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**Schedule B**  
(Form 990, 990-EZ,  
or 990-PF)  
Department of the Treasury  
Internal Revenue Service

## Schedule of Contributors

OMB No 1545-0047

# 2011

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

Name of the organization

Employer identification number

**PROTECH IMPACT FOUNDATION INC**

**75-2972385**

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☐ 501(c)( ) (enter number) organization

☐ 4947(a)(1) nonexempt charitable trust not treated as a private foundation

☐ 527 political organization

Form 990-PF

☒ 501(c)(3) exempt private foundation

☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation

☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

### General Rule

- ☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

### Special Rules

- ☐ For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ 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, total 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.
- ☐ 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, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.

**Caution.** An organization that 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 Part I, 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).

Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

Page 1 of 1 of Part I

Name of organization

Employer identification number

PROTECH IMPACT FOUNDATION INC

75-2972385

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                                            | (c)<br>Total contributions | (d)<br>Type of contribution                                                                                                                                                  |
|------------|----------------------------------------------------------------------------------------------|----------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1          | NAGARAJ GARIMALLA<br>NAGARAJ GARIMALLA<br>4312 VALLEY VIEW DRIVE<br><br>LITTLE ROCK AR 72212 | \$ 500,000                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                                            | (c)<br>Total contributions | (d)<br>Type of contribution                                                                                                                                                  |
|            |                                                                                              | \$                         | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.)            |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                                            | (c)<br>Total contributions | (d)<br>Type of contribution                                                                                                                                                  |
|            |                                                                                              | \$                         | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.)            |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                                            | (c)<br>Total contributions | (d)<br>Type of contribution                                                                                                                                                  |
|            |                                                                                              | \$                         | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.)            |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                                            | (c)<br>Total contributions | (d)<br>Type of contribution                                                                                                                                                  |
|            |                                                                                              | \$                         | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.)            |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                                            | (c)<br>Total contributions | (d)<br>Type of contribution                                                                                                                                                  |
|            |                                                                                              | \$                         | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.)            |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                                            | (c)<br>Total contributions | (d)<br>Type of contribution                                                                                                                                                  |
|            |                                                                                              | \$                         | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.)            |

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Aug. 14, 2013 LTR 2697C O R  
75-2972385 201210 44  
00024958

PROTECH IMPACT FOUNDATION INC  
303 W CAPITOL AVE STE 330  
LITTLE ROCK AR 72201



35234

## DECLARATION

Under penalties of perjury, I declare that I have examined the return identified in this letter, including any accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. I understand that this declaration will become a permanent part of that return.

\_\_\_\_\_  
Signature of Officer or Trustee

08/20/2013  
\_\_\_\_\_  
Date

\_\_\_\_\_  
Title