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Form 990-PF

Return of Private Foundation

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

Department of the Treasury Internal Revenue Service

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

OMB No 1545-0052

2012

Open to Public Inspection

Fo	r calendar year 2012 or tax year beginning	, а	nd ending				
N	ame of foundation			A E	A Employer identification number		
IM	PACT INTERNATIONAL, INC	35-2116040					
	umber and street (or PO box number if mail is not delivered to street add	В	felephone number (see inst	ructions)			
59	555 COUNTY ROAD 3	(574) 287-7690					
Ci	ty or town, state, and ZIP code	C If exemption application is pending, check here					
ËL	KHART						
G	Check all that apply Initial return Initial	al return of a former p	ublic charity	D 1.	. Foreign organizations, che	eck here	
	Final return Ame	ended return	•	١,	. Foreign organizations me	nting the 85% test	
	Address change Nan	ne change		*	check here and attach cor	_	
Н	Check type of organization X Section 501(c)(3) exe	mpt private foundation	 n	1_		_	
	_	Other taxable private		E If	private foundation status winder section 507(b)(1)(A), o	as terminated	
	Fair market value of all assets at end J Accounting			1	the foundation is in a 60-m		
•	of year (from Part II, col (c),	pecify)	. H Accidai		nder section 507(b)(1)(B), o		
	line 16) ▶ \$ 2,718 (Part I, column (sis)				
Pa	Analysis of Revenue and Expenses (The total of	(a) Revenue and				(d) Disbursements	
	amounts in columns (b), (c), and (d) may not necessarily equal	expenses per	(b) Net investm income	ent	(c) Adjusted net income	for charitable purposes	
	the amounts in column (a) (see instructions))	books	111301713		illoonic	(cash basis only)	
	1 Contributions, gifts, grants, etc , received (attach schedule)	9,645					
	2 Check ► if the foundation is not required to attach Sch B						
	3 Interest on savings and temporary cash investments	3		3			
	4 Dividends and interest from securities						
Œ	5 a Gross rents						
%	b Net rental income or (loss)						
ري ا	6 a Net gain or (loss) from sale of assets not on line 10						
V 232	b Gross sales price for all assets on line 6a						
MAY 2 3 2013 Revenue	7 Capital gain net income (from Part IV, line 2)						
X	8 Net short-term capital gain					<u> </u>	
	9 Income modifications 10 a Gross sales less returns and allowances						
iii	b Less Cost of goods sold						
23	C Gross profit or (loss) (attach schedule)					<u> </u>	
25	11 Other income (attach schedule)						
SCANNED	12 Total. Add lines 1 through 11	9,648		3	0		
⊌∂ 	13 Compensation of officers, directors, trustees, etc	9,040					
ses	14 Other employee salaries and wages					· · · · · · · · · · · · · · · · · · ·	
pense	15 Pension plans, employee benefits						
		·		-			
Ä	b Accounting fees (attach schedule)				-		
Operating and Administrative	c Other professional fees (attach schedule)						
rat	17 Interest MAY 2 1 2013 S						
ist	18 Taxes (attach schedule) (see instructions)						
흗	19 Depreciation (attach schedule) and depletion 20 Occupancy			-			
듇	20 Occupancy USUEN U		_				
₹	21 Travel, conferences, and meetings						
Ĕ	22 Printing and publications						
9	23 Other expenses (attach schedule) .	4,399					
蕇	24 Total operating and administrative expenses.						
e e	Add lines 13 through 23	4,399		0	0	0	
ğ	25 Contributions, gifts, grants paid	6,000				6,000	
	26 Total expenses and disbursements. Add lines 24 and 25	10,399		0	0	6,000	
	27 Subtract line 26 from line 12						
	a Excess of revenue over expenses and disbursements	-751					
	b Net investment income (if negative, enter -0-)			3			
	c Adjusted net income (if negative, enter -0-)				l n	i	

Page 2

Dэ	rt II	Balance Sheets	Attached schedules and amounts in the description column	Beginning of year	End o	of year	
r a	11 11	Dalance Sheets	should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value	
	1	Cash—non-interes	st-bearing .	3,469	2,718	2,718	
	2	Savings and tempor	orary cash investments .				
	3	Accounts receivab	le -				
			r doubtful accounts			<u> </u>	
	4	Pledges receivable	>				
			or doubtful accounts			 	
	5	Grants receivable					
	6	Receivables due fr	rom officers, directors, trustees, and other				
		disqualified person	ns (attach schedule) (see instructions)				
	7	Other notes and loans	s receivable (attach schedule)				
		Less allowance for do	_				
ţ	8	Inventories for sale	e or use				
Assets	9	Prepaid expenses	and deferred charges				
As	10	a Investments—US an	d state government obligations (attach schedule)				
		b Investments-corp	porate stock (attach schedule)				
		c Investments—corp	porate bonds (attach schedule)				
	11	Investments-land, bu	uildings, and equipment basis				
		Less accumulated de	preciation (attach schedule)				
	12	Investments-mon					
	13	Investmentsothe	er (attach schedule)				
	14	Land, buildings, an	nd equipment basis ▶				
			preciation (attach schedule)				
	15	Other assets (desc					
	16		e completed by all filers—see the				
		instructions Also,	•	3,469	2,718	2,718	
	17	Accounts payable	and accrued expenses		·		
10	18	Grants payable					
<u>ĕ</u>	19	Deferred revenue				,	
Liabilities	20		rectors, trustees, and other disqualified persons		*		
iab	21		ner notes payable (attach schedule)				
	22	Other liabilities (de					
	23	•	dd lines 17 through 22)	0	0	· (
			follow SFAS 117, check here	_		1	
es			es 24 through 26 and lines 30 and 31.			1	
alances	24	Unrestricted	es 24 tinough 20 and mies 30 and 31.	3,469	2,718		
<u>=</u>	25	Temporarily restrict	tod	3,409	2,7 10	1	
	26	Permanently restrict					
Б	20	•	do not follow SFAS 117, check here				
Fund B		and complete line					
9	27		principal, or current funds				
ध	28		urplus, or land, bldg, and equipment fund			•	
Assets	29	•	, accumulated income, endowment, or other funds			ļ	
As	30	•	or fund balances (see instructions)	3,469	2,718	j	
Net	31		nd net assets/fund balances (see	0, 100	2,710		
Z	"	instructions)	id fiet descentand balances (500	3,469	2,718	ı	
Pai	t III	•	hanges in Net Assets or Fund Balances	0,4001	2,7 10		
1			alances at beginning of year—Part II, column (a), line	30 (must agree with	T 1		
•			d on prior year's return)	oo (iiidat agiee witii	1	3,469	
2		r amount from Part I,			2	-751	
3		•			3	-131	
4		lines 1, 2, and 3	red in mie 2 (memize)		4	2,718	
5		eases not included in	line 2 (itemize)	•	5	2,110	
_			alances at end of year (line 4 minus line 5)—Part II, co	lumn (h) line 20	6		
6	iotal	not assets of Ithiu Da	piances at end or year (inte 4 minus line 5)—Fall II, Co	1411111 (D), III IC 30 .	0	2,718	

Part IV Capital Gains an	d Losses for Tax on Inves	stment Inco	me		
	kınd(s) of property sold (e.g., real estate se, or common stock, 200 shs MLC Co.)		(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1a					
b					
С					
d					-
е					
(e) Gross sales price	(f) Depreciation allowed (or allowable)		or other basis ense of sale		Sain or (loss) s (f) minus (g)
a				·-	
<u>b</u>					
C					
d					· · · · · · · · · · · · · · · · · · ·
<u>e</u>			10101100		
(i) FM V as of 12/31/69	ing gain in column (h) and owned	(k) Exce	ss of col (i)	col (k), but	Col (h) gain minus not less than -0-) or
a	as of 12/31/69	over co	l (j), if any	Losses	(from col (h))
b				,	
C					
d					
е					
2 Capital gain net income or (r	nat canital incet (-	so enter in Pai enter -0- in Pai	· · · · · · · · · · · · · · · · · · ·	2	0
-	or (loss) as defined in sections 1 ne 8, column (c) (see instruction				
ın Part I, line 8				3	0
	er Section 4940(e) for Red				
(For optional use by domestic pr	ivate foundations subject to the	e section 4940	(a) tax on net inve	estment income)	
If section 4940(d)(2) applies, lea	ive this part blank				
Was the foundation liable for the		utable amau	t of any year in the	s boss namedΩ	□ Vaa □ Na
			* *	e base periou?	∐ Yes ∐ No
If "Yes," the foundation does not			•		
	unt in each column for each yea	ar, see the ins	tructions before m	aking any entries	
(a) Base penod years	(b)		(c)	. .	(d) Distribution ratio
Calendar year (or tax year beginning in)			of nonchantable-use as	(col (t	o) divided by col (c))
2011		419		,940	2 390609
2010		106		,925	2 458071
2009		010		,940	4 063452
2008	12,	434	5	,344	2 326722
2007					0 000000
2 Total of line 1, column (d)				2	11 238854
3 Average distribution ratio for the number of years the four	the 5-year base period—divide ndation has been in existence if			3	2 809714
A. Enter the net value of nameh	aritable use assets for 2012 fro	m Bort V line	E		
	aritable-use assets for 2012 fro	mi Part A, ilile	5	4	
5 Multiply line 4 by line 3				5	
6 Enter 1% of net investment i	ncome (1% of Part I, line 27b)			6	0
7 Add lines 5 and 6				. 7	0
8 Enter qualifying distributions				8	0
If line 8 is equal to or greater the Part VI instructions	than line 7, check the box in P	art VI, line 1b,	, and complete tha	at part using a 1%	tax rate See

Par	t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—	see i	nstructi	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)					
b	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)	ا ۱				
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	2				
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-)	5			0	
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-	3				
6	Credits/Payments 2012 estimated tax payments and 2011 overpayment credited to 2012 6a 6a 6a 6a 6a 6a 6a 6a					
	Exempt foreign organizations—tax withheld at source 6b				ļ	
	Tax paid with application for extension of time to file (Form 8868) 6c				i	
	Backup withholding erroneously withheld 6d 6d					
7	Total credits and payments Add lines 6a through 6d	7			0	
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8				
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9			0	
10		10			0	
11	Enter the amount of line 10 to be Credited to 2013 estimated tax ▶ Refunded ▶	11			0	
Par	t VII-A Statements Regarding Activities					
	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?		Ì	1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see		Ī			
	Instructions for the 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					
С	Did the foundation file Form 1120-POL for this year?		Į	1c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year					
	(1) On the foundation ▶ \$(2) On foundation managers ▶ \$					
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed					
_	on foundation managers > \$		ŀ	_		-
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		ŀ	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		ŀ	3		Х
4.	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes Did the foundation have unrelated business gross income of \$1,000 or more during the year?		ŀ	4a		x
	If "Yes," has it filed a tax return on Form 990-T for this year?		<u> </u>	4b	N/A	 ^- -
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		Ì	5		X
	If "Yes," attach the statement required by General Instruction T		ļ			
6	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		Х
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and	l Part	xv [7	Х	
8 a	Enter the states to which the foundation reports or with which it is registered (see instructions)					
	<u>IN</u>					
b	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		ļ	8b		
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3)		1			
	or 4942(j)(5) for calendar year 2012 or the taxable year beginning in 2012 (see instructions for Part XIV)? If "Yes,"			ا		
• •	complete Part XIV		}	9	_X_	
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing					
	their names and addresses .			10		ιX

Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2012?

Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable

4a

Pa	m 990-PF (2012) IMPACT INTERNATIONAL, IN	C			35-2116040	Page 6
	art VII-B Statements Regarding Activit	ies for Which For	m 4720 May Be	Required (continued)		
5a	During the year did the foundation pay or incur any	amount to				
	(1) Carry on propaganda, or otherwise attempt to	o influence legislation (s	section 4945(e))?	Yes X	No	
	(2) Influence the outcome of any specific public e	election (see section 49	55), or to carry		.	
	on, directly or indirectly, any voter registration	drive?		Yes X	No	
	(3) Provide a grant to an individual for travel, stud	dy, or other similar purp	oses?	. Yes X	No	
	(4) Provide a grant to an organization other than	a charitable, etc., orga	nization described		1	
	in section 509(a)(1), (2), or (3), or section 494	10(d)(2)? (see instruction	ns)	Yes X	No	
	(5) Provide for any purpose other than religious,	charitable, scientific, lit	erary, or		•	
	educational purposes, or for the prevention o	f cruelty to children or a	ınımals?	Yes X	No	
b	If any answer is "Yes" to 5a(1)-(5), did any of the ti	ransactions fail to qualif	y under the exception	ns described in	-	
	Regulations section 53 4945 or in a current notice i	regarding disaster assis	stance (see instruction	ns)?	5b	N/A
	Organizations relying on a current notice regarding	disaster assistance ch	eck here	▶ [
С	If the answer is "Yes" to question 5a(4), does the fo	oundation claim exempt	ion from the	<u></u>	_	
	tax because it maintained expenditure responsibility	y for the grant?		Yes	No	
	If "Yes," attach the statement required by Regulati	ons section 53 4945–5	(d)			
6a	Did the foundation, during the year, receive any fun	ids, directly or indirectly	, to pay		_	
	premiums on a personal benefit contract?			Yes X	No	
b	Did the foundation, during the year, pay premiums,	directly or indirectly, or	a personal benefit co	ontract?	6b	X
	If "Yes" to 6b, file Form 8870			 -	_ [
7a	At any time during the tax year, was the foundation	a party to a prohibited	tax shelter transaction	n? Yes X	No	
b	If "Yes," did the foundation receive any proceeds or	have any net income a	attributable to the tran	saction?	7b	N/A
P	art VIII Information About Officers,	Directors, Truste	es, Foundation	Managers, Highly Pai	id Employ	ees,
	and Contractors					
_1	List all officers, directors, trustees, foundat			(see instructions).	· · · · · · · · · · · · · · · · · · ·	
	(a) Name and address	(b) Title, and average hours per week	(c) Compensation (If not paid, enter	(d) Contributions to employee benefit plans	(e) Expen	se account,
	(a) Hamo and address	devoted to position			other all	owances
DA		actored to position	-0-)	and deferred compensation	Į	
	VE WALORSKI	PRES and BOD	-0-)	and deterred compensation		
	878 SUNSET CT OSCEOLA, IN 46561	PRES and BOD 4 00	-0-)	and deterred compensation		
JAN	878 SUNSET CT OSCEOLA, IN 46561 MES TIPPIN	PRES and BOD 4 00 VP and BOD	-0-)	and deterred compensation		
JAN 308	878 SUNSET CT OSCEOLA, IN 46561 MES TIPPIN 880 EDWARDS TRAIL DOWAGIAC, MI 49040	PRES and BOD 4 00 VP and BOD 4 00	-0-)	and deterred compensation		
JAN 308 KEI	878 SUNSET CT OSCEOLA, IN 46561 MES TIPPIN 880 EDWARDS TRAIL DOWAGIAC, MI 4904C N MILLER	PRES and BOD 4 00 VP and BOD 4 00 SEC and BOD	-0-)	and deterred compensation		
308 KEI 304	878 SUNSET CT OSCEOLA, IN 46561 MES TIPPIN 880 EDWARDS TRAIL DOWAGIAC, MI 4904C N MILLER 4 N WASHINGTON BOURBON, IN 46504	PRES and BOD 4 00 VP and BOD 4 00 SEC and BOD 4 00	-0-)	and deferred compensation		
308 KEI 304 PAT	878 SUNSET CT OSCEOLA, IN 46561 MES TIPPIN 880 EDWARDS TRAIL DOWAGIAC, MI 4904C N MILLER 4 N WASHINGTON BOURBON, IN 46504 T MASTAGH	PRES and BOD 4 00 VP and BOD 4 00 SEC and BOD 4 00 TREAS	-0-)	and deferred compensation		
308 KEI 304 PAI C/C	B78 SUNSET CT OSCEOLA, IN 46561 MES TIPPIN B80 EDWARDS TRAIL DOWAGIAC, MI 4904C IN MILLER 4 N WASHINGTON BOURBON, IN 46504 T MASTAGH D NFP 59555 C R 3 ELKHART, IN 46517	PRES and BOD 4 00 VP and BOD 4 00 SEC and BOD 4 00 TREAS 6 00				
308 KEI 304 PAI C/C	878 SUNSET CT OSCEOLA, IN 46561 MES TIPPIN 880 EDWARDS TRAIL DOWAGIAC, MI 4904C N MILLER 4 N WASHINGTON BOURBON, IN 46504 T MASTAGH	PRES and BOD 4 00 VP and BOD 4 00 SEC and BOD 4 00 TREAS 6 00			one,	
308 KEI 304 PAI C/C	878 SUNSET CT OSCEOLA, IN 46561 MES TIPPIN 880 EDWARDS TRAIL DOWAGIAC, MI 4904C IN MILLER 4 N WASHINGTON BOURBON, IN 46504 T MASTAGH D NFP 59555 C R 3 ELKHART, IN 46517 Compensation of five highest-paid employe enter "NONE."	PRES and BOD 4 00 VP and BOD 4 00 SEC and BOD 4 00 TREAS 6 00 es (other than those	e included on line	1—see instructions). If n (d) Contributions to employee benefit		se account,
308 KEI 304 PAI C/C	B78 SUNSET CT OSCEOLA, IN 46561 MES TIPPIN B80 EDWARDS TRAIL DOWAGIAC, MI 4904C IN MILLER 4 N WASHINGTON BOURBON, IN 46504 T MASTAGH D NFP 59555 C R 3 ELKHART, IN 46517 Compensation of five highest-paid employe	PRES and BOD 4 00 VP and BOD 4 00 SEC and BOD 4 00 TREAS 6 00 es (other than those	e included on line	1—see instructions). If n (d) Contributions to employee benefit plans and deferred	(e) Expens	
JAN 308 KEI 304 PAT C/C 2	878 SUNSET CT OSCEOLA, IN 46561 MES TIPPIN 880 EDWARDS TRAIL DOWAGIAC, MI 4904C N MILLER 4 N WASHINGTON BOURBON, IN 46504 T MASTAGH O NFP 59555 C R 3 ELKHART, IN 46517 Compensation of five highest-paid employe enter "NONE."	PRES and BOD 4 00 VP and BOD 4 00 SEC and BOD 4 00 TREAS 6 00 es (other than those of the bours per week	e included on line	1—see instructions). If n (d) Contributions to employee benefit	(e) Expens	se account,
308 KEI 304 PAI C/C	878 SUNSET CT OSCEOLA, IN 46561 MES TIPPIN 880 EDWARDS TRAIL DOWAGIAC, MI 4904C N MILLER 4 N WASHINGTON BOURBON, IN 46504 T MASTAGH O NFP 59555 C R 3 ELKHART, IN 46517 Compensation of five highest-paid employe enter "NONE."	PRES and BOD 4 00 VP and BOD 4 00 SEC and BOD 4 00 TREAS 6 00 es (other than those of the bours per week	e included on line	1—see instructions). If n (d) Contributions to employee benefit plans and deferred	(e) Expens	se account,
JAN 308 KEI 304 PAT C/C 2	878 SUNSET CT OSCEOLA, IN 46561 MES TIPPIN 880 EDWARDS TRAIL DOWAGIAC, MI 4904C N MILLER 4 N WASHINGTON BOURBON, IN 46504 T MASTAGH O NFP 59555 C R 3 ELKHART, IN 46517 Compensation of five highest-paid employe enter "NONE."	PRES and BOD 4 00 VP and BOD 4 00 SEC and BOD 4 00 TREAS 6 00 es (other than those of the bours per week	e included on line	1—see instructions). If n (d) Contributions to employee benefit plans and deferred	(e) Expens	se account,
JAN 308 KEI 304 PAT C/C 2	878 SUNSET CT OSCEOLA, IN 46561 MES TIPPIN 880 EDWARDS TRAIL DOWAGIAC, MI 4904C N MILLER 4 N WASHINGTON BOURBON, IN 46504 T MASTAGH O NFP 59555 C R 3 ELKHART, IN 46517 Compensation of five highest-paid employe enter "NONE."	PRES and BOD 4 00 VP and BOD 4 00 SEC and BOD 4 00 TREAS 6 00 es (other than those of the bours per week	e included on line	1—see instructions). If n (d) Contributions to employee benefit plans and deferred	(e) Expens	se account,
JAN 308 KEI 304 PAT C/C 2	878 SUNSET CT OSCEOLA, IN 46561 MES TIPPIN 880 EDWARDS TRAIL DOWAGIAC, MI 4904C N MILLER 4 N WASHINGTON BOURBON, IN 46504 T MASTAGH O NFP 59555 C R 3 ELKHART, IN 46517 Compensation of five highest-paid employe enter "NONE."	PRES and BOD 4 00 VP and BOD 4 00 SEC and BOD 4 00 TREAS 6 00 es (other than those of the bours per week	e included on line	1—see instructions). If n (d) Contributions to employee benefit plans and deferred	(e) Expens	se account,
JAN 308 KEI 304 PAT C/C 2	878 SUNSET CT OSCEOLA, IN 46561 MES TIPPIN 880 EDWARDS TRAIL DOWAGIAC, MI 4904C N MILLER 4 N WASHINGTON BOURBON, IN 46504 T MASTAGH O NFP 59555 C R 3 ELKHART, IN 46517 Compensation of five highest-paid employe enter "NONE."	PRES and BOD 4 00 VP and BOD 4 00 SEC and BOD 4 00 TREAS 6 00 es (other than those of the bours per week	e included on line	1—see instructions). If n (d) Contributions to employee benefit plans and deferred	(e) Expens	se account,
JAN 308 KEI 304 PAT C/C 2	878 SUNSET CT OSCEOLA, IN 46561 MES TIPPIN 880 EDWARDS TRAIL DOWAGIAC, MI 4904C N MILLER 4 N WASHINGTON BOURBON, IN 46504 T MASTAGH O NFP 59555 C R 3 ELKHART, IN 46517 Compensation of five highest-paid employe enter "NONE."	PRES and BOD 4 00 VP and BOD 4 00 SEC and BOD 4 00 TREAS 6 00 es (other than those of the bours per week	e included on line	1—see instructions). If n (d) Contributions to employee benefit plans and deferred	(e) Expens	se account,

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

Form 990-PF (2012)IMPACT INTERNATIONAL, INC		35-2116040 Page 7
Part VIII Information About Officers, Directors, Trustee	s, Foundation Managers, Highly Pa	id Employees,
and Contractors (continued)		
3 Five highest-paid independent contractors for professional services	(see instructions). If none, enter "NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
		<u> </u>
		
		
T-4-1	<u></u>	<u> </u>
Total number of others receiving over \$50,000 for professional services		<u> </u>
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevan	nt statistical information such as	<u>T</u>
the number of organizations and other beneficianes served, conferences convened, research		Expenses
1 The organization continued to distribute educational information, provide	de religious instruction, and to	
support missionaries promoting poor relief and orphanage(s)		1
		10,399
2		
3		
4		
		<u> </u>
Part IX-B Summary of Program-Related Investments (se		T
Describe the two largest program-related investments made by the foundation during the tax y	/ear on lines 1 and 2	Amount
1		
	·	
4		
All other program-related investments See instructions	·	
3		
	·	

Total. Add lines 1 through 3

qualifies for the section 4940(e) reduction of tax in those years

Pai	Minimum Investment Return (All domestic foundations must complete this part. Fore	eign foundatio	ns,
	see instructions.)		
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes		
а	Average monthly fair market value of securities	1a	3,000
b	Average of monthly cash balances .	1b	
С	Fair market value of all other assets (see instructions)	1c	
d	Total (add lines 1a, b, and c)	1d	3,000
е	Reduction claimed for blockage or other factors reported on lines 1a and	i I	
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d .	3	3,000
4	Cash deemed held for charitable activities Enter 1 ½ % of line 3 (for greater amount, see		
	instructions)	4	45
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	2,955
6	Minimum investment return. Enter 5% of line 5	6	148
Par	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating		
	foundations and certain foreign organizations check here 🕒 🔲 and do not complete this part)	
1	Minimum investment return from Part X, line 6	1	148
2a	Tax on investment income for 2012 from Part VI, line 5		
b	Income tax for 2012 (This does not include the tax from Part VI)		
C	Add lines 2a and 2b	2c	
3	Distributable amount before adjustments Subtract line 2c from line 1	3	148
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	148
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII,		
	line 1	7	148
Par	Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
а	Expenses, contributions, gifts, etctotal from Part I, column (d), line 26	1a	10,399
b	Program-related investments—total from Part IX-B	1b	
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	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	10,399
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 instructions)	5	
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	10,399
	Note. The amount on line 6 will be used in Part V column (b) in subsequent years when calculating whether the f	oundation	

Га	ı ı	Am Undistributed Inco	me (see instructions	·)		· · · · · · · · · · · · · · · · · · ·	
1		Distributable amount for 2012 fi	rom Part XI,	(a) Corpus	(b) Years prior to 2011	(c) 2011	(d) 2012
_		line 7					148
2		Undistributed income, if any, as of the end of 2012				_	
		Enter amount for 2011 only	00 00			0	
	D	Total for prior years 20,			-		
3		Excess distributions carryover,	1 -				
	а	From 2007	38,150				
	D	From 2008	12,167				
	C	From 2009	15,813				
	d	From 2010	11,860				
	e	From 2011	9,222				
	f	Total of lines 3a through e		87,212			
4		Qualifying distributions for 2012					
		XII, line 4 • \$				ļ	
	_	Applied to 2011, but not more the					
	D	Applied to undistributed income	• •				
	_	(Election required—see instruct	· ·			<u> </u>	
	С	Treated as distributions out of c	orpus (Election				
		required—see instructions)	_				
		Applied to 2012 distributable an		10.071			148
	е	Remaining amount distributed of	·	10,251			
5		Excess distributions carryover a	• •				
		(If an amount appears in column					
•		same amount must be shown in					
6		Enter the net total of each co indicated below:	iumn as				
	_		Cubination 5	07.463			
		Corpus Add lines 3f, 4c, and 4e		97,463			
	D	Prior years' undistributed incom	e Subtract		0		
	_	line 4b from line 2b	l d da . d		0		
	C	Enter the amount of prior years					
		income for which a notice of de	•				
		been issued, or on which the se tax has been previously assess	` '				
	d	Subtract line 6c from line 6b Ta					
	u	amount—see instructions	xable				
	_	Undistributed income for 2011	Cultitra et lune				
	E	4a from line 2a Taxable amoun					
		instructions	(—see			О	
	f	Undistributed income for 2012	Subtract			<u> </u>	
	•	lines 4d and 5 from line 1 This					
		be distributed in 2013	amount must			ļ	0
7		Amounts treated as distribution:	e out of				
•		corpus to satisfy requirements i					
		section 170(b)(1)(F) or 4942(g)(•				
8		Excess distributions carryover f					
•		not applied on line 5 or line 7 (s		38,150			
9		Excess distributions carryov	· ·	30, 130			
5		Subtract lines 7 and 8 from line		59,313	!		
10		Analysis of line 9	Va	39,313			
	2	Excess from 2008	12,167				
	_		15,813				
		Excess from 2009	11,860				İ
		Excess from 2010	9,222				
		Excess from 2011					
	<u> </u>	Excess from 2012	10,251				

Form 990-PF (2012)

Total

Part XV Supplementary Information (continued) Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Foundation show any relationship to Purpose of grant or status of Amount any foundation manager contribution recipient Name and address (home or business) or substantial contributor Paid during the year **CASA SHALOM CHARITY** ROMANIAN CHARITY 6,000 **CHARITY** Romania Romania Total 3a 6,000 Approved for future payment

0

3b

Part XV	I-A Analysis of Income-Producing Acti	ivities				0010_ 115012
	oss amounts unless otherwise indicated		siness income	Excluded by section	on 512, 513, or 514	(e)
-mar gra		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income
1 Progra	am service revenue					(See instructions)
a						
b						
c						
			· -			
f _			_			
g Fe	es and contracts from government agencies					
	pership dues and assessments					
	st on savings and temporary cash investments	***************************************		-		
	ends and interest from securities			V- V-		
	ental income or (loss) from real estate					
	ebt-financed property					
	ot debt-financed property			····		
	ental income or (loss) from personal property					
	investment income				· · · · · · · · · · · · · · · · · · ·	
						<u> </u>
	or (loss) from sales of assets other than inventory	-				
	come or (loss) from special events	}				
	s profit or (loss) from sales of inventory					
D-	revenue a		·			
			<u> </u>			
				<u> </u>	1	
e —						
			0		Λ.	ι
	tal Add columns (b), (d), and (e)				0	
13 Total.	Add line 12, columns (b), (d), and (e)	,,,,,,,,,,			13	
13 Total. (See works	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations)			,		
13 Total. (See works Part XV	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations) I-B Relationship of Activities to the Activ	complishment	of Exempt P	urposes	13	
13 Total. (See work: Part XV Line No.	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations) -B Relationship of Activities to the Ac Explain below how each activity for which income	e is reported in colu	of Exempt P	urposes /I-A contributed in	13	0
13 Total. (See works Part XV	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations) I-B Relationship of Activities to the Activ	e is reported in colu	of Exempt P	urposes /I-A contributed in	13	0
13 Total. (See work: Part XV Line No.	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations) -B Relationship of Activities to the Ac Explain below how each activity for which income	e is reported in colu	of Exempt P	urposes /I-A contributed in	13	0
13 Total. (See work: Part XV Line No.	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations) -B Relationship of Activities to the Ac Explain below how each activity for which income	e is reported in colu	of Exempt P	urposes /I-A contributed in	13	0
13 Total. (See work: Part XV Line No.	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations) -B Relationship of Activities to the Ac Explain below how each activity for which income	e is reported in colu	of Exempt P	urposes /I-A contributed in	13	0
13 Total. (See work: Part XV Line No.	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations) -B Relationship of Activities to the Ac Explain below how each activity for which income	e is reported in colu	of Exempt P	urposes /I-A contributed in	13	0
13 Total. (See work: Part XV Line No.	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations) -B Relationship of Activities to the Ac Explain below how each activity for which income	e is reported in colu	of Exempt P	urposes /I-A contributed in	13	0
13 Total. (See work: Part XV Line No.	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations) -B Relationship of Activities to the Ac Explain below how each activity for which income	e is reported in colu	of Exempt P	urposes /I-A contributed in	13	0
13 Total. (See work: Part XV Line No.	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations) -B Relationship of Activities to the Ac Explain below how each activity for which income	e is reported in colu	of Exempt P	urposes /I-A contributed in	13	0
13 Total. (See work: Part XV Line No.	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations) -B Relationship of Activities to the Ac Explain below how each activity for which income	e is reported in colu	of Exempt P	urposes /I-A contributed in	13	0
13 Total. (See work: Part XV Line No.	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations) -B Relationship of Activities to the Ac Explain below how each activity for which income	e is reported in colu	of Exempt P	urposes /I-A contributed in	13	0
13 Total. (See work: Part XV Line No.	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations) -B Relationship of Activities to the Ac Explain below how each activity for which income	e is reported in colu	of Exempt P	urposes /I-A contributed in	13	0
13 Total. (See work: Part XV Line No.	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations) -B Relationship of Activities to the Ac Explain below how each activity for which income	e is reported in colu	of Exempt P	urposes /I-A contributed in	13	0
13 Total. (See work: Part XV Line No.	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations) -B Relationship of Activities to the Ac Explain below how each activity for which income	e is reported in colu	of Exempt P	urposes /I-A contributed in	13	0
13 Total. (See work: Part XV Line No.	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations) -B Relationship of Activities to the Ac Explain below how each activity for which income	e is reported in colu	of Exempt P	urposes /I-A contributed in	13	0
13 Total. (See work: Part XV Line No.	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations) -B Relationship of Activities to the Ac Explain below how each activity for which income	e is reported in colu	of Exempt P	urposes /I-A contributed in	13	0
13 Total. (See work: Part XV Line No.	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations) -B Relationship of Activities to the Ac Explain below how each activity for which income	e is reported in colu	of Exempt P	urposes /I-A contributed in	13	0
13 Total. (See work: Part XV Line No.	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations) -B Relationship of Activities to the Ac Explain below how each activity for which income	e is reported in colu	of Exempt P	urposes /I-A contributed in	13	0
13 Total. (See work: Part XV Line No.	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations) -B Relationship of Activities to the Ac Explain below how each activity for which income	e is reported in colu	of Exempt P	urposes /I-A contributed in	13	0
13 Total. (See work: Part XV Line No.	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations) -B Relationship of Activities to the Ac Explain below how each activity for which income	e is reported in colu	of Exempt P	urposes /I-A contributed in	13	0
13 Total. (See work: Part XV Line No.	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations) -B Relationship of Activities to the Ac Explain below how each activity for which income	e is reported in colu	of Exempt P	urposes /I-A contributed in	13	0
13 Total. (See work: Part XV Line No.	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations) -B Relationship of Activities to the Ac Explain below how each activity for which income	e is reported in colu	of Exempt P	urposes /I-A contributed in	13	0
13 Total. (See work: Part XV Line No.	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations) -B Relationship of Activities to the Ac Explain below how each activity for which income	e is reported in colu	of Exempt P	urposes /I-A contributed in	13	0
13 Total. (See work: Part XV Line No.	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations) -B Relationship of Activities to the Ac Explain below how each activity for which income	e is reported in colu	of Exempt P	urposes /I-A contributed in	13	0

Part XVII	Information Regarding Transfers To and	Transactions and Relationships With Noncharitable
	Exempt Organizations	

		Exempt Organiza	4110110							
1			-	ngage in any of the folection 501(c)(3) organ	_	-	•			Yes No
	organiz		•	(//)	,		, 5		ľ	
а	Transfe	rs from the reporting f	foundation to	a noncharitable exem	nt organizatio	n of			l	
_	 Transfers from the reporting foundation to a noncharitable exempt organization of (1) Cash 								1a(1)	×
(2) Other assets									1a(2)	x
b		ansactions						•		
	(1) Sal	es of assets to a nonc	charitable exe	mpt organization					1b(1)	X
	(2) Pur	chases of assets from	n a noncharita	able exempt organizati	ion	•			1b(2)	X
	(3) Rei	ntal of facilities, equipa	ment, or other	r assets					1b(3)	Х
		mbursement arranger					•		1b(4)	Х
		ans or loan guarantees							1b(5)	X
				ip or fundraising solici					1b(6)	X
	-		_	ts, other assets, or pai					1c	<u> </u>
d	value of	f the goods, other ass	ets, or service	complete the following es given by the reporti ement, show in column	ng foundation	n If the	foundation rece	ived less than fa	ır marke	et ed
(a)	Line no	(b) Amount involved	(c) Name	of nonchantable exempt org	anızatıon	(d) D	escription of transfers	, transactions, and st	naring arra	ingements
										
	+									
					-					
	- 1						·			
	+	· · ·							-	
								_		
							,			
_			<u> </u>							
	describe		f the Code (ot	ted with, or related to, ther than section 501(d					res 🗌	No
		(a) Name of organization		(b) Type of o	rganization		(c)	Description of relation	nship	
										
										
								**		
		· · ·								
	Line	for nonalties of naminy 1 declars t	hat I have examined	this return, including accompanyir	a echedules and et	otomonto d	and to the best of my know	idadaa and haliaf it is tru		
	соп			taxpayer) is based on all informat				wedge and belief, it is the	s,	
Si	gn	011.	1	1 1		•	\	May the IRS		
He	re 🕨 🛭	Let Walon		15/12/13	1 res	ule.	オ	with the prepared instructions)?		`
	-	Signature of officer or trustee		Date	Title			- "30 0000115)*	الكا رو	<u>- Пио</u>
	- 1	Print/Type preparer's na	ime	Preparer's signature	<u> </u>		Date		PTIN	
Pa	id			1 (1. A)	X ` /		1	Check I if		
Pre	eparer	JAMES O'BRIEN		Junes 1/0	pren >	59_	5/7/2013	self-employed	P0120	
	e Only		BRIEN TELLO						4-18633	
		Firm's address PC	BOX 449, S	OÚTH BEND, IN 4662	24-0449		-)287-76	
								_	001	-DE (2040

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No 1545-0047

Name of the organization		Employer identification number					
IMPACT INTERNATIONAL, INC 35-2116040							
Organization type (check on		33-2110040					
Filers of:	Section:						
Form 990 or 990-EZ							
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	ation					
	527 political organization						
Form 990-PF	X 501(c)(3) exempt private foundation						
	4947(a)(1) nonexempt charitable trust treated as a private foundation	1					
	501(c)(3) taxable private foundation						
	covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a	Special Rule See					
General Rule							
	iling Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or in the contributor. Complete Parts I and II	more (in money or					
Special Rules							
sections 509(a)(1) an	3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test at 170(b)(1)(A)(vi) and received from any one contributor, during the year, a % of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line	contribution of the greater					
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 <i>exclusively</i> 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 <i>exclusively</i> 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.							
	t is not covered by the General Rule and/or the Special Rules does not file S st answer "No" on Part IV, line 2 of its Form 990, or check the box on line H	Schedule B (Form 990,					

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) (2012) Name of organization **Employer identification number** IMPACT INTERNATIONAL, INC 35-2116040 Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (b) (a) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution NONE Person ___1 Payroll Noncash Foreign State or Province (Complete Part II if there is Foreign Country a noncash contribution) (b) (a) (c) (d) **Total contributions** Name, address, and ZIP + 4 Type of contribution No. Person **Payroll** Noncash Foreign State or Province (Complete Part II if there is Foreign Country a noncash contribution) (a) (b) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person **Payroll** Noncash Foreign State or Province (Complete Part II if there is Foreign Country a noncash contribution) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person **Payroll** Noncash Foreign State or Province (Complete Part II if there is Foreign Country a noncash contribution) (a) (b) (c) (d) Name, address, and ZIP + 4 Type of contribution No. **Total contributions** Person **Payroll** Noncash Foreign State or Province (Complete Part II if there is Foreign Country a noncash contribution) (b) (c) (d) (a) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution

Foreign State or Province

Foreign Country

(Complete Part II if there is

a noncash contribution)

Person **Payroll** Noncash Name of organization Employer identification number IMPACT INTERNATIONAL, INC 35-2116040

Part II	Noncash Property (see instructions). Use duplicate of	opies of Part II if additional spa	ce is needed
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	NONE	\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	

Name of or	ganization TERNATIONAL, INC		Employer identification number 35-2116040
Part III	Exclusively religious, charitable, etc., individuo total more than \$1,000 for the year. Complete of	columns (a) through (e) and th	501(c)(7), (8), or (10) organizations ne following line entry
	For organizations completing Part III, enter the to contributions of \$1,000 or less for the year (Enter Use duplicate copies of Part III if additional space	er this information once. See i	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	1	(e) Transfer of gift	
	Transferee's name, address, and ZIP + 4	Relatio	onship 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) Transfer of gift	
	Transferee's name, address, and ZIP + 4		onship of transferor to transferee
:			
(a) No. from Part I	For Prov Country (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	Relatio	nship of transferor to transferee
(2) 112	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	Relatio	nship of transferor to transferee
	Can Dear		

Part I, Line 16a (990-PF) - Legal Fees

	0	0	0	0
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes (Cash Basis Only)
1 O'Brien & Telloyan, PC				

Part I, Line 18 (990-PF) - Taxes

		0	0	0	0
	Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
1	Real estate tax not included in line 20				
2	Tax on investment income				
3	Income tax				

Part I, Line 23 (990-PF) - Other Expenses

	Line 23 (990-PF) - Other Expen	4,399	0	0
	·	Revenue and		
		Expenses	Net Investment	Adjusted Net
	Description	per Books	Income	Încome
1	Credit Card Fees	80		
2	Online Data	161		
3	Software	75		
4	Donations	50		
_ 5	Ministry Equipment	1,652		
6		·		
7	Vehicle Expense	314		
8	Educational Materials	45		
ဓ	Office Equipement	788		
10	Supplies	119		
11	Prossional Memberships	300		
12	Secretary of State Fee	7		
13	Legal - Tax Prep	550		
14	Miscellaneous	258		
15				
16				

Part I, Line 23 (990-PF) - Other Expenses

		<u>)</u>
	Disbursements	
	for Charitable	
	Purposes	
1		
3		_
		_
4		_
5		_
6		_
7		_
8		
9		
10		
11		
12		
13		
14		
15		_
16		

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

										Λ	0	U	∋
l		Check "X"							Avg Hrs	Avg Hrs		esuedx3	
	Name	if Business	Street	Cıty	State	e Zip Code	Foreign Country	Title	Per Week	Compensation	Benefits	Account	_
	DAVE WALORSKI		54878 SUNSET CT	OSCEOLA	N 4	46561		PRES and	4 00				
_								800					
	JAMES TIPPIN		30880 EDWARDS TRAIL	DOWAGIAC	₹	49040		VP and BOD	4 00				
7													
	KEN MILLER		304 N WASHINGTON	BOURBON	Z 4	46504		SEC and	4 00				
က								000					
	PAT MASTAGH		C/O NFP 59555 C R 3	ELKHART	N 4	46517		TREAS	009				
4		-											
l													