

Hantz Rhoades & Doehrer, LLC

148 S. Industrial Drive, Saline, MI 48176

Phone: 734-429-7172 ; Fax: 734-429-7383; info@rhoadespllc.com

March 6, 2011

CONFIDENTIAL

Red Nose Ministries, Inc.
d/b/a Big Blast Ministries
8070 Beechwood Blvd
Dexter, MI 48130

Dear Steve & Janet:

We have prepared the enclosed returns from information provided by you without verification or audit. We suggest that you examine these returns carefully to fully acquaint yourself with all items contained therein to ensure that there are no omissions or misstatements. Attached to each return is an instruction sheet for signing and filing. Please follow those instructions carefully.

If this return is being submitted to a third party, we request that this letter be attached to the copied return for their knowledge of the level of service we have provided you.

Also enclosed is any material you furnished for use in preparing the returns. If the returns are examined, requests may be made for supporting documentation. Therefore, we recommend that you retain all pertinent records for at least seven years. *Our firm policy is to destroy all tax return files after seven years.*

Please note, additional copies of tax returns will be charged at \$15.00 per year per entity.

In order that we may properly advise you of tax considerations, please keep us informed of any significant changes in your financial affairs or of any correspondence received from taxing authorities.

If you have any questions, or if we can be of assistance in any way, please call.

IRS Circular 230 Disclosure:

To ensure compliance with requirements imposed by the IRS, any U.S. Federal tax advice contained in this communication (including any attachments) is not intended or written to be used, and cannot be used by the recipient or any other taxpayer, (i) for the purpose of avoiding tax penalties that may be imposed on the recipient or any other taxpayer under the Internal Revenue Code or applicable state or local tax law provision or (ii) in promoting, marketing or recommending to another party any transaction, arrangement or matter addressed herein.

Sincerely,

Hantz Rhoades & Doehrer, LLC

Hantz Rhoades & Doehrer, LLC

OUR COMMITMENT TO PRIVACY

which we have adopted as a subsidiary of the **Hantz Group, Inc.**:

This information is being provided on behalf of **Hantz Group, Inc.** and the following subsidiaries:

Hantz Air, LLC	Hantz Agency, LLC	Hantz Benefit Services, LLC
Hantz Consulting LLC	Hantz Soccer Camps, LLC	Hantz Financial Services, Inc.
Hantz Software, LLC	Hantz Tax & Business, LLC**	Tranex Financial, Inc.
Hantz Technology, LLC	Hantz Group Racing, LLC	Hantz Comm. Ins. Agency, LLC
Hantz Farms, LLC	PLUS Agency, LLC	Hantz Group Sports & Ent., LLC
Hantz Soccer U.S.A., LLC		

For purposes of this privacy notice, **Hantz Group, Inc.** and the above-listed subsidiaries are referred to collectively as **HG**.

The relationship between **HG** and you, our customer, is the most important asset of our business. We strive to maintain your trust and confidence, an essential aspect of which is our commitment to protect your personal information to the best of our ability. We believe that you value your privacy, so we will not disclose your personal information to anyone unless it is required by law, at your direction, or is permitted by law (which is generally to provide you with our services). We have not and will not sell your personal information to anyone. We hold all personal information provided to our firm in strict confidence. We use health and financial information that you provide to us to help you meet your personal financial goals while guarding against any infringements of your rights of privacy. Our policy with respect to personal information about you is set forth below.

THE PERSONAL INFORMATION THAT WE COLLECT AND COMMUNICATE

The categories of confidential personal information that we collect about you depend upon the scope of the customer engagement. The primary reason we collect and maintain your personal information is to serve you and administer your customer relationship. The types and categories of information we collect about you include:

- * Information we receive from you about your personal finances and profile (name, home address, social security number, annual income and net worth, investment experience, tax returns),
- * Information we receive from credit reports about you,
- * Information about your health to the extent that it is needed for the planning process (for example, in connection with insurance applications),
- * Information about transactions between you and third parties (such as trading confirmations and account balances), and
- * Information about your transactions with us (such as account activity).

In order for us to provide our services to you, we may disclose all of the personal information that we collect, as described above, in limited instances and as permitted by law to affiliated members of the **HG** family and to nonaffiliated third parties. Examples include providing information to: companies that perform administrative services (such as printing and mailing your statements); your accountant, attorney, and other designated professionals; affiliated members of the **HG** family in order to offer you additional products and services; and brokers that place your trades. The companies we hire are required to use this information only for the services for which they are hired, and are not permitted to use, reuse or share this information for any other purpose.

HOW WE PROTECT YOUR PERSONAL INFORMATION

To fulfill our privacy commitment, we have instituted practices to safeguard the information we maintain about you. These include:

- * Maintaining physical, electronic and procedural safeguards that comply with government requirements to keep your personal information safe;
- * Limiting access to personal information to those employees who need it to perform their job duties;
- * Requesting that third parties that perform services for us agree to keep your personal information secure and confidential; and
- * Protecting the personal information of our former customers to the same extent as our current customers.

YOUR RIGHT TO OPT OUT - Information - Sharing Within the HG Family

The information that the member companies of our **HG** family (listed above) share amongst themselves falls into two general categories: (1) information about our experiences with you or your account (such as your account balance and your payment history with us), and (2) information we receive from you (such as that provided in applications) or nonaffiliated third parties (such as income verification).

You may direct us not to share with other companies within the **HG** family any information in the second category of the preceding paragraph. Please note, however, that if you choose to prohibit us from sharing this information and you obtain products or services from more than one company within the **HG** family, you may be required to complete duplicate applications or provide duplicate copies of information we need from you (since we will not be permitted to share this information among ourselves). You may exercise this right to "opt out" by calling us at 734-429-7172. Alternatively, you may send us a letter at 148 South Industrial Drive, Saline, MI 48176. (Please include your name and address in any letter you send.) Please note: If you have previously notified us of your decision to opt out of information sharing, you need not notify us again.

**Hantz Tax and Business has an ownership interest in the following affiliates: Hantz Titus & Urbanski, LLC, Hantz Randazzo & Associates, LLC, Hantz, McGary & Associates, LLC, Hantz Rhoades & Doehrer, LLC.

Hantz Group has an ownership interest in Dilaura Bros. LLC, Chicago Soccer, LLC, and United Beverage Group, LLC.

In conjunction with the above adopted privacy policy, Hantz Rhoades & Doehrer, LLC (HRD) has established the following additions:

It has always been the policy of **HRD** to keep all information that we collect from you confidential from all sources. We do collect nonpublic personal information about you from the following sources:

- * Information we receive from you on tax preparation organizers, worksheets, Federal and State tax reporting forms, and from other documents we use in tax preparation or other financial and related services.
- * Information about your transactions with us, our affiliates, and others, and
- * Information we may receive from outside agencies such as banks and brokerage houses.

We do not disclose any nonpublic personal information about our clients or former clients except as permitted, required by law or approved by you in writing as listed below:

- * Requirements to comply with Federal, state or local law,
- * Requirements to comply with National, State or local licensing rules,
- * Requirements to disclose information in response to legal subpoenas,
- * Items you permit or request us to disclose, as authorized by you in writing,
- * Information which you authorize us to disclose to electronically file your tax return, when applicable,
- * Information, which you authorize us to disclose, that discloses that you are our client, without disclosure of financial or other personal information.

Hantz Rhoades & Doehrer, LLC
148 S. Industrial Drive, Saline, MI 48176
Phone: 734-429-7172 ; Fax: 734-429-7383; info@rhoadespllc.com

Filing Instructions

**Red Nose Ministries, Inc.
d/b/a Big Blast Ministries**

Short Form Exempt Organization Tax Return

Taxable Year Ended December 31, 2010

Date Due: May 16, 2011

Remittance: None is required. Your Form 990-EZ for the tax year ended 12/31/10 shows no balance due.

Signature: You are using a Personal Identification Number (PIN) for signing your return electronically. Sign the IRS e-file Authorization and mail it as soon as possible to:

Hantz Rhoades & Doehrer, LLC
148 S. Industrial Drive
Saline, MI 48176

Other: Initial and date the copies of the IRS e-file Signature Authorization and the Form 990-EZ. Retain them for your records.

Your return is being filed electronically with the IRS and is not required to be mailed. Mailing a paper copy of your return to the IRS will delay the processing of your return.

Red Nose Ministries, Inc.
d/b/a Big Blast Ministries
8070 Beechwood Blvd
Dexter, MI 48130

Department of the Treasury
Internal Revenue Service Center
Ogden, UT 84201-0027



IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

Form **8879-EO**

For calendar year 2010, or fiscal year beginning _____, 2010, and ending _____, 20_____

▶ **Do not send to the IRS. Keep for your records.**

▶ **See instructions on back.**

2010

Department of the Treasury
Internal Revenue Service

Name of exempt organization **Red Nose Ministries, Inc.
d/b/a Big Blast Ministries** Employer identification number **20-2883098**

Name and title of officer **Janet Raeburn
Vice President**

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

1a Form 990 check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	
2a Form 990-EZ check here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	54,948
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2010 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize **Hantz Rhoades & Doehrer, LLC** to enter my PIN **03183** as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2010 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2010 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature } _____ Date } **01/18/11**

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

38749144444
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2010 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature } _____ Date } _____

**ERO Must Retain This Form—See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So**

For Paperwork Reduction Act Notice, see back of form.

Form **8879-EO** (2010)

Form **990-EZ**

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)

OMB No. 1545-1150

2010

Open to Public

Inspection

} 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 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.

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

Department of the Treasury
Internal Revenue Service

A For the 2010 calendar year, or tax year beginning _____, and ending _____

B Check if applicable:

- Address change
- Name change
- Initial return
- Terminated
- Amended return
- Application pending

C Name of organization

**Red Nose Ministries, Inc.
d/b/a Big Blast Ministries**

D Employer identification number

20-2883098

Number and street (or P.O. box, if mail is not delivered to street address)

Room/suite

E Telephone number

734-358-8606

8070 Beechwood Blvd

City or town, state or country, and ZIP + 4

F Group Exemption Number

u

Dexter MI 48130

G Accounting Method: Cash Accrual Other (specify) **u** _____

H Check if the organization is **not** required to attach Schedule B

I Website: **u** www.BigBlastMinistries.com

J Tax-exempt status (check only one) — 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

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

K Check if the organization is not a section 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 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 (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ **u** \$ **54,948**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.)

Check if the organization used Schedule O to respond to any question in this Part I

Revenue	1 Contributions, gifts, grants, and similar amounts received	1	21,478
	2 Program service revenue including government fees and contracts	2	33,470
	3 Membership dues and assessments	3	
	4 Investment income	4	
	5a Gross amount from sale of assets other than inventory	5a	
	b Less: cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6 Gaming and fundraising events		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	
c Less: direct expenses from gaming and fundraising events	6c		
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d		
7a Gross sales of inventory, less returns and allowances	7a		
b Less: cost of goods sold	7b		
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8 Other revenue (describe in Schedule O)	8		
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	54,948	
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10	
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	25,915
	13 Professional fees and other payments to independent contractors	13	395
	14 Occupancy, rent, utilities, and maintenance	14	2,069
	15 Printing, publications, postage, and shipping	15	1,626
	16 Other expenses (describe in Schedule O)	16	21,071
17 Total expenses. Add lines 10 through 16	17	51,076	
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	3,872
	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)	19	-3,008
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	864

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2010)

Part V Other Information (Note the statement requirements in the instructions for Part V.)

Check if the organization used Schedule O to respond to any question in this Part V

	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		X
34 Were any significant changes made to the organizing or governing documents? If "Yes," attached a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		X
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T.		
a 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 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
b If "Yes," has it filed a tax return on Form 990-T for this year (see instructions)?		
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		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions u 37a		
b Did the organization file Form 1120-POL for this year?		X
38a 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?		X
b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b		
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9 39a		
b Gross receipts, included on line 9, for public use of club facilities 39b		
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 u ; section 4912 u ; section 4955 u		
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		X
c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 u		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization u		
e 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		X
41 List the states with which a copy of this return is filed. u MI		
42a The organization's books are in care of u Janet Raeburn Telephone no. u 734-358-8606 8070 Beechwood Blvd Located at u Dexter MI ZIP + 4 u 48130		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
If "Yes," enter the name of the foreign country: u		
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
c At any time during the calendar year, did the organization maintain an office outside of the U.S.?		X
If "Yes," enter the name of the foreign country: u		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year u 43		
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
c Did the organization receive any payments for indoor tanning services during the year?		X
d If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

	Yes	No
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?		X
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)		X
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

	Yes	No
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		X
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
49a Did the organization make any transfers to an exempt non-charitable related organization?		X
b If "Yes," was the related organization a section 527 organization?		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
None				

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
None		

d Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A Yes No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer Janet Raeburn		Date Vice President	
	Type or print name and title			
Paid Preparer Use Only	Print/Type preparer's name William G. Rittinger	Preparer's signature	Date 03/06/11	Check <input type="checkbox"/> if self-employed <input type="checkbox"/> PTIN P00362509
	Firm's name } Hantz Rhoades & Doehrer, LLC	Firm's EIN } 38-3499374		
	Firm's address } 148 S. Industrial Drive Saline, MI 48176	Phone no. 734-429-7172		

May the IRS discuss this return with the preparer shown above? See instructions Yes No

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

Name of the organization **Red Nose Ministries, Inc.
d/b/a Big Blast Ministries** Employer identification number **20-2883098**

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 a Type I b Type II c Type III—Functionally integrated d Type III—Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
 - (ii) A family member of a person described in (i) above?
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) u	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) u	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						

12 Gross receipts from related activities, etc. (see instructions) 12

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)) 14 %

15 Public support percentage from 2009 Schedule A, Part II, line 14 15 %

16a 33 1/3% support test—2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support test—2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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 qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) u	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	4,074	13,416	18,733	22,952	21,478	80,653
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	25,542	34,058	39,369	33,778	33,470	166,217
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	29,616	47,474	58,102	56,730	54,948	246,870
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	1,091	560	7,990	9,983	12,667	32,291
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b	1,091	560	7,990	9,983	12,667	32,291
8 Public support (Subtract line 7c from line 6.)						214,579

Section B. Total Support

Calendar year (or fiscal year beginning in) u	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6	29,616	47,474	58,102	56,730	54,948	246,870
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on					0	
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)	29,616	47,474	58,102	56,730	54,948	246,870

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15	86.92 %
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests—2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests—2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**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.
u Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2010Open to Public
InspectionName of the organization **Red Nose Ministries, Inc.**
d/b/a Big Blast MinistriesEmployer identification number
20-2883098**Form 990-EZ, Part I, Line 16 - Other Expenses**

Description	Amount
Expenses	
Advertising	\$ 295
Bank Fees	\$ 9
Licenses	\$ 218
Supplies	\$ 2,040
Balloons	\$ 1,362
Internet	\$ 375
Website Hosting	\$ 366
Travel	\$ 817
Automobile Mileage Reimbursen	\$ 9,280
Travel-Out of Town Meals	\$ 5,812
Conferences	\$ 197
Contributions	\$ 300
Total	\$ 21,071

Form 990-EZ, Part II, Line 24 - Other Assets

Description	Beg. of Year	End of Year
Prepaid Expenses and Deferred Charges	\$ 450	\$ 25
Total	\$ 450	\$ 25

Form 990-EZ, Part II, Line 26 - Other Liabilities

Description	Beg. of Year	End of Year
Unreimbursed Expenses Payable	\$ 4,996	\$ 4,996

Name of the organization

Red Nose Ministries, Inc.

Employer identification number

20-2883098

Rounding

\$

0 \$

1

Form 990-EZ, Part III - Primary Exempt Purpose

The purposes for which Red Nose Ministries, Inc. is organized are to provide activities and training for the promotion of spiritual growth through vacation bible schools, camps, revivals, crusades and other special events.

Form 990-EZ, Part III, Line 28 - First Achievement

Establish contacts, schedule opportunities and serve various churches and other organizations through presentations of the Gospel of Jesus Christ at Camps, Revivals and Vacation Bible Schools.

Federal Statements**Schedule A, Part III, Line 7a - Support from Disqualified Persons**

<u>Donor Name</u>	<u>2006</u>	<u>2007</u>	<u>2008</u>	<u>2009</u>	<u>2010</u>
Raeburn, Steve and Janet	\$	\$	\$	\$	\$
Rittinger, William and Deanna	100	250	315	383	967
Frey, Don & Susan	50	100	75	75	50
Raeburn, William and Peggy		60	600		1,100
Ritt's End, LLC	941				
Shurmur, Tom & Cathy		150	7,000	9,525	10,550
Total	\$ 1,091	\$ 560	\$ 7,990	\$ 9,983	\$ 12,667