 c	
	8 Other revenue (describe >		\ \ \	8	
		n +	_′ ▶	9	160,034
		10			
	10 Grants and similar amounts paid (attach schedule).	180	_	10	
E	11 Benefits paid to or for members	n	<u> </u>	11	
X	12 Salaries, other compensation, and employee benefits    The Benefits paid to or for members   12   12   13   14   15   15   15   15   15   15   15	185	-	12	
Ε	13 Professional fees and other payments to independent contractors		L	13	1,25
N S E	14 Occupancy, rent, utilities, and maintenance	IIT I		14	
E S	14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping	<u>U*</u>		15	19
3	16 Other expenses (describe ► SEE STATEMENT 1		) [	16	80,93
	17 Total expenses. Add lines 10 through 16			17	82,38
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)			18	77,64
, A	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree	with end-of-	<sub>vear</sub>		
NS E	figure reported on prior year's return).	, mini cha-or-	, cui	19	93,70
ŦĘ	20 Other changes in net assets or fund balances (attach explanation)			20	
s	21 Net assets or fund balances at end of year Combine lines 18 through 20.		<u> </u>	21	171,34
Pa	rt II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more,	file Form 990			
<u></u>		(A) Beginning			(B) End of year
22	Cash, savings, and investments		,703.		171,34
	· · · · · · · · · · · · · · · · · · ·		,	23	
23	<u></u>	_		<del></del>	
24			702	24	171 34
25		93	<u>,703.</u>	25	171,34
26	·		0.	26	171 04
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	93	<u>,703.</u>	27	171,34
BA	A For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.				Form <b>990-EZ</b> (20
	TEEA0803L 07/20/09				
					2

Form	999-EZ (2009) BLESSINGS IN A		<u> </u>		-262	27847 Page 2
Par			<b>s</b> (See the instructi	ons.)	(Baa	Expenses
What is	s the organization's primary exempt purpose? SEI	E STATEMENT 2			501(d	uired for section c)(3) and (4)
Desc	ribe what was achieved in carrying out the libe the services provided, the number of	e organization's exempt purpo	oses, In a clear and con	icise manner,	orgái 4947	(a)(3) and (4) nizations and section (a)(1) trusts, optional
progr	am title.				for o	thers)
28	PROVIDED NUTRITIOUS FOOD	TO CHILDREN THROUGH	H SCHOOLS IN T	HE		
	COMMUNITY				]	
	(Grants \$ ) If th	is amount includes foreign gra	ants, check here	▶	28 a	80,684.
29						
					]	
					1	
	(Grants \$ ) If th	is amount includes foreign gra	ants, check here		29a	
30						
					1	
					1	
	(Grants \$ ) If th	is amount includes foreign gr	ants, check here	<b>-</b>	30 a	
31	Other program services (attach schedule	·)				
		is amount includes foreign gr	ants, check here	<b>•</b>	31 a	
	Total program service expenses (add lin			<u> </u>	32	80,684.
Par	t IV List of Officers, Directors	<del>,</del>				
	(a) Name and address	(b) Title and average hours per week devoted	(c) Compensation (If not paid, enter -0)	(d) Contribution employee benefit pla		(e) Expense account and other allowances
	(a) Name and address	to position	not paid, circl -v)	deferred compens	ation	and other allowances
MIC	HAEL S. GOULOFF	PRESIDENT	0.		0.	0.
111	E WAYNE ST STE 555	1.00				
FOR	T WAYNE, IN 46802					
GRE	TCHEN K. GOULOFF	VICE PRESIDENT	0.		0.	0.
111	E WAYNE ST STE 555	1.00				
FOR	T WAYNE, IN 46802					
JAN	BULTEMEIER	SECRETARY	0.		0.	0.
111	E WAYNE ST STE 555	1.00				
	T WAYNE, IN 46802					
	L O. SAUERTEIG	TREASURER	0.		0.	0.
	E WAYNE ST STE 555	1.00				
	T WAYNE, IN 46802			İ		
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DAA		TEE 10010	27/17/00	L		Form 900 F7 (2000)
BAA		TEEA0812L (	0//1/10 <del>9</del>			Form <b>990-EZ</b> (2009)

	rt V Other Information (Note the statement requirements in the instrs for Part V.)	<u> </u>	P	age 3
<u>K.O</u>	tt 4   Other information (Note the statement requirements in the insus for Part V.)		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of			.,
34	each activity  Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes	33 34		X
35				 
	a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice,			1,7
	reporting, and proxy tax requirements?  b If 'Yes,' has it filed a tax return on Form 990-T for this year?	35 a 35 b		_X_
	Did the organization undergo a liquidation, dissolution, termination, or substantial contraction during the year?  If 'Yes,' complete applicable parts of Schedule N	36		х
	a Enter amount of political expenditures, direct or indirect, as described in the instructions b Did the organization file Form 1120-POL for this year?	37 b		х
38	a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38 a		Х
	b If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b N/A			
	501(c)(7) organizations Enter			
	a Initiation fees and capital contributions included on line 9  b Gross receipts, included on line 9, for public use of club facilities.  39a N/A 39b N/A			
	a 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under			
	section 4911 ►		ŀ	
	b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If Yes, complete Schedule L, Part I	40 b		х
	c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
	d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
	e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T	40 e		Х
<b>4</b> 1	List the states with which a copy of this return is filed NONE			
	a The organization's books are in care of ► MICHAEL GOULOFF  Located at ► 111 E WAYNE ST STE 555 FORT WAYNE IN  Telephone no ► 260-42  ZIP + 4 ► 46802  At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  If 'Yes,' enter the name of the foreign country:	2 <u>4</u> -9	080 Yes	No X
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts c At any time during the calendar year, did the organization maintain an office outside of the U.S.?  If 'Yes,' enter the name of the foreign country:	<b>4</b> 2c		X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year		<b>▶</b> □	N/A N/A
44			Yes	No
45	of Form 990-EZ  Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,'	44	•	X
	Form 990 must be completed instead of Form 990-EZ	45		X

Form 990-E2	(2009) BLESSINGS	IN A BACKPACK	INC	26-2627847	Pag
Part VI	Section 501(c)(3) o	rganizations and	section 4947(a)(1) none	xempt charitable trusts only. All sec	ction

	501(c)(3) organizations and sec 46-49b and complete the tables	ction 494/(a)(1) no s for lines 50 and 5	onexempt cha 51.	iritable tri	usts must answer SEE ST			
	he organization engage in direct or indirect ublic office? If 'Yes,' complete Schedule C		ivities on behalf	of or in oppo		46	Yes	No X
•	he organization engage in lobbying activitie	•	Schedule C. Part	ti .		47		X
	e organization a school as described in sec	•	•			48		X
49 a Did ti	he organization make any transfers to an e	exempt non-charitable r	elated organizati	ion?		49 a		X
<b>b</b> If 'Ye	es,' was the related organization a section	527 organization?				49 b		
50 Compemble	plete this table for the organization's five h loyees) who each received more than \$100	lighest compensated er 0.000 of compensation (	mployees (other t	than officers	, directors, trustees a e is none, enter 'None	nd key		
	Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensati	on <b>(d)</b> Co	ontributions to employee benefit plans and ferred compensation	(e) Ex	pense nt and owance:	s
NONE								
	-							
				ĺ				
		·-						
51 Com	plete this table for the organization's five h pensation from the organization. If there is (a) Name and address of each independent contr	none, enter 'None '	1		each received more the	(c) Com		
NONE	(a) Name and address of each independent conti	actor paid thore than \$100,000	,	(0) 1)	ype or service	(6) (6)		
			1					
<b>d</b> Tota	I number of other independent contractors	each receiving over \$1	00,000	<b>&gt;</b>		_		
<u></u>								
	Under penalties of periury, I deplay that I have examine, correct, and complete Declaration of preparer (	nned this return, including acc (other than officer) is based on	ompanying schedules all information of whi	and statements ch preparer has	s, and to the best of my knows any knowledge	wledge and	belief, if	i IS
	11.111			1	2/15/10			
Sign Here	Soperate of other				Date	<del>.</del>		
пеге	MICHAEL 5 GOU	LOFF PRESI	DENT	·				
	Type or print name and title	1						
<b>.</b>	Prenarer's 0	0 -	Date	, ,	Check if Prepi	arer's Ident	fying Ni	ımber
Paid Pre-	Preparer's signature	Menner	2,	18/10	self employed ► N/I		·,	
parer's	yours if solf	CHROEDER, LLC						
Use		ERNESS WAY #300	)		EIN ► N			
Only	ZIP+4 FURT WAYNE, IN	46804-7926			<del></del>	122-25		
May the IF	RS discuss this return with the preparer she	own above? See instru	ctions			Form 99		No (2009)

#### SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

**Public Charity Status and Public Support** 

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

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545 0047 2009

Open to Public Inspection

Employer identification number

	SSIN																			_		26-2						
Par	t I R	eas	on fo	r Pu	blic	Cha	arity	Stat	tus	s (A	II org	ganız	zatı	ons	mu	st o	com	ple	ete th	ıs pa	irt.)	) See	ins	truc	tions			
The c	organiz	ation	ıs not	a priv	ate f	ound	ation	becar	use	e it is	. <b>(F</b> or	lines	s 1 th	nroug	gh 11	, ch	neck (	onl	y one l	oox)								
1	$\prod A$	chur	ch, cor	venti	on of	chur	ches	or as:	soc	ciatio	n of c	hurch	hes c	desci	rıbed	ın s	sectio	on '	170(b)(	1)(A)(	i).							
2	$\prod A$	scho	ol desc	ribed	ın se	ection	170(	(b)(1)(	(A)	(ii). (	(Attac	h Sch	hedu	le E	)													
3	$\prod A$	hosp	ıtal or	coope	erativ	e hos	pital	servic	ce d	orgar	nizatio	on de	scrib	ed ii	n sec	tior	170	(b)	(1)(A)(i	ii).								
4	ПА	med	cal res	earch	orga	anıza'	tion o	perat	ed	ın ço	njuno	ction v	with	a ho	spita	l de	scrib	ed	ın seci	ion 1	70(t	)(1)(A	(iii)	Ente	er the h	osp	tal's	
	name, city, and state.																											
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(bX1)(A)(iv). (Complete Part II.)  A federal, state, or local government or governmental unit described in section 170(bX1)(A)(v).																											
6																												
7	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II)  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II)																											
8	∐ A	comi	munity	trust	desc	rıbed	ın se	ction	17	0(b)(	1)(A)(	(vi). ((	Com	plete	Par	t II )	)											
9	An organization that normally receives (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III)																											
10	Ar	org	anızatı	on org	ganız	ed ar	nd ope	erated	d e	xclus	avely	to tes	st for	r put	olic s	afet	y Se	e s	ection	<b>509</b> (a	)(4)							
11	m	ore p	anızatı ublicly ses the	supp	orted	org	anıza	tions	des	scrib	ed in	section	on 5(	09(a)	)(1) c	rse	ection	า 50	)9(a)(2	ctions ). See	of, se	or car ction 5	ry ou <b>509(</b> a	it the ( <b>)(3).</b>	purpo: Check	ses the	of one box t	or hat
	а	∏т	уре I			b	ГП	уре II	1			c [	Тур	oe III	→ F	unc	tional	lly ı	ntegra	ted			d		Туре	111—	Other	
е	By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).																											
f																												
g	Sı	nce /	August	17, 2	006,	has t	he or	ganız	atio	on ac	cepte	ed any	y gifl	t or	cont	ribu	tion f	ron	n any d	of the	follo	owing	perso	ons?				
																											Yes	No
	<b>(i)</b>	b	élow, t	he go	vern	ıng b	ody o	f the s	sup	port	ed or	ganız	ation	or to	ogeth	er v	vith p	ers	sons de	escrib	ed ı	n (II) a	nd (i	II)	11 g	(i)		
	(ii)	) a	family	mem	ber	of a	oerso	n des	cri	bed ı	n (i) a	above	97												11 g	<u>(ii)</u>		
	(iii	) a	35% c	ontro	lled e	entity	of a p	perso	n d	lescr	ıbed ı	n (i) (	or (II)	) abo	ove?										11 g	(iii)		L
h	Pr	ovid	e the fo	llowi	ng int	orma	tion a	3bout	the	e sup	porte	d org	janız	ation	ns.													
			Support ization	ed		(i	) EIN			(de	escribe bove o	of organd on ling in the second of the secon	nes 1 9 ection	9	orgar (i) l	izati isted jover	s the on in c in you ning nent?	col ir			ı in	organiza (i) organ		ı col	(vii) A	moun	t of Su	oport
					ļ										Υe	s	No	·	Yes	No	_	Yes	<u>                                     </u>	lo				
																				↓	$\perp$							
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											•									1								
					ļ														<del></del>	+	-}		+-				<u>.</u>	
Total																								1				

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) Section A. Public Support Calendar year (or fiscal year (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total beginning in) Gifts, grants, contributions and membership fees received (Do not include 'unusual grants') 117,006 175,674. 58,668. Tax revenues levied for the organization's benefit and either paid to it or expended 0. on its behalf The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge 0. 0 0 0 58,668 117,006 175,674. Total. Add lines 1-through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 121,896. Public support. Subtract line 5 53,778. from line 4 Section B. Total Support Calendar year (or fiscal year (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total beginning in) 117,006 175,674. 0. 0 0 58,668 7 Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form 0. similar sources Net income from unrelated business activities, whether or not the business is regularly 0. carried on Other income Do not include gain or loss from the sale of capital assets (Explain in 0. Part IV ) Total support. Add lines 7 175,674. through 10 0. 12 12 Gross receipts from related activities, etc. (see instructions) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) **►** X organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f) 14 15 Public support percentage from 2008 Schedule A, Part II, line 14 15 % 16a 33-1/3 support test - 2009. If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization. b 33-1/3 support test - 2008. If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test - 2009 If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. **b 10%-facts-and-circumstances test - 2008.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and **stop here.** Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line, 13, 16a, 16b, 17a, or 17b, check this box and see instructions 18

Schedule A (Form 990 or 990-EZ) 2009

BAA

Page 3

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

Sect	ion A. Public Support			_				
_	idar year (or fiscal yr beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	<b>(e)</b> 2009		(f) Total
1	Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants ')	(4) 2000	(2) 2000	(0) 2007	, (a) 2000	(-/		(7)
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt							
	purpose Gross receipts from activities that are not an unrelated trade or business under section 513	-						<del>-</del>
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities furnished by a governmental unit to the organization without charge							
6	Total. Add lines 1 through 5							
	Amounts included on lines 1, 2, 3 received from disqualified persons			i				
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year							
С	Add lines 7a and 7b							
8	Public support (Subtract line							
	7c from line 6.)		······································					
Sec	tion B. Total Support				<u></u>			
	ndar year (or fiscal yr beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	)	(f) Total
	Amounts from line 6	(-)	(-)	X-7		, · · · · ·		
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources		-					
Ь	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975		, , , , , , ,					
_	Add lines 10a and 10b							
11	Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on							
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)							
13	Total support. (add Ins 9, 10c, 11, and 12)					1		
14	First five years. If the Form 990 organization, check this box and	s for the organiza stop here	tion's first, secon	d, third, fourth, o	or fifth tax year as	a section 50	1(c)(3)	<b>▶</b> □
Sec	tion C. Computation of Pu	ıblic Support l	Percentage					
15	Public support percentage for 20	09 (line 8, column	(f) divided by lin	e 13, column (f))		1	15	%_
16							16	%
	tion D. Computation of Inv			je				
Sec					mn (f))		17	%
	Investment income percentage for	U <b>ZUU</b>		,	` //			
17	Investment income percentage for			17			18	%
17 18	Investment income percentage for 33-1/3 support tests — 2009. If the	rom <b>2008</b> Schedul ne organization did	e A, Part III, line I not check the bo	ox on line 14, an	d line 15 is more to	than 33-1/3% organization		
17 18 19 a	Investment income percentage fi	rom <b>2008</b> Schedul ne organization dic ox and <b>stop here.</b> ne organization dic this box and <b>stop</b>	e A, Part III, line I not check the bo The organization I not check a box I here. The organi	ox on line 14, an qualifies as a pu on line 14 or 19a zation qualifies a	ublicly supported on a supported on a supported to the su	rganization ore than 33-3 orted organiza	, and lin /3%, an	e 17 is not

Schedule A	(Form 990 or 990	D-EZ) 2009	BLESSINGS	IN A	BACKE	PACK	INC		26-2627847	Page 4
Part IV	Supplementa	I Informati	on. Complete	e this p	part to	provi	de the	explanation re	quired by Part II, rmation. See instr	line 10;
	Part II, line I	/a or 1/b;	or Part III, lir	ne 12. l	Provide	any	other	additional info	rmation. See instr	uctions.
				<b>-</b>						
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TEEA0404L 07/27/09

Schedule A (Form 990 or 990-EZ) 2009

BAA

#### SCHEDULE G (Form 990 or 990-EZ)

# Supplemental Information Regarding Fundraising or Gaming Activities

2009

Department of the Treasury Internal Revenue Service ► Complete if the organization answered'Yes' to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form990 or Form 990-EZ. ► See separate instructions.

Open to Public Inspection

OMB No 1545 0047

Name of the organization						Employer identifica	tion number
BLESSINGS IN A BACKPACK	TNC					26-262784	7
Part I Fundraising Activities.		the oraz	anization	answered 'Yes' to	Form	990 Part IV	7. line 17.
							, 11110 171
1 Indicate whether the organization	raised funds thr	ougn any	or the folio				
Mail solicitations				Solicitation of non-q	-	-	
Internet and email solicitations	6			Solicitation of gover	rnment (	grants	
Phone solicitations				Special fundraising	events		
In-person solicitations							
·							
2a Did the organization have written employees listed in Form 990, Pai	or oral agreeme t VII) or entity ii	nt with any n connecti	/ individua on with pro	l (including officers, dire ofessional fundraising se	ectors, t ervices?	rustees or key	Yes No
<b>b</b> If 'Yes,' list the ten highest paid in compensated at least \$5,000 by the	idividuals or enti ne organization	ities (fundr Form 990	aisers) pu EZ filers ai	rsuant to agreements u re not required to comp	nder wh	ich the fundraise table	er is to be
					( <b>v</b> ) Ar	nount paid to	
(i) Name of individual	(ii) Activity		fundraiser	(iv) Gross receipts		retained by)	(vi) Amount paid to
or entity (fundraiser)		have custor	dy or control l ibutions?	from activity	funar	aiser listed in col.(i)	(or retained by) organization
		1				COI.(I)	
		Yes	No				
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			1	1			
		<del>  -</del>					
					<del> </del>		
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							-
	1	İ					
		1					
	1	Ц					
Total		<del></del>			<u> </u>		1.1
<ol><li>List all states in which the organiz or licensing.</li></ol>	ation is register	ed or licer	ised to sol	icit funds or has been n	iotified it	is exempt from	registration
or neonanig.							
= = = = = = = = = = = = = = = = = = =	_	_					
			<del>-</del>				

Page 2

Part II Fundraising Events. Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other Events (d) Total Events (Add col. (a) through col (c)) DINNER REVENUE (total number) (event type) (event type) 77,250. 77,250. 1 Gross receipts 2 Less. Charitable contributions. 77,250. 3 Gross revenue (line 1 minus line 2) 77,250 4 Cash prizes 5 Non-cash prizes DIRECT 6 Rent/facility costs 7 Food and beverages EXPENSES 8 Entertainment 34,222. 9 Other direct expenses 34,222 34,222. 10 Direct expense summary Add lines 4- through 9 in column (d) 43,028. Net income summary. Combine lines 3 and 10 in column (d) Part III Gaming. Complete if the organization answered 'Yes' to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (a) Bingo (b) Pull tabs/Instant (c) Other gaming (d) Total gaming REVENUE (Add col. (a) through col (c)) bingo/progressive bingo Gross revenue DIRECT S 2 Cash prizes 3 Non-cash prizes 4 Rent/facility costs 5 Other direct expenses 왕 왕 Yes 왕 Yes Yes No No No 6 Volunteer labor 7 Direct expense summary Add lines 2 through 5 in column (d) 8 Net gaming income summary. Combine lines 1 and 7 in column (d) YES NO 9 Enter the state(s) in which the organization operates gaming activities a Is the organization licensed to operate gaming activities in each of these states? 9a b If 'No,' Explain 10a 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b If 'Yes,' Explain Does the organization operate gaming activities with nonmembers? 11 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? 12

Schedule G (Form 990 or 990-EZ) 2009 BLESSINGS IN A BACKPACK INC	<u> 26-2627847</u>	F	age 3
		YES	NO
13 Indicate the percentage of gaming activity operated in			
a The organization's facility	Ba %		
<b>b</b> An outside facility	3b %		
14 Provide the name and address of the person who prepares the organization's gaming/special events	books and records		
Name			
Address: -			
15a Does the organization have a contact with a third party from whom the organization receives gaming	F	15a	
<b>b</b> If 'Yes,' enter the amount of gaming revenue received by the organization \$	_and the amount		
of gaming revenue retained by the third party \$			
c If 'Yes,' enter name and address.			
Name ►			
Address			
16 Gaming manager information			
Name •			
Gaming manager compensation ► \$			
Description of services provided			
☐ Director/officer ☐ Employee ☐ Independent contractor			
17 Mandatory distributions			
a Is the organization required under state law to make charitable distributions from the gaming proceed state gaming license?	ds to retain the	17a	
<b>b</b> Enter the amount of distributions required under state law distributed to other exempt organizations	or spent in the		
organization's own exempt activities during the tax year. 🕨 \$			<u> </u>
BAA TEEA3703L 07/17/09	Schedule G (Form 990	or 990-E2	") 2009

2009

### **FEDERAL STATEMENTS**

PAGE 1

**BLESSINGS IN A BACKPACK INC** 

26-2627847

STATEMENT 1 FORM 990-EZ, PART I, LINE 16 OTHER EXPENSES

FOOD MISCELLANEOUS \$ 80,684. 250. TOTAL \$ 80,934.

STATEMENT 2 FORM 990-EZ, PART III ORGANIZATION'S PRIMARY EXEMPT PURPOSE

TO ACCEPT DONATIONS OF FOOD, MONEY, EQUIPMENT, AND SUPPLIES, WHICH WILL BE DISTRIBUTED IN NORTHEAST INDIANA, FOR THE PURPOSE OF CHANNELING FOOD TO THE HUNGRY AND ASSISTING TO FEED THE HUNGRY IN NORTHEAST INDIANA.

#### STATEMENT 3 FORM 990-EZ, PART VI REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

(A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT?

(B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?

NO

NO