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Form **990-EZ** 

\*\*\*\*\* RETROACTIVE REINSTATEMENT \*\*\*\*\*

Short Form

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)

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling
organizations as defined in section 512(b)(13) must file Form 990 All other organizations with gross receipts less than \$200,000 at the part may use this form
The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-1150

Department of the Treasury Internal Revenue Service

Open to Public Inspection

Add ines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (8) below) are \$500,000 or more, the Form 990 instead of Form 990-EZ.  Part II Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.)  Check if the organization used Schedule 0 to respond to any question in this Part I  1 Contributions, gifts, grants, and similar amounts referred RECEIVED 2 Program service revenue including government fees and changes in Net Assets or Fund Balances (see the instructions for Part I.)  2 Program service revenue including government fees and changes in Net Assets or Fund Balances (see the instructions for Part I.)  2 Program service revenue including government fees and changes in Net Assets or Fund Balances (see the instructions for Part I.)  2 Program service revenue including government fees and changes in Net Assets or Fund Balances (see the instructions for Part I.)  2 Program service revenue including government fees and changes in the service in the service in the pass and sales expenses of a see so there than invention for the pass and sales expenses of Gam or (loss) from sale of assets other than invention (Gamina for Inventional Gamina for Inventory (Gamina for Inventory Gamina for	٠				alendar year, or tax year beginning and er	ding			<del></del>	
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complete return.  Ladd lines 56, 66, and 76, to line 9 to determine gross receipts are \$200,000 or more, or if total assets (Part I) line 25, column (B) below) are \$500,000 or more, the Form 990 instead of Form 990-EZ  Part I) Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)  Londow buttons, grits, grants, and similar amounts represed PECEIVED  Program service revenue including government feel and characters.  AUG 12 2016						=				
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10 Grants and similar amounts paid (list in Schedule O)  11 Benefits paid to or for members  12 Salaries, other compensation, and employee benefits  13 Professional fees and other payments to independent contractors  14 Occupancy, rent, utilities, and maintenance  15 Printing, publications, postage, and shipping  16 Other expenses (describe in Schedule O)  17 Total expenses. Add lines 10 through 16  18 Excess or (deficit) for the year (Subtract line 17 from line 9)  19 Net assets or fund balances at beginning of year (from line 27, column (A))  (must agree with end-of-year figure reported on prior year's return)  20 Other changes in net assets or fund balances (explain in Schedule O)  21 Net assets or fund balances at end of year. Combine lines 18 through 20  22 1, 848.	=		•		·				24.074.	
11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year. Combine lines 18 through 20 21 1,848.	-	_	10			III.E O	-			
12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule 0) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule 0) 21 Net assets or fund balances at end of year. Combine lines 18 through 20  12 Interval 12  13 Interval 13  14 Interval 14  15 G, 443.  16 Other expenses (describe in Schedule 0) 16 17, 582.  17 24, 965.  18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule 0) 20 0.  21 Net assets or fund balances at end of year. Combine lines 18 through 20	1-	<u>:</u>	1		, ,	022				
16 Other expenses (describe in Schedule 0)  Total expenses. Add lines 10 through 16  Excess or (deficit) for the year (Subtract line 17 from line 9)  Net assets or fund balances at beginning of year (from line 27, column (A))  (must agree with end-of-year figure reported on prior year's return)  Other changes in net assets or fund balances (explain in Schedule 0)  Net assets or fund balances at end of year. Combine lines 18 through 20  16	( · ;	إي		•			}			
16 Other expenses (describe in Schedule 0)  Total expenses. Add lines 10 through 16  Excess or (deficit) for the year (Subtract line 17 from line 9)  Net assets or fund balances at beginning of year (from line 27, column (A))  (must agree with end-of-year figure reported on prior year's return)  Other changes in net assets or fund balances (explain in Schedule 0)  Net assets or fund balances at end of year. Combine lines 18 through 20  16	;	ğ					}			
16 Other expenses (describe in Schedule 0)  Total expenses. Add lines 10 through 16  Excess or (deficit) for the year (Subtract line 17 from line 9)  Net assets or fund balances at beginning of year (from line 27, column (A))  (must agree with end-of-year figure reported on prior year's return)  Other changes in net assets or fund balances (explain in Schedule 0)  Net assets or fund balances at end of year. Combine lines 18 through 20  16	- 3	ē					1			
16 Other expenses (describe in Schedule 0)  Total expenses. Add lines 10 through 16  Excess or (deficit) for the year (Subtract line 17 from line 9)  Net assets or fund balances at beginning of year (from line 27, column (A))  (must agree with end-of-year figure reported on prior year's return)  Other changes in net assets or fund balances (explain in Schedule 0)  Net assets or fund balances at end of year. Combine lines 18 through 20  16	į . į	3					1		6 443.	
17 Total expenses. Add lines 10 through 16  18 Excess or (deficit) for the year (Subtract line 17 from line 9)  19 Net assets or fund balances at beginning of year (from line 27, column (A))  (must agree with end-of-year figure reported on prior year's return)  20 Other changes in net assets or fund balances (explain in Schedule 0)  21 Net assets or fund balances at end of year. Combine lines 18 through 20  17 24, 965.  24, 965.  27 39.	2	- }				III.E O				
18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year. Combine lines 18 through 20 21 1,848.		1				0111				
Net assets or fund balances at beginning of year (from line 27, column (A))  (must agree with end-of-year figure reported on prior year's return)  20 Other changes in net assets or fund balances (explain in Schedule O)  Net assets or fund balances at end of year. Combine lines 18 through 20  19 2,739.  20 0ther changes in net assets or fund balances (explain in Schedule O)  Net assets or fund balances at end of year. Combine lines 18 through 20  10 1,848.	-									
21 Net assets or fund balances at end of year. Combine lines 18 through 20	4	2			, , , , , , , , , , , , , , , , , , , ,		ł	-10		
21 Net assets or fund balances at end of year. Combine lines 18 through 20	Ì		13				}	10	2.739	
21 Net assets or fund balances at end of year. Combine lines 18 through 20	1	3	20	-			}		<u> </u>	
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032171 02-02-11

Form	990-EZ (2010) MAXIMUM IMPACT LOVE, INC				36-	46858	361 Page 2
Pa	It II Balance Sheets. (see the instructions for Part II.)						
	Check if the organization used Schedule O to respond to any question	in this Pa		<del> </del>			
			(	A) Beginning of year	↓		End of year
22	Cash, savings, and investments			2,739.	7	<u> </u>	1,848.
23	Land and buildings				23	<b></b>	
24	Other assets (describe in Schedule 0)		<b> </b>	2 720	24	<del></del>	1 040
25	Total assets		ļ	2,739.		<del></del>	1,848.
26	Total liabilities (describe in Schedule 0)		}	0.	26	<del> </del>	0.
27 Da	Net assets or fund balances (line 27 of column (B) must agree with line 21) rt III Statement of Program Service Accomplishme	nts (co	a the instructions for	2,739.	27	<u> </u>	1,848.
Га	<del></del>	•		ranin.)	x		xpenses I for section
M/hai	Check if the organization used Schedule 0 to respond to any question to the organization's primary exempt purpose? SEE SCHEDULE 0		7d11 111		Δ	501(c)(3)	and 501(c)(4)
			le a clear and san	no monor deserb			ions and section  1) trusts; optional
	cribe what was achieved in carrying out the organization's exempt pui services provided, the number of persons benefited, and other relevar				е	for others	
	SEE SCHEDULE O		adorrior cacri pro	gram title		<del>                                     </del>	
20	ond bendbond o		<del></del>	<del></del>		1 1	
•	<del></del>						
7	Grants \$ 940.) If this amount includes foreign (	grants c	heck here			28a	24,965.
29	Granto \$ 3.00 / Il and amount moiscos lorogin	grama, c	nicok nere	·			24,303.
				<del></del>		} }	
•				<del></del>		1 1	
-	Grants \$ ) If this amount includes foreign	grants, c	check here	<b>•</b>		29a	
30	)	9.4		·	-		
					_		
•						i	
(	Grants \$ ) If this amount includes foreign	grants, c	heck here	<b>&gt;</b>		30a	
_	Other program services (describe in Schedule O)						
	Grants \$ ) If this amount includes foreign	grants, c	heck here	<b>▶</b> [		31a	
32	Total program service expenses (add lines 28a through 31a)				<b></b>	32	24,965.
Pa	rt IV List of Officers, Directors, Trustees, and Key E	mploy	ees. List each one e	ven if not compensated (se	e the	instructions f	for Part IV)
	Check if the organization used Schedule 0 to respond to any question	n in this P	art IV				
			e and average hours	(c) Compensation		ontributions	(e) Expense
	(a) Name and address	) per	week devoted to	(If not paid, enter	bene	employee fit plans &	account and
		<b></b>	position	-0)		eferred pensation	other allowances
	LLIAM ANDREW SEWELL	CEO		1			}
	66 CANAL DRIVE, JONESBORO, GA 30236		1.00	0.		0.	0.
	LCOLM MCCARN, 445 GREAT SOUTHWEST	CFO				_	]
	NY, ATLANTA, GA 30336	l	1.00	0.		0.	0.
	IS LLOYD, 705 STELLA'S POINTE,	SECR	RETARY	} _}			1 _
MC!	DONOUGH, GA 30253	ļ	1.00	0.		0.	0.
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02027	<u>a · · · · · · · · · · · · · · · · · · ·</u>	<u> </u>					
03217 02-02	411					Form	990-EZ (2010)

P	Utner Information (Note the statement requirements in the instructions for Part V.)			( <del></del> -)
	Check if the organization used Schedule O to respond to any question in this Part V		V	X
22	Did the expensation engage in any activity not provide by reported to the IDCO If N/as I are side a detailed description of each activity is	r	Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	100		- T
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended	33	<del> </del> -	X
J-1	documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		x
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b>	134	<del> </del>	-
•	reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T.	1		
а	Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or	}	ļ	1
	501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a	}	X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	N/	
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"			
	complete applicable parts of Schedule N	36		x
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions.	,		ļ —
	Did the organization file Form 1120-POL for this year?	37b	l	X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made			
	in a prior year and still outstanding at the end of the tax year covered by this return?	38a	<u>l</u>	X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A		}	
39	Section 501(c)(7) organizations. Enter:	7	{	{
a	Initiation fees and capital contributions included on line 9		l	
b	Gross receipts, included on line 9, for public use of club facilities  39b  N/A	1	{	
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	}	}	-
	section 4911 ▶ 0 . ; section 4912 ▶ 0 .	}	}	}
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the			
	year, or did it engage in an excess benefit transaction in a prior year, that has not been reported on any of its prior Forms 990 or 990-EZ?			}
	If "Yes," complete Schedule L, Part I	40b	<u></u> _	X
C	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers	}		1
	or disqualified persons during the year under sections 4912, 4955, and 4958	}	}	}
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the		[	l
	organization		}	1
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter	}	}	
	transaction? If "Yes," complete Form 8886-T	40e	<u> </u>	<u> </u>
41	List the states with which a copy of this return is filed. > GA			
42 a	The organization's books are in care of ► WILLIAM ANDREW SEWELL Telephone no. ► 404-35	1-0	<u> 252</u>	
	Located at ► 8666 CANAL DR, JONESBORO, GA ZIP+4 ► 3	3023	6-4	076
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority		1	
	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	
	account)?	42b		X
	If "Yes," enter the name of the foreign country:	{		1
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	40-		
C	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	L	X
40	If "Yes," enter the name of the foreign country:			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here	NT / 7A		
	and enter the amount of tax-exempt interest received or accrued during the tax year	N/A		
		ł	Yes	No
44-	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of	<del></del>	169	140
44 d	Form 990-EZ	1440		X
	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead	44a		
U	of Form 990-EZ	1 AAL		Y
	Did the organization receive any payments for indoor tanning services during the year?	44b 44c		X
	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation	746		
u	In Schedule O	44d		1
		Form 9	00-57	(2010)
		י טוווו אַ	~U.ET	(EU 10)

Form 990-E	Z(2010) MAXIMUM IMPACT LOVE,	INC		<u> 36-4685</u>	861		Page 4
						Yes	No
45 is any	related organization a controlled entity of the organization w	thin the meaning of section 512(b)	(13)?		45		X
a Did th	e organization receive any payment from or engage in any trans	saction with a controlled entity within th	e meaning of section	512(b)(13)?			
If "Yes	s," Form 990 and Schedule R may need to be completed instead	l of Form 990-EZ			45a		X
46 Did th	e organization engage, directly or indirectly, in political campaig	an activities on behalf of or in opposition	n to candidates for pu	iblic office?			
	s," complete Schedule C, Part I	,			46		Х
Part VI	Section 501(c)(3) organizations and section	tion 4947(a)(1) nonexempt	charitable trus	sts only. All	section	501(c	
	organizations and section 4947(a)(1) nonexempt charitable			•		•	
	Check if the organization used Schedule O to respond to any	-	,				
						Yes	No
<b>47</b> Did th	e organization engage in lobbying activities? If "Yes," comple	te Schedule C. Part II			47		X
	organization a school as described in section $170(b)(1)(A)(u)$ ?	· ·			48		X
	e organization make any transfers to an exempt non-charitable	•			49a		X
	s,* was the related organization a section 527 organization?	related Organization,			49a 49b		
		mplayees (ather than officers disputate	. tructoon and linit		لنحا		
	lete this table for the organization's five highest compensated e		s, trustees and key en	npioyees) who e	acn red	ervea r	nore
man \$	\$100,000 of compensation from the organization. If there is non		T	(4)	<del></del>		
		(b) Title and average hours per week devoted to	(c) Compensation	(d) Contribution to employee		Expe	
	(a) Name and address of each employee paid more than \$100,000 NONE	per week devoted to		benefit plans & deferred	,	r allow	
	than \$100,000 NONE		<del> </del>	compensation	- 0	1 111011	
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•	lete this table for the organization's five highest compensated in ization. If there is none, enter "None." NONE  (a) Name and address of each independent contractor pair	·	ved more than \$100,0	· <del></del>	ation fr		
<b>d</b> Total r	number of other independent contractors each receiving over \$	100,000	<b>&gt;</b>				
	e organization complete Schedule A? Note: All section 5Q1(c)(3	′	mpt				
	able trusts must attach a completel Schedule A	, organizations and 10 11 (a)(1) honoxet		▶ [	X Ye		No
Onaria	Under pentilles of perjury. I deprate that I have examined this return, incli- correct, and complete Declaration of preparer other than officer is based	uding accompanying schedules and statemen	ts, and to the best of my	knowledge and be	er, it is		
Sign Here	Signatura Sullan		Knowledge	<b>8/9/</b> Date	16		
į	WILLIAM ANDREW SEWELL, CE Type or print name and title	<u>~</u>					
	Print/Type preparer's name Preparer's si	ignature Date	Check	ıf PTIN			
Paid	Soft maliene John	M//	self- employ	<b>,</b> 1			
		100/07	, , ,	-			
		M. ABRAMS   08/07					
Use Onl	, , , , , , , , , , , , , , , , , , , ,		Firm's EIN				
	Firm's address ► 4360 CHAMBLEE DUN	WOODY RD., STE 42	O Phone no.	770-4	57-6	5606	5
	ATLANTA, GA 30341						
	discuss this return with the preparer shown above? See instru	ctions		<b>&gt;</b> [	X Ye		No
032174 03-04-11	· · · · <del></del>		<del></del>		orm 99	η-F7 (	2010)

#### **SCHEDULE A**

Department of the Treasury Internal Revenue Service

(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

Name of the organization

Employer identification number

		MAXIMUN	IMPACT LOVE	E, INC					3 (	6-4685861
Part I	Reason	for Public Char	rity Status (All organi	zations mu	st comple	te this par	t.) See ins	tructions.		
The orga	nization is not	a private foundation	because it is: (For lines	1 through	11, check	only one b	oox.)			
1 🗔	A church, co	nvention of churche	s, or association of chur	rches desc	nbed in se	ection 170	)(b)(1)(A)(i	).		
2	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).  A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)  A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).									
3										
4	A medical re	search organization	operated in conjunction	with a hos	pital desc	ribed in se	ection 170	(b)(1)(A)(í	ii). Enter t	he hospital's name,
	city, and sta	te:								
5	An organizat	ion operated for the	benefit of a college or u	niversity o	wned or o	perated by	, a govern	mental un	it describe	ed in
	section 170	(b)(1)(A)(iv). (Compl	ete Part II )							
6	A federal, sta	ate, or local governm	nent or governmental uni	ıt describe	d in sectio	n 170(b)(	1)(A)(v).			
7 X										
	section 170	(b)(1)(A)(vi). (Comple	ete Part II)							
8	A community	y trust described in s	section 170(b)(1)(A)(vi).	(Complete	Part II.)					
9	An organizat	ion that normally red	ceives: (1) more than 33	1/3% of its	support f	rom contr	ibutions, r	nembersh	ıp fees, ar	nd gross receipts from
	activities rela	ated to its exempt fu	nctions - subject to certa	aın except	ons, and (	2) no more	than 33 <sup>-</sup>	1/3% of its	s support	from gross investment
	income and	unrelated business t	axable income (less sec	tion 511 ta	x) from bu	isinesses :	acquired b	y the orga	anization a	after June 30, 1975.
	See section	509(a)(2). (Complet	e Part III.)							
10 🖳	An organizat	ion organized and o	perated exclusively to te	st for pub	ıc safety. S	See <b>sect</b> io	on 509(a)(4	<del>1</del> ).		
11										
							2). See <b>se</b>	ction 509(	( <b>a)(3).</b> Che	eck the box that
			organization and compl		_					1
	a Type	l b_	Type II (	c L Typ	e III - Fund	tionally in	tegrated		d	Type III - Other
e	-		at the organization is not		•	_	•		•	
	foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).								section 509(a)(2).	
f	If the organiz	ration received a wri	tten determination from t	the IRS th	at it is a Ty	pe I, Type	II, or Type	e III		
		rganization, check t				<i></i>				لـا
g			organization accepted ar					-		<u> Г————</u>
	-		lirectly controls, either al	lone or tog	ether with	persons o	described	ın (ıı) and (	(III) below,	
	•		upported organization?		•	•				11g(i)
			n described in (i) above?							11g(ii)
	• •	-	person described in (i) o							11g(iii)
h	Provide the f	ollowing information	about the supported or	ganization	(S).					
			(iii) Type of	k: 3 la 45 a			4 6 . 4 6 .	(vi) le	tho	
• •	e of supported	(ii) EIN	organization		organization sted in vour			(vi) la organizati	on in col.	(vii) Amount of
org	anization	(described on lines 1.5		in col. (i) listed in your organization in col. (i) or governing document? (i) of your support?			(i) organiz U.S	ed in the	support	
			above or IRC section (see instructions))	Yes	No	Yes	No	Yes	No	
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Form 990 or 990-EZ.

LHA For Paperwork Reduction Act Notice, see the Instructions for

Schedule A (Form 990 or 990-EZ) 2010

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and				1		
	membership fees received. (Do not		{	}	}	1	
	include any "unusual grants.")	1	{	}	9,110.	24,074.	33,184.
2	Tax revenues levied for the organ-				<u> </u>		
	ization's benefit and either paid to	1	}	1	ļ.		
	or expended on its behalf	}	{		}	}	
3	The value of services or facilities				1		
	furnished by a governmental unit to	}	}	}	1		
	the organization without charge		}	}	}		
4	Total. Add lines 1 through 3				9,110.	24,074.	33,184.
	The portion of total contributions						
•	by each person (other than a	]	}	ļ	}	}	
	governmental unit or publicly	1		1	}	{	
	supported organization) included	{	}	1	}		
	on line 1 that exceeds 2% of the		}	1	}	}	
	amount shown on line 11,			}			
	column (f)	]	}	Ì	1		
6	Public support. Subtract line 5 from line 4	ļ		<del> </del>			33,184.
	ction B. Total Support	<u> </u>	<del></del>	<del>L </del>	<del></del>	<del></del>	22/104.
	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
	Amounts from line 4	(a) 2505	(5) 255.	10,2000	9,110.	24,074.	33,184.
	Gross income from interest,		<del></del>	<del> </del>	3,2200		3371011
U	dividends, payments received on	1		1	}		
	securities loans, rents, royalties	ļ		}		{	
	and income from similar sources	}		1	j		
9	Net income from unrelated business			<del> </del>		***************************************	
9	activities, whether or not the	ļ		Ì	}	1	
	business is regularly carried on	}		ł	{		
10	Other income. Do not include gain		<del></del>				
10					}		
	or loss from the sale of capital	-	•	•	{		
44	assets (Explain in Part IV.)  Total support. Add lines 7 through 10						33,184.
	Gross receipts from related activities,	ata (asa raata satu	L	<del></del>	l	12	33,104.
	First five years. If the Form 990 is for			d fourth or fifth to			
13	organization, check this box and stor	_	s inst, second, un	u, louter, or merita	ax year as a section	1301(0)(3)	$\blacktriangleright \boxed{\mathbf{x}}$
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2010 (			column (fi)	<del></del>	14	%
	Public support percentage from 2009		•		•	15	%
	33 1/3% support test - 2010.If the o			Ine 13, and line 1	ں 14 is 33 1/3% or m		
100	stop here. The organization qualifies				., 10 00 17070 01 111	oro, orrook and box	▶□
ь	33 1/3% support test - 2009.If the o		=	•• •	line 15 is 33 1/3%	or more check this	hox
~	and stop here. The organization qual	-				or more, encon and	▶ □
175	10% -facts-and-circumstances tes	• •		••••			r more
ı, a	and if the organization meets the "fac						
	meets the "facts-and-circumstances"					non ale organi	<b>L</b>
h	10% -facts-and-circumstances tes	-	•		•	 7a. and line 15 is 10	
D	more, and if the organization meets the	•					770 OI
	organization meets the "facts-and-circ				•		
12	Private foundation. If the organization		-		•		· 【片
10	i mate ioundation, it the organizatio	in and mor criteck a l	20 011 1116 13, 10	u, 100, 11a, 01 1/1	o, Grieck tries DOX 8	in see instructions	

Schedule A (Form 990 or 990-EZ) 2010

### 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 or if the organization failed to qualify under Part II. If the organization fails to

	Public Support	now, please comp	Diete Fart II )				<del></del>
	r fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, gran membersh	ts, contributions, and ip fees received. (Do not y "unusual grants.")	10/ =000	,3,200	(9/2000	12/2200	(9) 20 10	119 1014
merchand formed, or any activit	eipts from admissions, se sold or services perfacilities furnished in y that is related to the on's tax-exempt purpose						
are not an	erpts from activities that unrelated trade or buser er section 513						
ızatıon's b	ues levied for the organ- enefit and either paid to ed on its behalf						
furnished	of services or facilities by a governmental unit to zation without charge						
6 Total. Add	lines 1 through 5		<u> </u>				
	ncluded on lines 1, 2, and from disqualified persons		·				
from other that exceed the gr	ded on lines 2 and 3 received in disqualified persons that eater of \$5,000 or 1% of the at 3 for the year						
c Add lines	a and 7b						
8 Public sur	port (Subtract line 7c from line 6)						
	otal Support						
Calendar year (o	r fiscal year beginning in) 🖊	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
dividends, securities	rom line 6 me from interest, payments received on oans, rents, royalties e from similar sources						
<b>b</b> Unrelated be (less section	usiness taxable income in 511 taxes) from businesses er June 30, 1975						
activities n	e from unrelated business ot included in line 10b, not the business is						
12 Other inco or loss from	me Do not include gain in the sale of capital blain in Part IV.)						
14 First five y	nt (Add lines 9, 10c, 11, and 12)	the organization's	first, second, thir	d, fourth, or fifth ta	ax year as a section	on 501(c)(3) organiz	ation,
	box and stop here Computation of Public	c Support Por	rcentage		<del></del>	<del></del>	
	port percentage for 2010 (lir			oluma (fl)		15	0/
-	port percentage for 2010 (iii port percentage from 2009 :			olumn (I))		15	<u>%</u>
	Computation of Inves				···	16_	%
	income percentage for 201			e 13. column (f))		17	%
	t income percentage from 2		•			18	<u> </u>
	upport tests - 2010. If the o			on line 14, and line	15 is more than:		
	33 1/3%, check this box an	-					▶□
	upport tests - 2009. If the c				_		and
	ot more than 33 1/3%, chec						
	ındation. If the organization						▶□

#### **SCHEDULE O**

Internal Revenue Service

(Form 990 or 990-EZ)
Department of the Treasury

# Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2010
Open to Public Inspection

Name of the organization

Employer identification number 36-4685861

MAXIMUM IMPACT LOVE, INC	36-4685861
FORM 990-EZ, PART I, LINE 10, GRANTS AND ALLOCATIONS:	
ACTIVITY CLASSIFICATION: CHARITABLE	
AMOUNT GIVEN:	940.
DOW OOD DE DARM I LINE 16 OWNED DYDDWGDG	
FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:	
DESCRIPTION OF OTHER EXPENSES:	AMOUNT:
BANK CHARGES	78.
FOOD FOR COMMUNITY	5,143.
INCORPORATION FILING FEES	85.
LUNCHEONS	1,139.
MISCELLANEOUS EXPENSES	306.
SUPPLIES FOR COMMUNITY	10,831.
TOTAL TO FORM 990-EZ, LINE 16	17,582.
FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - TO ATTEMP	T TO BRING
RESIDENTS OF VARIOUS COMMUNITIES IN CONTACT WITH RESOURCE	S THAT COULD
ENABLE THEM TO CHANGE THEIR EVERYDAY LIVES.	
FORM 990-EZ, PART III, LINE 28, PROGRAM SERVICE ACCOMPLIS	HMENTS:
ORCHESTRATE EVENTS THAT INCLUDED ANY AND/OR ALL OF THE	
FOLLOWING OFFERINGS: LIVE MUSIC, A FREE MEAL, A CLOTHING	
GIVEAWAY, FREE MEDICAL TESTING, FREE DENTAL SCREENINGS,	
OPPORTUNITIES TO COME OUT OF PROSTITUTION, ADDICTION RECO	VERY AND
REHABILITATIVE RESOURCES, MINISTRY RESOURCE OPPORTUNITIES	INCLUDING
PRAYER, FOOD GIVEAWAY PROGRAM, SHOWERS FOR THE HOMELESS,  LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.  Scheduling	INTRODUCTION ule O (Form 990 or 990-EZ) (2010)
01-24-11	

#### **SCHEDULE O**

(Form 990 or 990-EZ)

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## Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047 Open to Public

Department of the Treasury ➤ Attach to Form 990 or 990-EZ. Inspection Internal Revenue Service Name of the organization Employer identification number MAXIMUM IMPACT LOVE, 36-4685861 INC TO GOVERNMENT PROGRAMS TO ASSIST WITH HOUSING, NUTRITION, AND OTHER NEEDS FOR THOSE WHO EPITOMIZE THE TRADITIONAL AND FEDERAL DEFINITIONS OF HOMELESS. FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS: THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY, OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT. THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY, OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.