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EIM 05/25/2010 9 40 AM

Department of the Treasury internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047 2009 Open to Public

Inspection

For the 2009 calendar year, or tax year beginning and ending Check if applicable Please C Name of organization Employer identification number use IRS ETERNAL IMPACT MINISTRIES Address change label or 93-1268446 Doing Business As print or Name change type. Number and street (or P O. box if mail is not delivered to street address) Room/suite Telephone number Initial return See 503-655-4500 P.O. BOX 250 Specific Termination 260,894 City or town, state or country, and ZIP + 4 G Gross receipts \$ Instruc-Amended return OREGON CITY 97045 F Name and address of principal officer H(a) Is this a group return for Application pending JOHN GARRICK affiliates? H(b) Are all affiliates included? BOX 250 P.O. OR 97045 OREGON CITY If "No," attach a list (see instructions) X 501(c) (◀ (insert no) Tax-exempt status 4947(a)(1) or ETERNALIMPACT.ORG Website: ▶ H(c) Group exemption number ▶ 1999 Type of organization | X | Corporation | Year of formation Trust Other > M State of legal domicile OR Part I Summary Briefly describe the organization's mission or most significant activities SEE SCHEDULE O 2 Check this box ▶ I if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) 5 Number of independent voting members of the governing body (Part VI, line 1b) 4 5 Total number of employees (Part V, line 2a) 5 22 Total number of volunteers (estimate if necessary) 6 7a Total gross unrelated business revenue from Part VIII, column (C), line 12 7a b Net unrelated business taxable income from Form 990-T, line 34 7h **Current Year** Prior Year 222,123 257,299 Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g) 933 -861 Investment income (Part VIII, column (2) lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A) the 5, \$4,18c, 9c,10c, and 11e) 12 Total revenue – add lines 8 through 14 (must equal Part VIII, column (A) line 12) -75 -19,317237,121 222,981 Grants and similar amounts paid (Part IX, solumn (A), lines 1-3) 14 Benefits paid to or for members (Part IX. 130,495 152,971 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 82,899 b Total fundraising expenses (Part IX, column (D), line 25) ▶ 86,628 135,023 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 217,123 287,994 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 5,858 -50,873 19 Revenue less expenses Subtract line 18 from line 12 Beginning of Current Year End of Year 58 95,669 46,705 20 Total assets (Part X, line 16) 218 2,127 21 Total liabilities (Part X, line 26) 44,578 451 Net assets or fund balances Subtract line 21 from line 20 Part II Signature Block Under penalties of perjury, i declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge ration of preparer (other than officer) is based on all information of which preparer has any knowledge Sian Here *બમ*ા Type or print name and title Preparer's identifying number Date Check if Preparer's (see instructions) Paid signature employed > Preparer's THIS TAX RETURN EIN D Firm's name (or yours Use Only PREPARED BY A Phone if self-employed). NON-PAID PREPARER. address, and ZIP + 4 May the IRS discuss this return with the preparer shown above? (see instructions) Yes Form 990 (2009)

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

144,989

4e Total program service expenses ▶

Г	art 19 Checklist of Required Schedules			r
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		x	<u> </u>
2	complete Schedule A	2	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?			
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete			
•	Schedule C, Part II	4		x
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)	_	_	
•	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have			
•	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"			
	complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part			
	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or			
	quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable	11	X	,,
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete		1	
	Schedule D, Part VI			
•	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more		1	
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		1	
•	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		1	
•	Did the organization report an amount for other assets related in Part X, line 15 that is 5% or more of its total assets		1	
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX			
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X			
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		1	
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	12	╼╅	X
124	Schedule D, Parts XI, XII, and XIII Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No	12		
127	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional		1	
13	is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Ĭ	X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u>x</u>
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,	170		
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b	ĺ	X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		<u> </u>
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	17		<u> </u>
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		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	l		
	If "Yes," complete Schedule G, Part III	19		<u> </u>
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		<u> </u>

Page 4 **Checklist of Required Schedules (continued)** Yes No 21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations X 21 in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 X 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated X employees? If "Yes." complete Schedule J 23 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 X 24b through 24d and complete Schedule K. If "No," go to line 25 24a 24b b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction X with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or X 990-EZ? If "Yes," complete Schedule L, Part I 25b 26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or X disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II 26 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? 27 X If "Yes," complete Schedule L, Part III 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) X a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete X Schedule L. Part IV 28b An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 28c 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified X 30 conservation contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N. 31 X 31 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete X Schedule N, Part II 32 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations X sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, 34 X 34 III, IV, and V, line 1 35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete X 35 Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related 36 X 36 organization? If "Yes," complete Schedule R, Part V, line 2 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, X 37

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and

19? Note. All Form 990 filers are required to complete Schedule O

38

38

Statements Regarding Other IRS Filings and Tax Compliance Yes No Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns Enter -0- if not applicable 1a Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable X gaming (gambling) winnings to prize winners? 1c 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return X b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see (Instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by X За If "Yes." has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 3b 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 X account)? 4a **b** If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a 5a X Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the X organization solicit any contributions that were not tax deductible? 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods X and services provided to the payor? 7a 7b b If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was X 7с required to file Form 8282? | 7d | d If "Yes," indicate the number of Forms 8282 filed during the year Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal 7e 7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? For all contributions of qualified intellectual property, did the organization file Form 8899 as required? 7g a For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? 7h Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966? 9a 9Ь Did the organization make a distribution to a donor, donor advisor, or related person? b 10 Section 501(c)(7) organizations. Enter 10a Initiation fees and capital contributions included on Part VIII, line 12 а b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter-Gross income from members or shareholders 11a Gross income from other sources (Do not net amounts due or paid to other sources against 11b amounts due or received from them) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

Form 990 (2009) ETERNAL IMPACT MINISTRIES

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions

	Schedule O. See instructions.			
<u>Sec</u>	tion A. Governing Body and Management		- 1	
4.	Enter the number of voting members of the governing body		Yes	No
1a	· · · · · · · · · · · · · · · · · · ·			
b	<u></u>			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	2		X
3	any other officer, director, trustee, or key employee?	-		
3	Did the organization delegate control over management duties customarily performed by or under the direct	3		X
4	supervision of officers, directors or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members of stockholders, or other persons who may elect one or more members			
, u	of the governing body?	7a		x
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		$\frac{1}{x}$
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	''		
•	the year by the following		1	
а	The governing body?	8a	x	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached			
3	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal			
	renue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
_	affiliates, and branches to ensure their operations are consistent with those of the organization?	10ь	ĺ	
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			
•	form?	11		X
11a				
12a		12a		X
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b		
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this is done	12c		
13	Does the organization have a written whistleblower policy?	13	Ì	X
14	Does the organization have a written document retention and destruction policy?	14		X
15	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?			
а	The organization's CEO, Executive Director, or top management official	15a	x]	
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions.)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement		1	
	with a taxable entity during the year?	16a		<u> </u>
þ	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard		1	
	the organization's exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ NONE	- <u>-</u> -		
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only)			
	available for public inspection. Indicate how you make these available. Check all that apply			
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest			
	policy, and financial statements available to the public			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the			
	organization ▶ JOHN GARRICK P.O. BOX 250		_	
OI	RECON CITY OR 97045	503-65!	5 – 4	500

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed
- 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. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees; and former such persons

(A) Name and Title	(B) Average hours per			chec		that ap		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
JIM BORYSKA										
TREASURER	5.00	X	_	X	┝	 -		0	0	
MIKE JONES	F 00	١,,							_	1
DIRECTOR CURL FIX	5.00	X	_		├	\vdash		0	0	
STEVE CURLEY	5.00	X		x				0	^	
SECRETARY RICH FULLER	1 - 3.00	^	┢		<u> </u>	-			0	(
DIRECTOR	5.00	x						0	0	
JOHN GARRICK	3.00	1	<u> </u>		\vdash					
PRES/EX DIR	60.00	l		x				55,917	0	
	 					П	_		-	
						Ιİ				

								_					
	(A) Name and Title	(B) Average hours per		,		k all t	hata;		(D) Reportable compensation	(E) Reportable compensation	am	(F) timated ount of	
		week	Officer Officer Institutional trustee Individual trustee or director					Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	com fro orga and	other pensation om the inization related nizations	
		-	-									_	
												_	
													
												_	
										<u> </u>		_	
								-					
						L.			EE 017				
<u>1b</u>	<u>Total</u>							<u> </u>	55,917		L		
	Total number of individuals (increportable compensation from	-		to th	ose I	listed	abo	ve) v	who received more than \$1				1
3	Did the organization list any for employee on line 1a? If "Yes,"								e, or highest compensated		3	Yes	No X
4	For any individual listed on line the organization and related or	1a, is the sum of	repo	ortab	le co	mpe	ensat	ion a					
5	Individual Did any person listed on line 1a services rendered to the organ										5		X X
Sect	tion B. Independent Contractor Complete this table for your five	ors								s \$100 000 of			
	compensation from the organiz									(B) tion of services	T	(C) Compens	ation
	realis and	00311033 8601033								aut di services		оопрено	
		-		-	_								
								_					
												,	
2 DAA	Total number of independent comper than \$100,000 in comper		-				io th	ose	iisted above) who received			0 orm 99 ((200e)

Form 990 (2009) ETERNAL IMPACT MINISTRIES

Pa	rt V	III Staten	nent of Reve	nue						<u> </u>
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
တ တ	12	Federated carr	ากลเตกร	1a						
Contributions, gifts, grants and other similar amounts		Membership di		1b			1			
PE		Fundraising ev		1c			I			
ar its		Related organi		1d			I			
S,E	9	Government grants		10			I			
Sis		All other contribution					I			
텵	•	and similar amounts		1f		257,299	I			
들임	g	Noncash contribution	ns included in lines 1a-		 \$	13,274	1			
용	_	Total. Add line			•	▶	257,299	,	111 17	,
ē						Busn. Code				
Program Service Revenue	2a									
Ş.	b									
ice	С									
Sen	d						<u></u>		<u> </u>	
E	е									
ogu	f	f All other program service revenue								
4	g	Total. Add line	s 2a–2f			▶				
	3	Investment inc	ome (including d	lividend	ls, interes	t, and				
		other similar a	mounts)			▶	475	·		475
	4	Income from in	vestment of tax-	exemp	t bond pro	oceeds 🕨				
	5	Royalties			_	<u> </u>				
			(ı) Real		(11) F	Personal				
	6a	Gross Rents					I			
	b	Less rental exps								
	С	Rental inc or (loss)					Ī			Ī
	d 7a	Net rental inco Gross amount from				D				
	, ,	sales of assets	(i) Securitie	s	(11)	Other				
		other than inventory			-	-	I			
	þ	Less cost or other				1 226	1			
		basis & sales exps	ļ_ _		 	1,336	1			
	_	Gain or (loss)			<u> </u>	-1,336	-1,336			-1,336
	d	Net gain or (lo		-4-			-1,330			-1/350
鱼	8a		om fundraising ever	าเร			1			
je j		(not including \$								
æ		See Part IV, line	eported on line 1c)	а			I			
Other Reven	.	Less direct ex		b			I			
ō			(loss) from fund	1	events	•	1			Ī
			om gaming activitie							
	va	See Part IV, line		a						•
	ь	Less direct ex		b			,			
			(loss) from gam	ing acti	vities	•			·	
			f inventory, less							
		returns and all		а		3,120				•
	ь	Less cost of g	oods sold	b		22,437	1			
			(loss) from sale:	s of inv	entory	_	-19,317	-17		-19,300
			cellaneous Revenue			Busn. Code				
	11a				· 					<u> </u>
	b									
	С									
	d	All other rever	nue					·····		
	9	Total. Add line	es 11a-11d			•				
	12	Total Revenu	e. See instructio	ns		<u> </u>	237,121	-17	0	-20,161

Form 990 (2009) · ETERNAL IMPACT MINISTRIES

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) but are not required to complete columns (B), (C), and (D).

	not include amounts reported on lines 6b,	(A) Total expenses	(B)	(C) Management and	(D) Fundraising
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	general expenses	expenses
	Grants and other assistance to governments and				
•	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the	:		1	
	U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,		22 25	11 100	20 265
	trustees, and key employees	55,917	22,367	11,183	22,367
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	63,863	14,573	19,702	29,588
7 8	Other salaries and wages Pension plan contributions (include section 401(k)	03/003	21,3,3	257,02	
0	and section 403(b) employer contributions)				
9	Other employee benefits	23,274	8,975	5,351	8,948
10	Payroll taxes	9,917	3,059	2,604	4,254
11	Fees for services (non-employees)				
	Management				
b	Legal				·
С	Accounting				
d	Lobbying				
0	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other	8,241	7,417	824	
12	Advertising and promotion	662	662	3 004	
13	Office expenses	6,187	3,093 416	3,094 1,455	208
14	Information technology	2,079	410	1,433	200
15	Royalties	14,609	7,305	3,652	3,652
16	Occupancy	83,768	71,203	4,188	8,377
17 18	Travel Payments of travel or entertainment expenses	037100			
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	655	625		30
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	2,083	1,041	1,042	
23	Insurance	2,298	1,149	575	574
24	Other expenses Itemize expenses not	1		1	
	covered above (Expenses grouped together			1	
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below.)	3,577	1,789	894	894
a	TELEPHONE BANK/CREDIT CARD CHARGES	3,092	1,703	3,092	
b	POSTAGE	2,680	1,072	268	1,340
c d	DEV/FUNDRAISING	2,667			2,667
u 8	COMPUTER SUPPLIES	2,425	243	2,182	
f	All other expenses				
25		287,994	144,989	60,106	82,899
26	Joint costs. Check here ▶ if following				
	SOP 98-2 Complete this line only if the				
	organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation				5 000 (0550)
DAA					Form 990 (2009)

Part)	Balance Sheet			(A)	}	(B)			
				Beginning of year		End of year			
1	Cash—non-interest bearing		L	23,499	1	37,569			
2	Savings and temporary cash investments		L	43,106	2	5,391			
3	Pledges and grants receivable, net		L		3				
4	Accounts receivable, net		<u> </u>		4				
5	Receivables from current and former officers, directors, t	rustees, key			1				
ľ	employees, and highest compensated employees Comp	lete Part II of			1				
	Schedule L				5				
6	Receivables from other disqualified persons (as defined in	under section			1				
	4958(f)(1)) and persons described in section 4958(c)(3)(I				1				
	Part II of Schedule L		Ĺ		6				
7	Notes and loans receivable, net				7				
7	Inventories for sale or use			22,400	8				
9	Prepaid expenses and deferred charges		9						
1 .	Land, buildings, and equipment, cost or] [Γ						
'**	other basis Complete Part VI of Schedule D	10a	19,692						
١,	Less accumulated depreciation	10b	15,947	6,664	10c	3,745			
11	Investments—publicly traded securities				11				
12	Investments—other securities See Part IV, line 11	<u> </u>	·····	12					
	Investments—program-related See Part IV, line 11	.	· · · · · · · · · · · · · · · · · · ·	13					
13		<u> </u>	·	14					
14	Intangible assets	<u> </u>		15					
15	Other assets See Part IV, line 11	<u> </u>	95,669	16	46,705				
16	Total assets. Add lines 1 through 15 (must equal line 34		218	17	2,127				
17	Accounts payable and accrued expenses	<u> </u>	210	18	2,22.				
18	Grants payable		 		19				
19	Deferred revenue		F		20				
20	Tax-exempt bond liabilities	0-b4-4- D	-		21	··			
21 22	Escrow or custodial account liability Complete Part IV of		F		<u> </u>				
22	Payables to current and former officers, directors, trustee				1				
	employees, highest compensated employees, and disqua	alified	ŀ		aa				
	persons Complete Part II of Schedule L		-		22				
23	Secured mortgages and notes payable to unrelated third		-		23				
24	Unsecured notes and loans payable to unrelated third pa	rties	ŀ		24				
25	Other liabilities Complete Part X of Schedule D			210	25	2 125			
26	Total liabilities. Add lines 17 through 25			218	26	2,127			
:	Organizations that follow SFAS 117, check here ▶	X and	Ì						
27 28	complete lines 27 through 29, and lines 33 and 34.		1	20 005	🖡	16 16			
27	Unrestricted net assets		-	32,285		16,165			
28	Temporanly restricted net assets		-	63,166	28	28,413			
29	Permanently restricted net assets	,**	<u> </u>		29				
	Organizations that do not follow SFAS 117, check he	re 🕨 📘							
	and complete lines 30 through 34.				1				
30	Capital stock or trust principal, or current funds	•							
31	Paid-in or capital surplus, or land, building, or equipment	fund			31				
32	Retained earnings, endowment, accumulated income, or				32				
33	Total net assets or fund balances			95,4 <u>51</u>	33_	44,578			
29 30 31 32 33 34	Total liabilities and net assets/fund balances			95,669	34	46,705			

Form **990** (2009)

Form	990 (2009) ETERNAL IMPACT MINISTRIES 93-1268446			Pa	ge 1 2	
Pa	rt XI Financial Statements and Reporting					
				Yes	No	
1	Accounting method used to prepare the Form 990 X Cash Accounting	crual Other				
	If the organization changed its method of accounting from a prior year or chec	ked "Other," explain in			•	
	Schedule O					
2a	Were the organization's financial statements compiled or reviewed by an inde	pendent accountant?	2a]	X	
ь	b Were the organization's financial statements audited by an independent accountant?					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes	s responsibility for oversight of				
	the audit, review, or compilation of its financial statements and selection of ar		2c			
	If the organization changed either its oversight process or selection process d	uring the tax year, explain in				
	Schedule O				l	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial st	atements for the year were			l	
	issued on a consolidated basis, separate basis, or both					
	Separate basis Consolidated basis Both consolidated and	separate basis				
3a	As a result of a federal award, was the organization required to undergo an au	idit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?		3a	1	i	

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

SCHEDULE A . (Form 990 or 990-EZ) **Public Charity Status and Public Support**

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

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

ETERNAL IMPACT MINISTRIES

Employer identification number 93 - 1268446

P	art I	Reas	on for Public Charity	Status (All organizations	must c	omplete	this p	art.) S	ee ins	struction	ons.		
he	orgai	nization is not a	a private foundation because	it is. (For lines 1 through 11, che	ck only or	ne box)		•					
1		A church, cor	vention of churches, or asso	ciation of churches described in	section 1	70(b)(1)(A)(i).						
2	П	A school desc	cribed in section 170(b)(1)(A)(ii). (Attach Schedule E)									
3	П	A hospital or	a cooperative hospital service	e organization described in secti	on 170(b)	(1)(A)(iii)							
4	Ħ			in conjunction with a hospital de)(A)(iii).	Enter th	ne hosp	ital's name,		
	Ш	city, and state					• • • •			•			
5		• .		a college or university owned or	operated	by a gove	ernmenta	al unit de	scnbed	ın			
•	ш	•	b)(1)(A)(iv). (Complete Part I	•		-, - 3							
6	\Box			· / vernmental unit described in sec	tion 170/	h\/1\/A\/s	Λ						
	X			ubstantial part of its support from				n the go	noral ni	iblio			
7		•	•		i a goveiii	incillai ui	01 1101	ii iiie ge	ilerai pu	iblic			
			section 170(b)(1)(A)(vi). (Co		,								
8	H	A community trust described in section 170(b)(1)(A)(vi). (Complete Part 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	An organization organized and operated exclusively to test for public safety. See section 509(a)(4).												
11	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the												
	purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section												
	509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h												
	a Type I b Type II c Type III-Functionally integrated d Type III-Other												
е				nization is not controlled directly									
	persons other than foundation managers and other than one or more publicly supported organizations described in section												
			ection 509(a)(2)										
f		If the organiza	ation received a written deteri	mination from the IRS that it is a	Type I, Ty	pe II, or T	ype III s	upportin	g				
		organization,	check this box										
g		Since August	17, 2006, has the organization	on accepted any gift or contributi	on from ai	ny of the							
		following per	sons?										
		(i) A persor	who directly or indirectly cor	itrols, either alone or together wi	th persons	s describe	d in (ii)					Yes	No
		and (III) b	pelow, the governing body of	the supported organization?							11g(i)	ļ	
		(ii) A family	member of a person describe	ed in (i) above?							11g(ii	Ц	
		(iii) A 35% c	ontrolled entity of a person de	escribed in (i) or (ii) above?							11g(ii	i)	L
h		Provide the f	ollowing information about the	e supported organization(s)					,				
(i)	Name	of supported	(ii) EIN	(iii) Type of organization	1	organization		ou notify		s the		ount of	
	org	anization		(described on lines 1-9 above or IRC section	1 ''	sted in your document?	the organ col (i)	nization in of your	organizat (i) organi	zed in the	sup	port	
				(see instructions))	governing	document		port?		S۶			
					Yes	No	Yes	No	Yes	No			
					1								
				<u> </u>	<u> </u>	ļ	ļ						
									<u> </u>				
					 					-	- -		
													
			ļ.		Ŧ	i	I	l		. 1			

EIM 05/25/2010 9 40 AM ETERNAL IMPACT MINISTRIES Schedule A (Form 990 or 990-EZ) 2009 Page 2 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 (d) 2008 (e) 2009 (f) Total (a) 2005 (b) 2006 (c) 2007 Calendar year (or fiscal year beginning in) ▶ Gifts, grants, contributions, and membership fees received (Do not 202,133 257,299 914,554 include any "unusual grants ") 142,406 142,596 170,120 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 202,133 257,299 914,554 170,120 142,596 142,406 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 137,206 shown on line 11, column (f) 777,348 Public support. Subtract line 5 from line 4 Section B. Total Support (a) 2005 (c) 2007 (d) 2008 (e) 2009 (f) Total **(b)** 2006 Calendar year (or fiscal year beginning in) ▶ 202,133 257,299 914,554 142,406 142,596 170,120 Amounts from line 4 Gross income from interest, dividends, payments received on securities loans. rents, royalties and income from similar 933 475 2.693 1,278 sources Net income from unrelated business activities, whether or not the business is regularly carned on Other income Do not include gain or 10 loss from the sale of capital assets ٥ (Explain in Part IV) 917,247 11 Total support. Add lines 7 through 10 12 3,985 Gross receipts from related activities, etc. (see instructions) 12 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) 13 organization, check this box and stop here

Organization, or ear time destruction	
Section C. Computation of Public Support Percentage	

14	Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	84.75%
	Public support percentage from 2008 Schedule A, Part II, line 14	15	86.64%
16a	33 1/3 % support test—2009. If the organization did not check the box on line 13, and 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

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

Schodula	A (Form	990 0	or 990-EZ)	2009

18

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶

(e) 2009

(d) 2008

(b) 2006

(c) 2007

(f) Total

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.)

(a) 2005

1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")				_			
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose							
3	Gross receipts from activities that are not an unrelated trade or business under section 513							
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf			-0				
5	The value of services or facilities furnished by a governmental unit to the organization without charge							
6	Total. Add lines 1 through 5							
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons							
b	Amounts included on lines 2 and 3 received			İ	1			
	from other than disqualified persons that							
	exceed the greater of \$5,000 or 1% of the				,			
	amount on line 13 for the year						+	
_	Add lines 7a and 7b		<u> </u>	 			1	
8	Public support (Subtract line 7c from line 6)							
	tion B. Total Support	1	1	1		1 ()0000	1 46	. T-4-1
Ca	endar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(1) Total
9	Amounts from line 6						+	
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources							
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
C	Add lines 10a and 10b		<u> </u>	<u> </u>			_	
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on					-		
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)							
13	Total support. (Add lines 9, 10c, 11, and 12.)							
14	First five years. If the Form 990 is for the	organization's first.	second, third, four	th, or fifth tax year a	as a section 501(c)	(3)		
	organization, check this box and stop here							<u>▶</u> _
Sec	tion C. Computation of Public St		tage			_		
 15	Public support percentage for 2009 (line 8,	column (f) divided	by line 13, column	(f))		15	5	%
16	Public support percentage from 2008 Sche					16	<u> </u>	%
	tion D. Computation of Investme	ent Income Per	rcentage					
17	Investment income percentage for 2009 (li			column (f))		17	<u>' </u>	%
18						18	3	%
19a	33 1/3 % support tests—2009. If the orga							
	17 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization							
b	33 1/3 % support tests—2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and							▶ □
	line 18 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions							
20	Private foundation. If the organization did	not check a box of	n line 14, 19a, or 1	DO, CHECK THIS DOX 8		hedule A (Form	990 05 99	0-EZ) 2009
DAA					201	iedule A (FOM)	220 01 22	U-LE / 2003

Schedule A (Form 990 or 990-EZ) 2009 ETERNAL IMPACT MINISTRIES 93-1268446 Page 4

Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 10;
Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

SUPPLEMENTAL INFORMATION

PART II, SECTION A, LINE 1:

UNUSUAL GRANT RECEIVED IN 2005 AND NOT INCLUDED IN LINE 1(A) \$50,000

UNUSUAL GRANT RECEIVED IN 2008 AND NOT INCLUDED IN LINE 1(D)

======

\$20,000

SCHEDULE D. (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

2009
Open to Public Inspection

Employer identification number Name of the organization ETERNAL IMPACT MINISTRIES 93-1268446 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Protection of natural habitat Preservation of certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year a Total number of conservation easements 2a 2b b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) 2c 2d d Number of conservation easements included in (c) acquired after 8/17/06 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Yes No violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section Yes No 170(h)(4)(B)(ı) and section 170(h)(4)(B)(ıı)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items a Revenues included in Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

Schedule D (Form 990) 2009

3,745

15,947

19,692

d Equipmento Other

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))

Schedule D (Form 990) 2009 ETERNAL IMPACT MINISTE	RIES	93-1268446	Page 3
Part VII Investments—Other Securities. See Form 990			
(a) Description of security or category	(b) Book value	(c) Method of	valuation
(including name of security)	(4)	Cost or end-of-yea	
		•	
Financial derivatives			
Closely-held equity interests			
Other			
		•	
		-	
			· · · · · · · · · · · · · · · · · · ·
		 	
	<u></u>		· · ·
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12)			
Part VIII Investments—Program Related. See Form 990) Part X line 13		
(a) Description of investment type	(b) Book value	(c) Method of	valuation
(a) Description of investment type	(b) book value	Cost or end-of-year	
		000, 0, 0,12 0, 700	
			 _
			
		-	
			
		<u> </u>	
		 	
			
			·····
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, line 15.			
(a) Description			(b) Book value
			· <u>i · · · · · · · · · · · · · · · · · · </u>
			
			
		· · ·	
			-
			<u> </u>
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)		<u> </u>	
Part X Other Liabilities. See Form 990, Part X, line 25			
1. (a) Description of liability	(b) Amount		
Federal income taxes			
	 		
		-	
	<u> </u>	-{	
		_	
		4	
	<u> </u>		
	 	7	
	 	1	
		-	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)		<u> </u>	
2. FIN 48 Footnote In Part XIV, provide the text of the footnote to the organization	ation's financial statement	s that reports the	
organization's liability for uncertain tax positions under FIN 48			

93-1268446

Page 3

ETERNAL IMPACT MINISTRIES

<u>Sche</u>	dule D (Form 990) 2009 ETERNAL IMPACT MINISTRIES	93-126844	16	Page 4			
Pa	rt XI Reconciliation of Change in Net Assets from Form 990 to	Audited Financial Statem	ents				
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1				
2	Total expenses (Form 990, Part IX, column (A), line 25)		2				
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3					
4	Net unrealized gains (losses) on investments						
5	Donated services and use of facilities		5				
6	Investment expenses		6				
7	Prior period adjustments		7				
8	Other (Describe in Part XIV)		8_				
9	Total adjustments (net) Add lines 4 through 8		9_				
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		10				
Pa	rt XII Reconciliation of Revenue per Audited Financial Stateme	nts With Revenue per Ret	urn				
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	1					
а	Net unrealized gains on investments	2a	4				
þ	Donated services and use of facilities	2b	4				
C	Recovenes of pnor ₍ year grants	2c	-				
d	Other (Describe in Part XIV)	2d					
0	Add lines 2a through 2d		2е				
3	Subtract line 2e from line 1	1 1	3				
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 . [
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	-				
ь	Other (Describe in Part XIV)	4b	┨. ╿				
	Add lines 4a and 4b		4c				
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	anto With Evanges non B	5				
	rt XIII Reconciliation of Expenses per Audited Financial Stateme	ents with Expenses per N	eturi	<u> </u>			
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	2a					
a	Donated services and use of facilities Prior year adjustments	2b	1				
b	Other losses	2c	1				
c d	Other (Describe in Part XIV.)	2d	1				
e	Add lines 2a through 2d	20	2e				
3	Subtract line 2e from line 1		3	-			
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1					
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a					
	Other (Describe in Part XIV)	4b	1				
	Add lines 4a and 4b		4c				
	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5				
	rt XIV Supplemental Information						
	olete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines	1a and 4. Part IV, lines 1b					
	b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines						
	art to provide any additional information	, , ,					
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Schedule D (Fo	orm 990) 20	09 E :	PERNAL	IMPACT M	INISTRIES	93-12	268446	Page 5
Part XIV	Supple	mental	Informati	IMPACT Mon (continued)			
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SCHEDULE O

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

• Attach to Form 990.

2009
Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

ETERNAL IMPACT MINISTRIES

Employer identification number

93-1268446

FORM 990 - ORGANIZATION'S MISSION OR MOST SIGNIFICANT ACTIVITIES

WE INSPIRE YOUNG PEOPLE AND THEIR INFLUENCERS TO SUBMIT THEIR LIVES TO

JESUS CHRIST AND PREPARE THEM TO OWN, SHARE AND DEMONSTRATE THEIR FAITH

THROUGHOUT THE WORLD. WE DO THIS THROUGH PARTNERING WITH LOCAL CHURCHES TO

PROVIDE EVENTS AND MISSION TRIPS THAT FACILITATE LIFE-CHANGING ENCOUNTERS,

LEADERSHIP TRAINING AND RESOURCES FOR BOTH YOUNG GENERATIONS AND THEIR

INFLUENCERS. WE INVOLVE OUR IMPACT TEAMS THROUGH WHAT WE CALL CORE

TRAINING THAT EQUIPS OUR TEAMS FOR SERVICE AND STIMULATES SPIRITUAL AND

SOCIAL GROWTH. MUCH OF THE WORK OF ETERNAL IMPACT IS DONE THROUGH THE

TEACHING AND MOTIVATIONAL LEADERSHIP OF JOHN GARRICK WHO REPRESENTS ETERNAL

IMPACT AT NUMEROUS FUNCTIONS THROUGHOUT THE YEAR.

FORM 990, PART VI, LINE 11A - ORGANIZATION'S PROCESS TO REVIEW FORM 990 NO REVIEW WAS OR WILL BE CONDUCTED.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL

THE BOARD OF DIRECTORS REVIEWED SALARIES AND BENEFITS OF SIMILAR PRIVATE

AND PUBLIC SECTOR POSITIONS FOR THE CEO AND SUPPORT STAFF. THESE FINDINGS

WERE MEASURED AGAINST GEOGRAPHICAL COST OF LIVING ANALYSIS AND MEDIAN

INCOME LEVEL WITHIN OUR SPECIFIC REGION. THE BOARD'S FINDINGS WERE

CONCLUSIVE THAT THE CURRENT CEO AND SUPPORT STAFF SALARIES AND BENEFITS ARE

BELOW AVERAGE BUT ACCEPTABLE.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION NO DOCUMENTS AVAILABLE TO THE PUBLIC

Form 8868

Department of the Treasury

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No 1545-1709

Internal Revenue Service If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form) Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868 Automatic 3-Month Extension of Time. Only submit original (no copies needed). A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868 For more details on the electronic filing of this form, visit www irs gov/efile and click on e-file for Charities & Nonprofits Name of Exempt Organization Type or Employer identification number print ETERNAL IMPACT MINISTRIES 93-1268446 File by the due date for Number, street, and room or suite no. If a P.O. box, see instructions filing your P.O. BOX 1245 250 City, town or post office, state, and ZIP code. For a foreign address, see instructions instructions CAMBY OREGON CITY OR 97013 97045 Check type of return to be filed (file a separate application for each return) Form 990 Form 990-T (corporation) Form 4720 Form 5227 Form 990-BL Form 990-T (sec 401(a) or 408(a) trust) Form 990-EZ Form 990-T (trust other than above) Form 6069 Form 990-PF Form 1041-A Form 8870 JOHN GARRICK The books are in the care of Telephone No ▶ 503-658-8657 FAX No ▶ If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is If it is for part of the group, check this box for the whole group, check this box and attach a list with the names and EINs of all members the extension will cover I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 08/15/10 , to file the exempt organization return for the organization named above. The extension is for the organization's return for calendar year 2009 tax year beginning , and ending Initial return Final return Change in accounting period If this tax year is for less than 12 months, check reason If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions 3a b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit 3b c Balance Due. Subtract line 3b from line 3a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions 3с Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions