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Form 990-PF

Department of the Treasury Internal Revenue Service

Return of Private Foundation

or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation

Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0052

2010

tax year beginning	1/1/2010 , a	nd ending	12	/31/2010	
Initial return		·	-		eturn
Amended return	Address change	Na Na			· ·
			A E	mployer identification nu	mber
NC.					
ber if mail is not delivered to street ad	dress)	Room/suite	ВТ	elephone number (see pag	je 10 of the instructions
				(574) 287-	-7690
			Clfe	exemption application is pe	ending, check here
	IN	46517	D 1.	Foreign organizations, che	eck here
			2.	• •	•
kempt charitable trust 📋 🤇	Other taxable private	foundation			
		Accrual			
(c), Other (sp	pecify)				
	d) must be on cash bas	us)	un	der section 507(b)(1)(B), c	ı
· ·	(a) Revenue and	(b) Not investment	2000	(a) Adjusted not	(d) Disbursements for chantable
	expenses per	1 ' '	lent	income	purposes
(see page 11 of the instructions))	books				(cash basis only)
s, etc , received (attach schedule)	13,858				
ation is not required to attach Sch B					
d temporary cash investments	22		22		
from securities	0		0		
			0		
loss)0					
sale of assets not on line 10	0				
				·	
e (from Part IV, line 2)		-	0		
gaın				0	
<u> </u>				· · · · · ·	
					
	0				
, , , , , , , , , , , , , , , , , , ,					
	 		22	0	
	, 0				
-					
•					
s (attach schedule)	0			. 0	
• •					
chedule) and depletion	<u> </u>			<u> </u>	.,,
and meetings					
-					
	12 106		0	0	
	12,100				
	12 106		n	n	
		-			
			0	n	
	12,100	_			
•			22	-	
(if negative, enter -0-)					
	Initial return Amended return NC. ber if mail is not delivered to street addresses at end control of the instructions of the section is not required to attach Sch B difference and in the instructions of th	Initial return	Initial return	Initial return	Initial return

Da	rt II	Balance Sheets Attached schedules and amounts in the description column	Beginning of year	End o	of year
. .		should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash—non-interest-bearing	3,791	5,565	5,565
	2	Savings and temporary cash investments			
	3	Accounts receivable 0			
		Less allowance for doubtful accounts	0	0	0
	4	Pledges receivable 0			
		Less allowance for doubtful accounts	0	0	0
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons (attach schedule) (see page 15 of the			
	_	instructions)	0	0	0
	7	Other notes and loans receivable (attach schedule)			
Assets	_	Less allowance for doubtful accounts	0	0	0
28	8	Inventories for sale or use			
₹	9	Prepaid expenses and deferred charges			
	l .	a investments—U S and state government obligations (attach schedule)	0	0	0
		o Investments—corporate stock (attach schedule)	0	0	0
		Investments—corporate bonds (attach schedule)	0	0	0
	11	Investments—land, buildings, and equipment basis			
		Less accumulated depreciation (attach schedule)	0	0	0
	12	Investments—mortgage loans			
	13	Investments—other (attach schedule)	0	0	0
	14	Land, buildings, and equipment basis			
		Less accumulated depreciation (attach schedule)	0	0	0
	15	Other assets (describe	0	0	0
	16	Total assets (to be completed by all filers—see the	. =0.1		
	47	instructions Also, see page 1, item I)	3,791	5,565	5,565
	17	Accounts payable and accrued expenses			
S	18	Grants payable			
Ħ	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons	0	0	
Ë	21	Mortgages and other notes payable (attach schedule)	0	0	
	22	Other liabilities (describe Total liabilities (add lines 17 through 22)	0	0	
	23	Total liabilities (add lines 17 through 22)	0	U	
		Foundations that follow SFAS 117, check here			
ces		and complete lines 24 through 26 and lines 30 and 31.			
_	24	Unrestricted	3,791	5,565	
ğ	25	Temporarily restricted			
<u>Б</u>	26	Permanently restricted		-	
Net Assets or Fund Balar		Foundations that do not follow SFAS 117, check here			
ι <u>τ</u>		and complete lines 27 through 31.			
ō	27	Capital stock, trust principal, or current funds		0	
ets	28	Paid-in or capital surplus, or land, bldg , and equipment fund			
SS	29	Retained earnings, accumulated income, endowment, or other funds			
Ä	30	Total net assets or fund balances (see page 17 of the	2 704	E E0E	
ě	24	instructions)	3,791	5,565	
_	31	Total liabilities and net assets/fund balances (see page 17 of the instructions)	2 701	E ECE	
Da	rt III		3,791	5,565	
			30 /must acros with		
'		net assets or fund balances at beginning of year—Part II, column (a), line	oo (must agree with	1	2 704
2		of-year figure reported on prior year's return) amount from Part I, line 27a	•	2	3,791 1,774
		rincreases not included in line 2 (itemize)	•	3	1,774
		ines 1, 2, and 3	• • • • • • • • • • • • • • • • • • • •	4	5,565
		eases not included in line 2 (itemize)	•	5	<u> </u>
		net assets or fund balances at end of year (line 4 minus line 5)—Part II, c	olumn (b) line 30	6	
U	, olai	net assets of fund balances at end of year time 4 fillings line 3)—Part II, 0	oranini (b), iiile 30	ן שו	5,565

Form 990-PF (2010) IMPACT II	NTERNATIONAL, INC				35-2116040 Page 3
Part IV Capital Gains an	d Losses for Tax on Inve	estment Inco	me		
	kind(s) of property sold (e.g., real est se, or common stock, 200 shs MLC C		(b) How acquired P—Purchase D—Donation	(c) Date acquire (mo , day, yr)	1 ' '
1a			B Bondson		-
b					
С .					
d					
е		<u> </u>			
(e) Gross sales price	(f) Depreciation allowed (or allowable)		or other basis ense of sale) Gain or (loss) olus (f) minus (g)
a 0	0		0		0
b 0	0		0		0
С 0	0		0		0
d 0	0		0		0
e 0	0]		0		0
Complete only for assets show	ing gain in column (h) and owne	d by the foundati	on on 12/31/69		(Col (h) gain minus
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69		ess of col (i) ol (j), if any		ut not less than -0-) or ses (from col (h))
a 0	0		0		0
b 0	0		0		0
c 0	0		0		0
d 0	0		0		0
e 0	0		0		0
2 Capital gain net income or (net canital inggl ()	also enter in Pa enter -0- in Pa	·	2	0
3 Net short-term capital gain	• •				
-	line 8, column (c) (see pages	13 and 17 of	tne }		
instructions) If (loss), enter		T	, , , , , , , , , , , , , , , , , , ,	3	0
Part V Qualification Und		•			
(For optional use by domestic p If section 4940(d)(2) applies, le Was the foundation liable for th If "Yes," the foundation does no	ave this part blank he section 4942 tax on the dis	stributable amo	ount of any year in		
	ount in each column for each			tions before ma	akıng anv entries.
(a) Base period years	(b) Adjusted qualifying distributio		(c) of noncharitable-use a	ssets	(d) Distribution ratio
Calendar year (or tax year beginning in	0			(001	(b) divided by col (c))
2009 2008	-	6,010 2.424		3,940	4 063452
2007		2,434	ນ	5,344	2 326722 0 000000
2006			*		0.000000
2005					0000000
2000	1				
2 Total of line 1, column (d)				2	6 390174
3 Average distribution ratio fo the number of years the four	ir the 5-year base period—div Indation has been in existenc			3	3.195087
4 Enter the net value of noncl	haritable-use assets for 2010	from Part X Ju	ne 5	. 4	0
		mom r art X, ii			<u>_</u>
5 Multiply line 4 by line 3		•		5	0
6 Enter 1% of net investment	income (1% of Part I, line 27	b)		6	0
7 Add lines 5 and 6				7	0
8 Enter qualifying distributions	s from Part XII line 4			8	0
	er than line 7, check the box i				

Pa	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see pa	age 1	8 of th	e inst	tructi	ons)
1 :	a Exempt operating foundations described in section 4940(d)(2), check here ▶ X and enter "N/A" on line 1					
	Date of ruling or determination letter 12/7/2000 (attach copy of letter if necessary—see instructions)					
1	Domestic foundations that meet the section 4940(e) requirements in Part V, check	1	N/A			
	here ▶ ☐ and enter 1% of Part I, line 27b			-		"
(C All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4%					
	of Part I, line 12, col (b)	_			_	
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)				0	
3	Add lines 1 and 2	_3_			0	
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	4				
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-	5			0	
6	Credits/Payments 2010 estimated tax payments and 2009 overpayment credited to 2010 6a 0					
_						
	D Exempt foreign organizations—tax withheld at source C Tax paid with application for extension of time to file (Form 8868) 6 C 0					
	Backup withholding erroneously withheld 6d					
7	Total credits and payments Add lines 6a through 6d				0	لــــا
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8			0	
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9			0	
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10			0	
11	\cdot . In the second of the se	11			0	
Pa	rt VII-A Statements Regarding Activities					
	a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it				Yes	No
•	participate or intervene in any political campaign?			1a		X
	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19 of the					
•	instructions for definition)?			1b		Х
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials					
	published or distributed by the foundation in connection with the activities					
(Did the foundation file Form 1120-POL for this year?			1c		X
(Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year					
	(1) On the foundation \blacktriangleright \$ 0 (2) On foundation managers \blacktriangleright \$		0			
•	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed					
	on foundation managers \$ 0					
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			2		X
	If "Yes," attach a detailed description of the activities					
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles					
	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			3		X
	a Did the foundation have unrelated business gross income of \$1,000 or more during the year?			4a	N1/A	X
_	o If "Yes," has it filed a tax return on Form 990-T for this year?			4b 5	N/A	X
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?			5		
6	If "Yes," attach the statement required by General Instruction T Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either					
-	By language in the governing instrument, or					
	By state legislation that effectively amends the governing instrument so that no mandatory directions					
	that conflict with the state law remain in the governing instrument?			6		X
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), a	nd Pa	rt XV	7	Х	
8 8	Enter the states to which the foundation reports or with which it is registered (see page 19 of the					i
	instructions) ► IN					
ı	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney					
	General (or designate) of each state as required by General Instruction G? If "No," attach explanation			8b	Χ	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3)					
	or 4942(j)(5) for calendar year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV on page 27)	17				
	If "Yes," complete Part XIV			9	Χ	
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing					
	their names and addresses .			10		X

Par	t VII-A Statements Regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see page 20 of the instructions)	11		х
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before			
	August 17, 2008?	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
	Website address ► N/A			
14	The books are in care of	690		
4-	Located at ► 112 W. JEFFERSON BOULEVARD, SUITE 501 SOUTH BEND IN ZIP+4 ► 46601			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the year		Þ	▶ ∟
16	and enter the amount of tax-exempt interest received or accrued during the year At any time during calendar year 2010, did the foundation have an interest in or a signature or other authority		Yes	No
10	over a bank, securities, or other financial account in a foreign country?	16	163	X
	See page 20 of the instructions for exceptions and filing requirements for Form TD F 90-22 1 If "Yes," enter	-10	l	
	the name of the foreign country			
Pa	rt VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	1	Yes	No
1a	During the year did the foundation (either directly or indirectly)			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			
	(5) Transfer any income or assets to a disqualified person (or make any of either available			
	for the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception. Check "No"			
	if the foundation agreed to make a grant to or to employ the official for a period			
	after termination of government service, if terminating within 90 days)			
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations			
	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see page 22 of the instructions)? Organizations relying on a current notice regarding disaster assistance check here	1b	N/A	
^	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts,			
С	that were not corrected before the first day of the tax year beginning in 2010?	1c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
а	At the end of tax year 2010, did the foundation have any undistributed income (lines 6d			
_	and 6e, Part XIII) for tax year(s) beginning before 2010?	ŀ		
	If "Yes," list the years > 20 , 20 , 20 , 20	ŀ		
þ	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)	,		
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2)			·
	to all years listed, answer "No" and attach statement—see page 22 of the instructions)	2b	N/A	
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			
2-	20 20 20 20 20 20 20			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?			
h	If "Yes," did it have excess business holdings in 2010 as a result of (1) any purchase by the foundation			
	or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved			
	by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3)			
	the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine			
	if the foundation had excess business holdings in 2010)	3b	N/A	
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		Χ
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable		_	_
	purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2010?	4b		Х

Total number of other employees paid over \$50,000 . . .

	17 VII-B Statements Regarding Activiti	00 101 11111011 1 0111				
5a	During the year did the foundation pay or incur any	y amount to	· ·=		_	
	(1) Carry on propaganda, or otherwise attempt t	o influence legislation (section 4945(e))?	Yes	< No	
	(2) Influence the outcome of any specific public	election (see section 4	955), or to carry		_ !	
	on, directly or indirectly, any voter registration	n drive?		Yes _>	<_No	
	(3) Provide a grant to an individual for travel, stu	udy, or other similar pur	poses?	Yes D	K No	
	(4) Provide a grant to an organization other than	•	•		_	
	in section 509(a)(1), (2), or (3), or section 49	40(d)(2)? (see page 22	of the instructions)	Yes	No	
	(5) Provide for any purpose other than religious	, charitable, scientific, li	terary, or			
	educational purposes, or for the prevention of	of cruelty to children or	anımals?	Yes	< No │	
b	If any answer is "Yes" to 5a(1)-(5), did any of the	transactions fail to qual	ify under the exception	ons described in	ļ. <u>.</u>	ļļ
	Regulations section 53 4945 or in a current notice	regarding disaster assi	stance (see page 22	of the instructions)?	5b	N/A
	Organizations relying on a current notice regarding	g disaster assistance ch	neck here	▶ [_	
С	If the answer is "Yes" to question 5a(4), does the t	foundation claim exemp	otion from the		_	
	tax because it maintained expenditure responsibili	•	•	Yes	No	
	If "Yes," attach the statement required by Regulati					
6a	Did the foundation, during the year, receive any fu	nds, directly or indirectl	y, to pay		.	1
_	premiums on a personal benefit contract?				∐No	
b	Did the foundation, during the year, pay premiums	, directly or indirectly, o	n a personal benefit	contract?	<u>6b</u>	X
7 -	If "Yes" to 6b, file Form 8870				7	}
	At any time during the tax year, was the foundation	• •			∐ No	
	If "Yes," did the foundation receive any proceeds of					X
	art VIII Information About Officers, and Contractors	, Directors, Truste	es, Foundation	Managers, Highly Pa	iia Empioy	ees,
1	List all officers, directors, trustees, found	ation managers and	d their compensat	ion (see nage 22 of the	instruction	ne)
<u> </u>	ziot un omosio, un ostoro, mustoso, rouna	(b) Title, and average	(c) Compensation	(d) Contributions to	1	,.
		(b) Tille, and average			(e) Eynen	se account
	(a) Name and address	hours per week	(if not paid, enter	employee benefit plans	1	se account, lowances
DA					1	
	(a) Name and address VE WALORSKI 378 SUNSET CT OSCEOLA IN 46561	hours per week devoted to position	(if not paid, enter	employee benefit plans and deferred compensation	1	
548	VE WALORSKI	hours per week devoted to position PRES and BOD	(If not paid, enter -0-)	employee benefit plans and deferred compensation	other al	lowances
548 JAN	VE WALORSKI 378 SUNSET CT OSCEOLA IN 46561	hours per week devoted to position PRES and BOD 4 00	(If not paid, enter -0-)	employee benefit plans and deferred compensation	other al	lowances
548 JAN 308 KEI	VE WALORSKI 978 SUNSET CT OSCEOLA IN 46561 MES TIPPIN 180 EDWARDS TRAIL DOWAGIAC MI 4904 N MILLER	hours per week devoted to position PRES and BOD 4 00 VP and BOD	(If not paid, enter -0-)	employee benefit plans and deferred compensation	other al	lowances 0
548 JAN 308 KEI 304	VE WALORSKI 378 SUNSET CT OSCEOLA IN 46561 MES TIPPIN 380 EDWARDS TRAIL DOWAGIAC MI 4904 N MILLER IN WASHINGTON BOURBON IN 46504	hours per week devoted to position PRES and BOD 4 00 VP and BOD 4.00 SEC and BOD 4 00	(If not paid, enter -0-)	employee benefit plans and deferred compensation	other al	lowances 0
548 JAN 308 KEI 304 PA	VE WALORSKI 378 SUNSET CT OSCEOLA IN 46561 MES TIPPIN 380 EDWARDS TRAIL DOWAGIAC MI 4904 N MILLER IN WASHINGTON BOURBON IN 46504 T MASTAGH	hours per week devoted to position PRES and BOD 4 00 VP and BOD 4.00 SEC and BOD 4 00 TREAS	(If not paid, enter -0-) 0	employee benefit plans and deferred compensation	other al	0 0
548 JAN 308 KEI 304 PA	VE WALORSKI 378 SUNSET CT OSCEOLA IN 46561 MES TIPPIN 380 EDWARDS TRAIL DOWAGIAC MI 4904 N MILLER IN WASHINGTON BOURBON IN 46504 T MASTAGH O NFP 59555 C R. 3 ELKHART IN 46517	hours per week devoted to position PRES and BOD 4 00 VP and BOD 4.00 SEC and BOD 4 00 TREAS 6 00	(If not paid, enter -0-) 0 0	employee benefit plans and deferred compensation	other al	0 0 0
548 JAN 308 KEI 304 PA	VE WALORSKI 378 SUNSET CT OSCEOLA IN 46561 MES TIPPIN 380 EDWARDS TRAIL DOWAGIAC MI 4904 N MILLER N WASHINGTON BOURBON IN 46504 T MASTAGH O NFP 59555 C R. 3 ELKHART IN 46517 Compensation of five highest-paid emplo	hours per week devoted to position PRES and BOD 4 00 VP and BOD 4.00 SEC and BOD 4 00 TREAS 6 00	(If not paid, enter -0-) 0 0	employee benefit plans and deferred compensation	other al	0 0 0
548 JAN 308 KEI 304 PA	VE WALORSKI 378 SUNSET CT OSCEOLA IN 46561 MES TIPPIN 380 EDWARDS TRAIL DOWAGIAC MI 4904 N MILLER IN WASHINGTON BOURBON IN 46504 T MASTAGH O NFP 59555 C R. 3 ELKHART IN 46517	hours per week devoted to position PRES and BOD 4 00 VP and BOD 4.00 SEC and BOD 4 00 TREAS 6 00 yees (other than the	(If not paid, enter -0-) 0 0 0 osse included on li	employee benefit plans and deferred compensation	other al	0 0 0
548 JAN 308 KEI 304 PA C/C	VE WALORSKI 378 SUNSET CT OSCEOLA IN 46561 MES TIPPIN 380 EDWARDS TRAIL DOWAGIAC MI 4904 N MILLER N WASHINGTON BOURBON IN 46504 T MASTAGH O NFP 59555 C R. 3 ELKHART IN 46517 Compensation of five highest-paid emplo	hours per week devoted to position PRES and BOD 4 00 VP and BOD 4.00 SEC and BOD 4 00 TREAS 6 00 yees (other than the	(If not paid, enter -0-) 0 0 0 ose included on li	employee benefit plans and deferred compensation ne 1—see page 23 of the light contributions to employee benefit	O other al	0 0 0
548 JAN 308 KEI 304 PA C/C	VE WALORSKI 378 SUNSET CT OSCEOLA IN 46561 MES TIPPIN 380 EDWARDS TRAIL DOWAGIAC MI 4904 N MILLER N WASHINGTON BOURBON IN 46504 T MASTAGH O NFP 59555 C R. 3 ELKHART IN 46517 Compensation of five highest-paid emplo	hours per week devoted to position PRES and BOD 4 00 VP and BOD 4.00 SEC and BOD 4 00 TREAS 6 00 yees (other than the	(If not paid, enter -0-) 0 0 0 ose included on li	employee benefit plans and deferred compensation ne 1—see page 23 of the compensation (d) Contributions to employee benefit plans and deferred	O other al	0 0 0 0 0 ons).
548 JAN 308 KEI 304 PA C/C 2	VE WALORSKI 378 SUNSET CT OSCEOLA IN 46561 MES TIPPIN 380 EDWARDS TRAIL DOWAGIAC MI 4904 N MILLER N WASHINGTON BOURBON IN 46504 T MASTAGH O NFP 59555 C R. 3 ELKHART IN 46517 Compensation of five highest-paid employer in the compensation of the highest-paid employer and address of each employee paid more than \$50,	hours per week devoted to position PRES and BOD 4 00 VP and BOD 4.00 SEC and BOD 4 00 TREAS 6 00 yees (other than the	(If not paid, enter -0-) 0 0 0 ose included on li	employee benefit plans and deferred compensation ne 1—see page 23 of the compensation (d) Contributions to employee benefit	O other al	0 0 0 0 ons).
548 JAN 308 KEI 304 PA C/C	VE WALORSKI 378 SUNSET CT OSCEOLA IN 46561 MES TIPPIN 380 EDWARDS TRAIL DOWAGIAC MI 4904 N MILLER N WASHINGTON BOURBON IN 46504 T MASTAGH O NFP 59555 C R. 3 ELKHART IN 46517 Compensation of five highest-paid employer in the compensation of the highest-paid employer and address of each employee paid more than \$50,	hours per week devoted to position PRES and BOD 4 00 VP and BOD 4.00 SEC and BOD 4 00 TREAS 6 00 yees (other than the	(If not paid, enter -0-) 0 0 0 ose included on li	employee benefit plans and deferred compensation ne 1—see page 23 of the compensation (d) Contributions to employee benefit plans and deferred	O other al	0 0 0 0 ons).
548 JAN 308 KEI 304 PA C/C 2	VE WALORSKI 378 SUNSET CT OSCEOLA IN 46561 MES TIPPIN 380 EDWARDS TRAIL DOWAGIAC MI 4904 N MILLER N WASHINGTON BOURBON IN 46504 T MASTAGH O NFP 59555 C R. 3 ELKHART IN 46517 Compensation of five highest-paid employer in the compensation of the highest-paid employer and address of each employee paid more than \$50,	hours per week devoted to position PRES and BOD 4 00 VP and BOD 4.00 SEC and BOD 4 00 TREAS 6 00 yees (other than the	(If not paid, enter -0-) 0 0 0 ose included on li	employee benefit plans and deferred compensation ne 1—see page 23 of the compensation (d) Contributions to employee benefit plans and deferred	O other al	0 0 0 0 ons).
548 JAN 308 KEI 304 PA C/C 2	VE WALORSKI 378 SUNSET CT OSCEOLA IN 46561 MES TIPPIN 380 EDWARDS TRAIL DOWAGIAC MI 4904 N MILLER N WASHINGTON BOURBON IN 46504 T MASTAGH O NFP 59555 C R. 3 ELKHART IN 46517 Compensation of five highest-paid employer in the compensation of the highest-paid employer and address of each employee paid more than \$50,	hours per week devoted to position PRES and BOD 4 00 VP and BOD 4.00 SEC and BOD 4 00 TREAS 6 00 yees (other than the	(If not paid, enter -0-) 0 0 0 ose included on li	employee benefit plans and deferred compensation ne 1—see page 23 of the compensation (d) Contributions to employee benefit plans and deferred	O other al	0 0 0 0 ons).
548 JAN 308 KEI 304 PA C/C 2	VE WALORSKI 378 SUNSET CT OSCEOLA IN 46561 MES TIPPIN 380 EDWARDS TRAIL DOWAGIAC MI 4904 N MILLER N WASHINGTON BOURBON IN 46504 T MASTAGH O NFP 59555 C R. 3 ELKHART IN 46517 Compensation of five highest-paid employer in the compensation of the highest-paid employer and address of each employee paid more than \$50,	hours per week devoted to position PRES and BOD 4 00 VP and BOD 4.00 SEC and BOD 4 00 TREAS 6 00 yees (other than the	(If not paid, enter -0-) 0 0 0 ose included on li	employee benefit plans and deferred compensation ne 1—see page 23 of the compensation (d) Contributions to employee benefit plans and deferred	O other al	0 0 0 0 ons).
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548 JAN 308 KEI 304 PA C/C 2	VE WALORSKI 378 SUNSET CT OSCEOLA IN 46561 MES TIPPIN 380 EDWARDS TRAIL DOWAGIAC MI 4904 N MILLER N WASHINGTON BOURBON IN 46504 T MASTAGH O NFP 59555 C R. 3 ELKHART IN 46517 Compensation of five highest-paid employer in the compensation of the highest-paid employer and address of each employee paid more than \$50,	hours per week devoted to position PRES and BOD 4 00 VP and BOD 4.00 SEC and BOD 4 00 TREAS 6 00 yees (other than the	(If not paid, enter -0-) 0 0 0 ose included on li	employee benefit plans and deferred compensation ne 1—see page 23 of the compensation (d) Contributions to employee benefit plans and deferred	O other al	0 0 0 0 ons).
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Total. Add lines 1 through 3

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly F and Contractors (continued)	Paid Employees,
3 Five highest-paid independent contractors for professional services (see page 23 of the instructions). If none, e	enter "NONE."
(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NONE	
Total number of others receiving over \$50,000 for professional services	>
Part IX-A Summary of Direct Charitable Activities	
List the foundation's four largest direct chantable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 The organization continued to distribuTe educational information, provide religious instruction, and to support missionaries promoting poor relief and orphanage(s). It is estimated that approximately two hundred (200) or more individuals received such benefits during 2010	
2	
3	
4	-
Part IX-B Summary of Program-Related Investments (see page 24 of the instructions)	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1	
2	
All other program-related investments. See page 24 of the instructions.	_

0

Par	Minimum Investment Return (All domestic foundations must complete this part. Fore	ign foundation	ns,
	see page 24 of the instructions)		
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes	ļ <u>.</u>	
а	Average monthly fair market value of securities	1a	
b	Average of monthly cash balances	1b	5,000
С	Fair market value of all other assets (see page 25 of the instructions)	1c	
d	Total (add lines 1a, b, and c)	1d	5,000
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	5,000
4	Cash deemed held for charitable activities Enter 1½ % of line 3 (for greater amount, see page 25		
	of the instructions)	4	75
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	4,925
6	Minimum investment return. Enter 5% of line 5	6	246
Par	t XI Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) priva		
	foundations and certain foreign organizations check here 🕒 🔲 and do not complete this part	:)	
1	Minimum investment return from Part X, line 6	1	246
2a	Tax on investment income for 2010 from Part VI, line 5	<u> </u>	
b	Income tax for 2010 (This does not include the tax from Part VI)	0	
C	Add lines 2a and 2b	2c	0
3	Distributable amount before adjustments Subtract line 2c from line 1	3	246
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	246
6	Deduction from distributable amount (see page 25 of the instructions)	6	
7	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII,		
	line 1	7	246
Pari	Qualifying Distributions (see page 25 of the instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
а	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26	1a	12,106
b	Program-related investments—total from Part IX-B	1b	0
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
а	Suitability test (prior IRS approval required)	3a	· · · · · · · · · · · · · · · · · · ·
b	Cash distribution test (attach the required schedule)	3b	0
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	12,106
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
_	income Enter 1% of Part I, line 27b (see page 26 of the instructions)	5	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	12,106
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the figuralifies for the section 4940(e) reduction of tax in those years	foundation	

1	Distributable amount for 2010 fro	om Part XI,	(a) Corpus	(b) Years prior to 2009	(c) 2009	(d) 2010
	line 7	_				246
2	Undistributed income, if any, as	of the end of 2010		ļ		
é					0	
	Total for prior years 20,			<u> </u>		
3	Excess distributions carryover, if	-		İ		
	From 2005	34,843				
t	From 2006	21,135				
(From 2007	38,150				
(12,167				
•		15,813	400 400			
f		. <u>.</u>	122,108			
4	Qualifying distributions for 2010					
	· · · · · · · · · · · · · · · · · · ·	12,106		-		
	Applied to 2009, but not more the					
ľ	Applied to undistributed income					
_	(Election required—see page 26	·		0		
•	Treated as distributions out of co					
	required—see page 26 of the ins		0			246
	Applied to 2010 distributable am		44.000			246
_ (•	·	11,860 0			0
5	Excess distributions carryover as (If an amount appears in column same amount must be shown in	(d), the				
6	Enter the net total of each coluindicated below:					
á	Corpus Add lines 3f, 4c, and 4e	Subtract line 5.	133,968			
	Prior years' undistributed income	_	,			
	line 4b from line 2b			o		
	Enter the amount of prior years'	undistributed				
	income for which a notice of defi					
	been issued, or on which the sec	•				
	tax has been previously assesse	` '				
(Subtract line 6c from line 6b Tax					
	amount-see page 27 of the inst	tructions		o		
•	Undistributed income for 2009 S					
	4a from line 2a Taxable amount	—see page 27 of the				
	instructions				o	
f	Undistributed income for 2010 S	Subtract				
	lines 4d and 5 from line 1. This a	amount must	ļ			
	be distributed in 2011					0
7	Amounts treated as distributions	out of				
	corpus to satisfy requirements in	nposed by				
	section 170(b)(1)(F) or 4942(g)(3					
	the instructions)	/				
8	Excess distributions carryover from	om 2005				
	not applied on line 5 or line 7 (se					
	instructions)		34,843			
9	Excess distributions carryover	r to 2011.				
	Subtract lines 7 and 8 from line 6		99,125			
10	Analysis of line 9		, , , , , ,			
	Excess from 2006	21,135		1		
ŀ	Excess from 2007 .	38,150		İ		
	Excess from 2008	12,167		}		
	Excess from 2009	15,813				
	Evenes from 2010	11.860		Į		

Par	1 XIV Private Operating Foundations (s	see page 27 of the	instructions an	<u>d Part VII-A, qu</u>	estion 9)	
1 a	If the foundation has received a ruling or determination foundation, and the ruling is effective for 2010, ent	•		•		
	Check box to indicate whether the foundation is a	private operating found	dation described in	section	4942(J)(3) or	4942(j)(5)
2 a	Enter the lesser of the adjusted net	Tax year		Prior 3 years		
	income from Part I or the minimum investment return from Part X for each	(a) 2010	(b) 2009	(c) 2008	(d) 2007	(e) Total
	year listed	0	0	0		0
b	85% of line 2a	o	0	0	0	0
	Qualifying distributions from Part XII,					
	line 4 for each year listed	12,106	16,010	12,434		40,550
d	Amounts included in line 2c not used directly for active conduct of exempt activities					0
е	Qualifying distributions made directly for active conduct of exempt activities					
3	Subtract line 2d from line 2c	12,106	16,010	12,434	0	40,550
J	Complete 3a, b, or c for the alternative test relied upon					
а	"Assets" alternative test—enter					
	(1) Value of all assets					0
	(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					0
b	"Endowment" alternative test—enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed	164	131	178		473
С	"Support" alternative test—enter					
	(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					0
	(2) Support from general public and 5 or more exempt			-		
	organizations as provided in section 4942(j)(3)(B)(iii)					0
	(3) Largest amount of support from an exempt organization					0
	(4) Gross investment income					0
Pai	t XV Supplementary Information (Cor assets at any time during the ye				000 or more in	
1	Information Regarding Foundation Manag	jers:				
а	List any managers of the foundation who have con			•	he foundation	
	before the close of any tax year (but only if they ha	ave contributed more t	han \$5,000) (See s	section 507(d)(2))		
<u> </u>						
	List any managers of the foundation who own 10% ownership of a partnership or other entity) of which				rtion of the	
<u>NOI</u> 2	NE Information Regarding Contribution, Gran	t Gift Loon Sobo	larehin eta D	ograme:		
-	Check here ► X if the foundation only makes unsolicited requests for funds. If the foundation materials is the foundation materials are the foundation of t	contributions to prese akes gifts, grants, etc	elected charitable or	rganizations and do	•	ons
а	under other conditions, complete items 2a, b, c, are The name, address, and telephone number of the		cations should be a	ddressed		 -
b	The form in which applications should be submitte	d and information and	materials they show	uld include		
С	Any submission deadlines					
d	Any restrictions or limitations on awards, such as t	by geographical areas,	, charitable fields, k	inds of institutions,	or other	

Total

	rt XV Supplementary Information (contin	ued)		30-2	16040 Page 11
3	Grants and Contributions Paid During t	he Year or Approved	for Future F	Payment	
	Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
	Name and address (home or business)	or substantial contributor	recipient		-
a	Paid during the year NONE				
	Total			. ► 3a	0
b	Approved for future payment				

▶ 3b

	Alialysis of income-Froducing Activ					
Enter gro	ss amounts unless otherwise indicated	Unrelated bus	iness income	Excluded by section	n 512, 513, or 514	(e)
4.5		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See page 28 of
	IM SERVICE REVENUE	· -	12.050			the instructions)
_	EVENUES / CONTRIBUTIONS		13,858 0	–	0	0
b			0		0	
c c			0		0	0
u o			0		0	0
f			0		0	0
1 a Eo	es and contracts from government agencies		<u>_</u>			
_	ership dues and assessments					
	st on savings and temporary cash investments					
	nds and interest from securities					
	ntal income or (loss) from real estate					
	bt-financed property					
	t debt-financed property					
	ntal income or (loss) from personal property					
	investment income					
	or (loss) from sales of assets other than inventory				0	
	come or (loss) from special events					
	profit or (loss) from sales of inventory	* * * * * * * * * * * * * * * * * * * *			····	
	revenue a		0		0	0
		· · · · · · · · · · · · · · · · · · ·	0		0	0
			0		0	0
_			0		0	0
е —			0		0	0
						·
2 Subto	al Add columns (b), (d), and (e)		13,858		0	0
	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e)		13,858		0 13	·
3 Total.		lations)	13,858			·
3 Total. See work	Add line 12, columns (b), (d), and (e)					13,858
3 Total. See work Part XV	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions on page 29 to verify calcular Relationship of Activities to the Acc Explain below how each activity for which income the accomplishment of the foundation's exempt p	omplishment is reported in colu	of Exempt Pu	Jrposes /I-A contributed in	13	·
3 Total. See work Part XV Line No. ▼	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions on page 29 to verify calcular Relationship of Activities to the Acc Explain below how each activity for which income the accomplishment of the foundation's exempt page 29 of the instructions)	omplishment is reported in colu urposes (other tha	of Exempt Puumn (e) of Part X\	urposes /I-A contributed in	nportantly to oses) (See	·
3 Total. See work Part XV Line No.	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions on page 29 to verify calcular Relationship of Activities to the Acc Explain below how each activity for which income the accomplishment of the foundation's exempt p	omplishment is reported in colu urposes (other tha	of Exempt Puumn (e) of Part X\	urposes /I-A contributed in	nportantly to oses) (See	·
3 Total. See work Part XV Line No. ▼	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions on page 29 to verify calcular Relationship of Activities to the Acc Explain below how each activity for which income the accomplishment of the foundation's exempt page 29 of the instructions)	omplishment is reported in colu urposes (other tha	of Exempt Puumn (e) of Part X\	urposes /I-A contributed in	nportantly to oses) (See	·
3 Total. See work Part XV Line No. ▼	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions on page 29 to verify calcular Relationship of Activities to the Acc Explain below how each activity for which income the accomplishment of the foundation's exempt page 29 of the instructions)	omplishment is reported in colurposes (other tha	of Exempt Puumn (e) of Part X\	urposes /I-A contributed in	nportantly to oses) (See	·
3 Total. See work Part XV Line No. ▼	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions on page 29 to verify calcular Relationship of Activities to the Acc Explain below how each activity for which income the accomplishment of the foundation's exempt page 29 of the instructions)	omplishment is reported in colurposes (other tha	of Exempt Puumn (e) of Part X\	urposes /I-A contributed in	nportantly to oses) (See	·
3 Total. See work Part XV Line No. ▼	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions on page 29 to verify calcular Relationship of Activities to the Acc Explain below how each activity for which income the accomplishment of the foundation's exempt page 29 of the instructions)	omplishment is reported in colurposes (other tha	of Exempt Puumn (e) of Part X\	urposes /I-A contributed in	nportantly to oses) (See	·
3 Total. See work Part XV Line No. ▼	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions on page 29 to verify calcular Relationship of Activities to the Acc Explain below how each activity for which income the accomplishment of the foundation's exempt page 29 of the instructions)	omplishment is reported in colurposes (other tha	of Exempt Puumn (e) of Part X\	urposes /I-A contributed in	nportantly to oses) (See	·
3 Total. See work Part XV Line No. ▼	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions on page 29 to verify calcular Relationship of Activities to the Acc Explain below how each activity for which income the accomplishment of the foundation's exempt page 29 of the instructions)	omplishment is reported in colurposes (other tha	of Exempt Puumn (e) of Part X\	urposes /I-A contributed in	nportantly to oses) (See	·
3 Total. See work Part XV Line No. ▼	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions on page 29 to verify calcular Relationship of Activities to the Acc Explain below how each activity for which income the accomplishment of the foundation's exempt page 29 of the instructions)	omplishment is reported in colurposes (other tha	of Exempt Puumn (e) of Part X\	urposes /I-A contributed in	nportantly to oses) (See	·
3 Total. See work Part XV Line No. ▼	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions on page 29 to verify calcular Relationship of Activities to the Acc Explain below how each activity for which income the accomplishment of the foundation's exempt page 29 of the instructions)	omplishment is reported in colurposes (other tha	of Exempt Puumn (e) of Part X\	urposes /I-A contributed in	nportantly to oses) (See	·
3 Total. See work Part XV Line No. ▼	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions on page 29 to verify calcular Relationship of Activities to the Acc Explain below how each activity for which income the accomplishment of the foundation's exempt page 29 of the instructions)	omplishment is reported in colurposes (other tha	of Exempt Puumn (e) of Part X\	urposes /I-A contributed in	nportantly to oses) (See	·
3 Total. See work Part XV Line No. ▼	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions on page 29 to verify calcular Relationship of Activities to the Acc Explain below how each activity for which income the accomplishment of the foundation's exempt page 29 of the instructions)	omplishment is reported in colurposes (other tha	of Exempt Puumn (e) of Part X\	urposes /I-A contributed in	nportantly to oses) (See	·
3 Total. See work Part XV Line No. ▼	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions on page 29 to verify calcular Relationship of Activities to the Acc Explain below how each activity for which income the accomplishment of the foundation's exempt page 29 of the instructions)	omplishment is reported in colurposes (other tha	of Exempt Puumn (e) of Part X\	urposes /I-A contributed in	nportantly to oses) (See	·
3 Total. See work Part XV Line No. ▼	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions on page 29 to verify calcular Relationship of Activities to the Acc Explain below how each activity for which income the accomplishment of the foundation's exempt page 29 of the instructions)	omplishment is reported in colurposes (other tha	of Exempt Puumn (e) of Part X\	urposes /I-A contributed in	nportantly to oses) (See	·
3 Total. See work Part XV Line No. ▼	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions on page 29 to verify calcular Relationship of Activities to the Acc Explain below how each activity for which income the accomplishment of the foundation's exempt page 29 of the instructions)	omplishment is reported in colurposes (other tha	of Exempt Puumn (e) of Part X\	urposes /I-A contributed in	nportantly to oses) (See	·
3 Total. See work Part XV Line No. ▼	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions on page 29 to verify calcular Relationship of Activities to the Acc Explain below how each activity for which income the accomplishment of the foundation's exempt page 29 of the instructions)	omplishment is reported in colurposes (other tha	of Exempt Puumn (e) of Part X\	urposes /I-A contributed in	nportantly to oses) (See	·
3 Total. See work Part XV Line No. ▼	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions on page 29 to verify calcular Relationship of Activities to the Acc Explain below how each activity for which income the accomplishment of the foundation's exempt page 29 of the instructions)	omplishment is reported in colurposes (other tha	of Exempt Puumn (e) of Part X\	urposes /I-A contributed in	nportantly to oses) (See	·
3 Total. See work Part XV Line No. ▼	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions on page 29 to verify calcular Relationship of Activities to the Acc Explain below how each activity for which income the accomplishment of the foundation's exempt page 29 of the instructions)	omplishment is reported in colurposes (other tha	of Exempt Puumn (e) of Part X\	urposes /I-A contributed in	nportantly to oses) (See	·
3 Total. See work Part XV Line No. ▼	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions on page 29 to verify calcular Relationship of Activities to the Acc Explain below how each activity for which income the accomplishment of the foundation's exempt page 29 of the instructions)	omplishment is reported in colurposes (other tha	of Exempt Puumn (e) of Part X\	urposes /I-A contributed in	nportantly to oses) (See	·
3 Total. See work Part XV Line No. ▼	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions on page 29 to verify calcular Relationship of Activities to the Acc Explain below how each activity for which income the accomplishment of the foundation's exempt page 29 of the instructions)	omplishment is reported in colurposes (other tha	of Exempt Puumn (e) of Part X\	urposes /I-A contributed in	nportantly to oses) (See	·
3 Total. See work Part XV Line No. ▼	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions on page 29 to verify calcular Relationship of Activities to the Acc Explain below how each activity for which income the accomplishment of the foundation's exempt page 29 of the instructions)	omplishment is reported in colurposes (other tha	of Exempt Puumn (e) of Part X\	urposes /I-A contributed in	nportantly to oses) (See	·
3 Total. See work Part XV Line No. ▼	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions on page 29 to verify calcular Relationship of Activities to the Acc Explain below how each activity for which income the accomplishment of the foundation's exempt page 29 of the instructions)	omplishment is reported in colurposes (other tha	of Exempt Puumn (e) of Part X\	urposes /I-A contributed in	nportantly to oses) (See	·
3 Total. See work Part XV Line No. ▼	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions on page 29 to verify calcular Relationship of Activities to the Acc Explain below how each activity for which income the accomplishment of the foundation's exempt page 29 of the instructions)	omplishment is reported in colurposes (other tha	of Exempt Puumn (e) of Part X\	urposes /I-A contributed in	nportantly to oses) (See	·

Use Only

Firm's address PO Box 449, South Bend, IN 46624-0449

Part X		Information Rega Exempt Organiza	_	sfers To and T	ransactions	and Re	lationsh	ips W	ith Nonch	aritable		
in :		rganization directly a 501(c) of the Code iions?									Yes	No
a Tra	ansfers	from the reporting	foundation to	a noncharitable	exempt organi	zation of						
	Cash			. ,						1a(1)		X
		r assets .								1a(2)	-	Х
b Ot	her tra	nsactions										
(1)	Sales	s of assets to a none	charitable exe	empt organization	า					1b(1)		Х
(2)	Purcl	nases of assets fron	n a noncharit	able exempt orga	anization .					1b(2)		Х
		al of facilities, equip								1b(3)		Х
		bursement arrange								1b(4)	<u> </u>	X
		s or loan guarantee								1b(5)		X
		rmance of services								1b(6)	<u> </u>	X
	_	of facilities, equipme	_		•	•			•	1c		X
val val	lue of t	wer to any of the at he goods, other ass any transaction or sl	sets, or service haring arrang	es given by the rement, show in c	eporting found column (d) the	ation If the	ne founda he goods,	ition re other	ceived less assets, or s	than fair n ervices re	narke ceive	đ
(a) Line	no	(b) Amount involved	<u> </u>	of noncharitable exem	pt organization	(d) Des	scription of tr	ansters,	ransactions, ai	nd sharing ar	angem	ents
	+	0	1			+						
	_	0	-			+						
		<u>_</u>				 						
		0				 						
	\dashv	0										
		0	· · · · · · · · · · · · · · · · · · ·			1						
		0										
		0							· · ·			
		0				1						
		0										
		0										
		0										
		0										
		0										
de	scribed	0 ndation directly or in d in section 501(c) o complete the followi	ndirectly affiliant the Code (o	ated with, or related wither than section	ted to, one or r i 501(c)(3)) or i	nore tax-e	exempt or 527?	ganıza 	tions . [Yes X] No	
		(a) Name of organization		(b) Typ	e of organization			(c) [escription of re	elationship		
							 		.			
Sign Here	belief,	penalties of perjury, I decl it is true, correct, and com				-			f which prepare	-	-	
	Sig	nature of officer or trustee	0			Date	·	Titl	e			
Paid	•	Print/Type preparer's na	A Bin	Preparer's signature			Date		Check	PTIN		
Prepa	arer	James O'Brien		James O'Bri	en		5/8/20)11	self-employe			
llea (Firm's name ► O'E	Brien Telloyar	n PC					Firm's EIN			

(574) 287-7690

Phone no

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, or 990-PF.

OMB No 1545-0047

2010

Employer identification number

IMPACT INTERNATIONAL, I	NC	35-2116040			
Organization type (check or					
Filers of:	Section:				
Form 990 or 990-EZ	501(c)() (enter number) organization				
	4947(a)(1) nonexempt charitable trust not treated as a private	e foundation			
	527 political organization				
Form 990-PF	X 501(c)(3) exempt private foundation				
	4947(a)(1) nonexempt charitable trust treated as a private for	undation			
	501(c)(3) taxable private foundation				
General Rule For an organization for property) from any organization.	(7), (8), or (10) organization can check boxes for both the General Ri iling Form 990, 990-EZ, or 990-PF that received, during the year, \$5 ne contributor Complete Parts I and II PROVIDED MORE THAN \$5,000 IN 2010				
Special Rules					
sections 509(a)(1) ar	3) organization filing Form 990 or 990-EZ that met the 33 1/3% supplied 170(b)(1)(A)(vi), and received from any one contributor, during the 6 of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-E	e year, a contribution of the greater			
the year, aggregate of	For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III				
the year, contribution aggregate to more the year for an exclusive.	7), (8), or (10) organization filing Form 990 or 990-EZ that received is for use exclusively for religious, charitable, etc., purposes, but the an \$1,000. If this box is checked, enter here the total contributions the religious, charitable, etc., purpose. Do not complete any of the paration because it received nonexclusively religious, charitable, etc.,	ese contributions did not that were received during the arts unless the General Rule			
Caution An organization tha	t is not covered by the General Rule and/or the Special Rules does	not file Schedule B (Form 990			

990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

•			
	Form 990, 990-EZ, or 990-PF) (2010)		Page 1 of 1 of Part I
Name of or	ganization NTERNATIONAL, INC		Employer identification number 35-2116040
Part I	Contributors (see instructions)		33-2110040
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	Foreign State or Province Foreign Country	\$ <u>o</u>	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
2	Foreign State or Province Foreign Country	\$0	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
3	Foreign State or Province Foreign Country	\$0	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
4	Foreign State or Province Foreign Country	\$0	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a)	(b)	(c)	(d)
<u>No.</u>	Name, address, and ZIP + 4 Foreign State or Province Foreign Country	Aggregate contributions \$0	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
6			Person

Foreign State or Province

Foreign Country

(Complete Part II if there is a noncash contribution)

Payroll Noncash Name of organization
IMPACT INTERNATIONAL, INC

Employer identification number 35-2116040

Part II Noncash Property (see instructions)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$ <u>o</u>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$0	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$0	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$ <u>o</u>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$ <u>0</u>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	

Schedule B (F	om 990, 990-EZ, or 990-PF) (2010)			Page 1 of 1 of Part III		
Name of org	ganization			Employer identification number		
	TERNATIONAL, INC 35-2116040					
Part III	Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry					
	For organizations completing Part III, enter contributions of \$1,000 or less for the year					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
	(e) Transfer of gift					
	Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee					
(a) Na	For Prov Country					
(a) No. from Part I	(b) Purpose of gift	(c	Use of gift	(d) Description of how gift is held		
	(e) Transfer of gift					
	Transferee's name, address, and	ZIP + 4	Relationship of transferor to transferee			
(a) No.	For Prov Country		<u></u>			
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
		,				
	(e) Transfer of gift					
	Transferee's name, address, and	ZIP + 4	Relationship of transferor to transferee			
	For Prov Country					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
		(e) T	ransfer of gift			
	Transferee's name, address, and	ZIP + 4	Relationsh	ip of transferor to transferee		

Line 23 (990-PF) - Other Expenses

		12,106	0	0	0
		Revenue and Expenses	Net Investment	Adjusted Net	Disbursements for Charitable
	Description	per Books	Income	Income	Purposes
7	Amortization See attached statement	0	0	0	0
2	Credit Card Fees	02			
3	Online Data	288			
4	Software	162			
2	Donations	100			
9	Casa Shalom Project	4,000			
7	Ministry Equipment	2,054			
8	Vehicle - Din	2,527			
6	Equipment Repair	40			
10	Legal Fees	200			
11	Office Supplies	454			
12	Computer Related Costs	1,662			
13	Postage	14			
14	Professional	150			
15	Indiana Secretary of State	7			
16	Shipping and Wire Fees	78			
17					
8					
19					
20			!		
21					
22					
23					
24					
25					

Part VIII, Line 1 (990-PF) - Compensation of Officers, Directors, Trustees and Foundation Managers

		Check "X"					Foreign		Average
	Name		Street	City	State	Zip Code	Country	Title	Hours
1	DAVE WALORSKI		54878 SUNSET CT	OSCEOLA	Ž	N 46561		RES and BO	4
2	JAMES TIPPIN		30880 EDWARDS TRAIL	DOWAGIAC	ž	49040		VP and BOD	4
3	KEN MILLER		304 N WASHINGTON	BOURBON	z	46504		SEC and BOD	4
4	PAT MASTAGH		C/O NFP 59555 C.R. 3	ELKHART	z	46517		TREAS	9
5			:						
9									
7									
8									
6									
10									

Part XVI-B (990-PF) - Relationship of Activities

	The terminal of the terminal o
Line	
Number	Explanation
13	The contributions and other revenues permitted participation in the overall operations of the NFP.
-	
	