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|---|--|---|
| Form 990  Department of the Treasury Internal Revenue Service | 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) ▶ The organization may have to use a copy of this return to satisfy state reporting requirements | OMB No 1545-0047 2010 Open to Public Inspection |
|---|--|---|

| | | |
|--|--|--|
| A For the 2010 calendar year, or tax year beginning 01-01-2010 and ending 12-31-2010 | | |
| B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | C Name of organization IMPACT FOUNDATION | D Employer identification number 20-0520386 |
| | Doing Business As | E Telephone number (701) 271-0263 |
| | Number and street (or P O box if mail is not delivered to street address) 4152 30TH AVE S No 102 | Room/suite |
| | G Gross receipts \$ 2,108,841 | |
| | City or town, state or country, and ZIP + 4 FARGO, ND 581048403 | |
| | F Name and address of principal officer J Patrick Traynor 4152 30TH AVE S No 102 FARGO, ND 581048403 | H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number ▶ |
| I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 | | |
| J Website: ▶ www.impactfdn.org | | |
| K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ | | L Year of formation 2003 |
| M State of legal domicile ND | | |

| | |
|---------------|----------------|
| Part I | Summary |
|---------------|----------------|

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|---|---|---------------------------|--------------|
| Activities & Governance | 1 Briefly describe the organization's mission or most significant activities Build capacity of nonprofits, businesses & individuals to maximize their community impact | | |
| | | | |
| | | | |
| | | | |
| | 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets | | |
| | 3 Number of voting members of the governing body (Part VI, line 1a) | 3 | 4 |
| | 4 Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 3 |
| | 5 Total number of individuals employed in calendar year 2010 (Part V, line 2a) | 5 | 9 |
| 6 Total number of volunteers (estimate if necessary) | 6 | 3 | |
| 7a Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | 0 | |
| 7b Net unrelated business taxable income from Form 990-T, line 34 | 7b | 0 | |
| Revenue | 8 Contributions and grants (Part VIII, line 1h) | Prior Year | Current Year |
| | 9 Program service revenue (Part VIII, line 2g) | 1,759,316 | 2,018,134 |
| | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 51,351 | 56,316 |
| | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 17,840 | 34,391 |
| | 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 0 | 0 |
| | | 1,828,507 | 2,108,841 |
| Expenses | 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) | 233,241 | 518,852 |
| | 14 Benefits paid to or for members (Part IX, column (A), line 4) | 0 | 0 |
| | 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) | 305,606 | 237,914 |
| | 16a Professional fundraising fees (Part IX, column (A), line 11e) | 0 | 0 |
| | 16b Total fundraising expenses (Part IX, column (D), line 25) <input type="checkbox"/> 10,623 | | |
| | 17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f) | 1,067,444 | 924,167 |
| | 18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) | 1,606,291 | 1,680,933 |
| | 19 Revenue less expenses Subtract line 18 from line 12 | 222,216 | 427,908 |
| Net Assets or Fund Balances | | Beginning of Current Year | End of Year |
| | 20 Total assets (Part X, line 16) | 1,322,101 | 1,790,624 |
| | 21 Total liabilities (Part X, line 26) | 856,173 | 896,788 |
| | 22 Net assets or fund balances Subtract line 21 from line 20 | 465,928 | 893,836 |

| | |
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| Part II | Signature Block |
|----------------|------------------------|

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 | 2011-10-11 Date | | | |
| | J Patrick Traynor Executive Director Type or print name and title | | | | |
| Paid Preparer Use Only | Print/Type preparer's name LISA CHAFFEE CPA | Preparer's signature LISA CHAFFEE CPA | Date 2011-10-11 | Check if self-employed <input type="checkbox"/> | PTIN |
| | Firm's name ▶ EIDE BAILLY LLP | | | | Firm's EIN ▶ |
| | Firm's address ▶ 4310 17TH AVE S PO BOX 2545 FARGO, ND 581082545 | | | | Phone no ▶ (701) 239-8500 |

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

Part III

Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

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1

Briefly describe the organization’s mission

The mission of Impact Foundation is to build the capacity of nonprofits, businesses, and individuals to maximize their community impact with an overall goal to dramatically improve its nonprofit partners' capacity to produce superior results. Impact Foundation operates exclusively for charitable scientific and educational purposes. To meet its primary purpose, the Foundation receives and administers donations, makes contributions to, and provides assistance to other nonprofit organizations. The Foundation has the power to establish, own, operate, control, conduct and maintain various organizations and programs to meet its primary purpose. Impact operates charitable initiatives designed to measurably improve society in areas including economic development, health and healthcare access, education and training, and other philanthropic areas identified by donors.

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

☐ Yes ☒ No

If “Yes,” describe these new services on Schedule O.

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

☐ Yes ☒ No

If “Yes,” describe these changes on Schedule O.
















4

Describe the exempt purpose achievements for each of the organization’s three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

| | | |
|----|---|---|
| 4a | (Code) (Expenses \$ 1,140,037 including grants of \$ 325,971) (Revenue \$ 25,620) | Organizational EffectivenessImpact and its support organization, Achievements Unlimited Foundation, (the "Foundations") recognize that many nonprofit organizations often lack expertise and financial resources to invest in critical organizational assessments, strategic planning and highly effective fundraising efforts to ensure their organization's effectiveness and sustainability over the long-term. The Foundations partnered with Dakota Medical Foundation to provide support and promote education and training sessions for nonprofit partner organizations through the Impact Institute. The Impact Institute has provided training to over 300 partner nonprofit organizations since its 2005 inception. A multi-year \$452,510 Bush Foundation grant was awarded in 2007 to support statewide capacity building efforts of the Impact Institute. In 2008, the Bush Foundation awarded a \$2.0 million grant to Achievements Unlimited Foundation to expand Impact Institute training and education conferences throughout North Dakota Board and Management Training. Training boards and key management personnel to operate their organizations in a highly effective and efficient manner is a key education focus for the Foundations. The Foundations have encouraged many area nonprofit organizations to attend the Impact Institute's various education and training programs: Strategic Planning Training and Services. The Institute provides nonprofit organizations with education and training on strategic planning, organizational assessments with follow-up technical support on plan implementations. Over 60 nonprofit organizations have participated in the training and services provided to develop and implement organizational strategic plans. High Impact Fundraising Training. Educating and training organizations to become effective fundraisers is a key program at the Impact Institute. Professional trainers using highly structured and effective training methods and follow-up activities have provided intensive training to over 170 organizations. High Impact Board Series Training. The Foundations, in partnership with Dakota Medical Foundation, developed and identified the key elements of high impact organizations and developed a corresponding five session training program for board members and executives. Over 150 participants attended the series of education sessions: Emerging Leaders Program. The Foundations, in partnership with Dakota Medical Foundation, designed this education series to help developing leaders build their skills and network with others to successfully transition into executive leadership roles. 21 nonprofit staff participated in the first series of education sessions: Leadership Advanced North Dakota (LAND). The Foundations, in partnership with Dakota Medical Foundation, designed and developed an education program for nonprofit executives to create a network of empowered, innovative, and resilient executives capable of navigating change and moving their organizations toward social innovation with much greater impact. Over 28 executives participated in the first program held in 2010. Shared Services Initiative. The Foundations developed a pilot Management Services Organization (MSO) concept to provide shared administrative services in order to reduce the costs associated with managing their programs. Strategic restructuring seminars were held across North Dakota with over 180 nonprofit board and staff members attending. High Impact Seal of Distinction Program. The Foundations, in partnership and collaboration with Dakota Medical Foundation, developed this program as the "capstone" for its series of education and training programs. The program includes an organizational assessment and development plan, additional executive leadership training, plan implementation support and annual renewals. Completion of the program is designed to build the capacity of executives to take their organizations from functioning well to superior performing, high impact organizations. The inaugural program included the participation of the Impact Foundation, Dakota Medical Foundation and 12 other nonprofit organizations' board of directors and executive staff. Grant Writing. The Foundations provide grant writing technical support to its partner nonprofit organizations aiming to increase resources for their programs and services. Dakota Medical Charities provided a multi-year grant that initially funded this initiative in 2005. Impact continues to leverage those funds by assisting other nonprofit organizations with their fundraising efforts through writing effective grant applications. Grant writing efforts to date have resulted in 31 grants awarded totaling \$6,138,610. High Impact Philanthropy (HIP). The Foundations, in partnership with Dakota Medical Foundation, initiated this program to unite outstanding community funding organizations and private donors to research and discuss various societal problems and issues in the region with the goal of a common focus and more coordinated, strategies to achieve a greater impact in the community. The initial group of 15 organizations and community leaders came to a consensus to focus the HIP group's initial efforts on improving the internal and external assets of youth in the Fargo-Moorhead (FM) area. The initial goals of the HIP Initiative are: 1) Engaging youth, youth development organizations and others to develop a coordinated strategy to make the FM area a place where all youth can maximize their potential, 2) hold a Youth Development Summit, 3) release an environmental scan of organizations serving youth in the FM area that includes organization size, areas of focus, and collaboration activities, 4) develop a budget and identify an individual to coordinate, plan and implement the next phases for the HIP group. The HIP Initiative was launched in the spring of 2009 with support from the Otto Bremer, Bush and Dakota Medical Foundations. The Impact Institute partnered with Mark Kramer, Founder and Managing Director of FSG, author of several influential articles and one of the leading experts in the field of philanthropy, to facilitate the HIP initiative. The goal of HIP is to inspire funders to adopt a new approach to more strategically and collaboratively solve societal issues in the region. The HIP steering committee is comprised of foundation, corporate and individual donors that invest over \$75 million annually to support various charitable endeavors in the region. The steering committee's initial focus is to build the assets of youth living in Cass and Clay counties. Dr. Rathge of the North Dakota Data Center has conducted an inventory of all organizations in Cass and Clay counties that are working on youth asset building, including organizational budget size, youth asset building areas, measures of performance, and interaction with other organizations in the area. |
| 4b | (Code) (Expenses \$ 174,747 including grants of \$) (Revenue \$ 2,710) | Economic DevelopmentThe Foundations support the economic development of North Dakota communities by initiating and funding various initiatives directed at assisting veteran, women's, and Native American small businesses located in the less populated areas of North Dakota. Grants from the USDA Office of Rural Development, North Dakota Department of Commerce, and Dakota Certified Development Corporation established the procurement assistance program (PAC) in 2005 to provide research, technical assistance, and training to North Dakota small businesses assisting them in securing federal and state government contracts for their goods and services. The Otto Bremer Foundation provided Impact with a \$240,000 multi-year grant in 2008 to establish a Veteran's Entrepreneurship Assistance Program. This funding allowed the PAC to assist veterans to start and expand their businesses by securing government contracts. Funding from the USDA Office of Rural Development has allowed this program to assist businesses in key rural communities throughout the state. Through 2010, technical assistance has been provided to over 241 North Dakota businesses including 106 Native American and 54 veteran owned businesses and representing 90% of the current 8(a)/Small Disadvantaged Business certified companies. The PAC has provided 27 workshops with over 467 attendees. Over 191 bids have been submitted with 101 contracts obtained totaling over \$162 million of which \$111 million were Native American business contract dollars. Over 649 North Dakota jobs have been created and/or retained. The Foundations have entered into a 30-year loan commitment with the USDA Intermediary Loan Program (IRP) through the Office of Rural Development in 2007. The IRP created a \$937,500 pool of funds available to qualifying North Dakota businesses at low interest rates. The revolving pool provides an ongoing source of revolving loans to small businesses from the debt service borrowers repay. Dakota Certified Development Corporation (DCDC) provided a grant to Impact to meet the equity requirement under the terms of the USDA loan with Impact. DCDC manages the loan program under an agreement with Impact. As of 12/31/2010 6 loans totaling over \$674,000 have been provided to borrowers. DCDC has established a charitable fund at the Foundations that will provide funding for future economic development projects to benefit the region. |
| 4c | (Code) (Expenses \$ 235,536 including grants of \$ 192,881) (Revenue \$) | Community SupportThe Foundation provides grants to support community events, statewide nonprofit organizations and other societal improvement initiatives. Grants were provided for these purposes from established named funds and from other grants and donor contributions to the Foundation. Impact provided support to the local area Fill-the-Dome program to restock local food shelters. The Foundation established a Clubs For Kids Initiative to promote youth golf programs by providing clubs, practice and play opportunities to those unable to afford the cost of participating. The Foundations have given back to North Dakota communities impacted by natural disasters. During 2009 and 2010, the Foundations worked closely with Red River Valley community leaders to create funds at Impact to receive grants and donor contributions to provide financial support for communities affected by the 2009 and 2010 flooding of the Red River. Impact coordinated with community committees to distribute funds to nonprofit organizations that provided relief to flood victims. The funds remain in effect to collect contributions and to distribute funds for future flooding events. |
| 4d | Other program services (Describe in Schedule O) See also Additional Data for Description (Expenses \$ 71,835 including grants of \$) (Revenue \$ 27,986) | |
| 4e | Total program service expenses➤\$ 1,622,155 | |

Part IV

Checklist of Required Schedules

| | | Yes | No |
|-----|---|-----|-----|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i>  | 1 | Yes |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)?  | 2 | Yes |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i> | 3 | No |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i> | 4 | No |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III.</i> | 5 | |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</i>  | 6 | No |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II.</i>  | 7 | No |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i>  | 8 | No |
| 9 | Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV.</i>  | 9 | No |
| 10 | Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i>  | 10 | No |
| 11 | If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable | | |
| a | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>  | 11a | Yes |
| b | Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i>  | 11b | No |
| c | Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i>  | 11c | Yes |
| d | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i>  | 11d | Yes |
| e | Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>  | 11e | No |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i>  | 11f | Yes |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i>  | 12a | No |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.</i>  | 12b | Yes |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i> | 13 | No |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | No |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Parts I and IV.</i> | 14b | No |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? <i>If "Yes," complete Schedule F, Parts II and IV.</i> | 15 | No |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? <i>If "Yes," complete Schedule F, Parts III and IV.</i> | 16 | No |
| 17 | Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I (see instructions).</i> | 17 | No |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i> | 18 | No |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i> | 19 | No |
| 20a | Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H.</i> | 20a | No |
| b | If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions). | 20b | |

Part IV

Checklist of Required Schedules (continued)

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|-----|--|-----|-----|----|
| 21 | Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> | 21 | Yes | |
| 22 | Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> | 22 | | No |
| 23 | Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> | 23 | | No |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b–24d and complete Schedule K. If "No," go to line 25</i> | 24a | | No |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| c | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24c | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25a | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> | 25a | | No |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> | 25b | | No |
| 26 | Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> | 26 | | No |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i> | 27 | | No |
| 28 | Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) | | | |
| a | A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> | 28a | | No |
| b | A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> | 28b | | No |
| c | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> | 28c | | No |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> | 29 | | No |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> | 30 | | No |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> | 31 | | No |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> | 32 | | No |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> | 33 | | No |
| 34 | Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> | 34 | Yes | |
| 35 | Is any related organization a controlled entity within the meaning of section 512(b)(13)? | 35 | Yes | |
| 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)? <i>If "Yes," complete Schedule R, Part V, line 2</i> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> | 36 | | No |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> | 37 | | No |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O | 38 | Yes | |

Part V

Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

☐

| | | | Yes | No | |
|---|--|----|-----|-----|----|
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. | 1a | 8 | | |
| | | 1b | 0 | | |
| c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | | | 1c | Yes | |
| 2a | Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return. | 2a | 9 | | |
| | b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | | | | |
| Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions). | | | | | |
| 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? | | | 3a | | No |
| b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O. | | | 3b | | |
| 4a | 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)? | 4a | | | No |
| | b If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. | | | | |
| 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | | 5a | | No |
| b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | | | 5b | | No |
| c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | | | 5c | | |
| 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? | | | 6a | | No |
| b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | | | 6b | | |
| 7 Organizations that may receive deductible contributions under section 170(c). | | | | | |
| a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | | | 7a | | No |
| b If "Yes," did the organization notify the donor of the value of the goods or services provided? | | | 7b | | |
| c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | | | 7c | | No |
| d If "Yes," indicate the number of Forms 8282 filed during the year. | | | 7d | | |
| e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | | | 7e | | No |
| f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | | | 7f | | No |
| g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | | | 7g | | |
| h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | | | 7h | | |
| 8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? | | | 8 | | |
| 9 Sponsoring organizations maintaining donor advised funds. | | | | | |
| a Did the organization make any taxable distributions under section 4966? | | | 9a | | |
| b Did the organization make a distribution to a donor, donor advisor, or related person? | | | 9b | | |
| 10 Section 501(c)(7) organizations. Enter | | | | | |
| a Initiation fees and capital contributions included on Part VIII, line 12. | | | 10a | | |
| b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. | | | 10b | | |
| 11 Section 501(c)(12) organizations. Enter | | | | | |
| a Gross income from members or shareholders. | | | 11a | | |
| b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them). | | | 11b | | |
| 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | | | 12a | | |
| b If "Yes," enter the amount of tax-exempt interest received or accrued during the year. | | | 12b | | |
| 13 Section 501(c)(29) qualified nonprofit health insurance issuers. | | | | | |
| a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. | | | 13a | | |
| b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans. | | | 13b | | |
| c Enter the amount of reserves on hand. | | | 13c | | |
| 14a Did the organization receive any payments for indoor tanning services during the tax year? | | | 14a | | No |
| b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. | | | 14b | | |

Part VI

Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.
Check if Schedule O contains a response to any question in this Part VI

| Section A. Governing Body and Management | | | Yes | No |
|--|---|----|-----|----|
| 1a | Enter the number of voting members of the governing body at the end of the tax year | 4 | | |
| b | Enter the number of voting members included in line 1a, above, who are independent | 3 | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | 2 | Yes | |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? | 3 | | No |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | No |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | No |
| 6 | Does the organization have members or stockholders? | 6 | | No |
| 7a | Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? | 7a | | No |
| b | Are any decisions of the governing body subject to approval by members, stockholders, or other persons? | 7b | | No |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following | | | |
| a | The governing body? | 8a | Yes | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | | No |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O | 9 | | No |

| Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) | | | Yes | No |
|---|--|-----|-----|----|
| 10a | Does the organization have local chapters, branches, or affiliates? | 10a | | No |
| b | If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? | 10b | | |
| 11a | Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? | 11a | Yes | |
| b | Describe in Schedule O the process, if any, used by the organization to review this Form 990 | | | |
| 12a | Does the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | Yes | |
| b | Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | Yes | |
| c | Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done | 12c | Yes | |
| 13 | Does the organization have a written whistleblower policy? | 13 | Yes | |
| 14 | Does the organization have a written document retention and destruction policy? | 14 | Yes | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | |
| a | The organization's CEO, Executive Director, or top management official | 15a | Yes | |
| b | Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions) | 15b | | No |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | 16a | | No |
| b | If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? | 16b | | |

| Section C. Disclosure | |
|-----------------------|---|
| 17 | List the States with which a copy of this Form 990 is required to be filed |
| 18 | Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request |
| 19 | Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table. |
| 20 | State the name, physical address, and telephone number of the person who possesses the books and records of the organization. David Gibb 4152 30th Avenue S Suite 102 Fargo, ND 58104 (701) 271-0263 |

Check if Schedule O contains a response to any question in this Part VII ☒

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

Form **990** (2010)

Part VII

| | | | | |
|-----------|--|--------|---|---|
| 1b | Sub-Total | | | |
| c | Total from continuation sheets to Part VII, Section A | | | |
| d | Total (add lines 1b and 1c) | 47,096 | 0 | 0 |

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization 0

| | | Yes | No |
|----------|---|----------|----|
| 3 | Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> | 3 | No |
| 4 | For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> | 4 | No |
| 5 | Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> | 5 | No |

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

| (A) Name and business address | (B) Description of services | (C) Compensation |
|--|--------------------------------|---------------------|
| La Piana Associates 440 Grand Avenue Oakland, CA 94610 | Education and training | 322,839 |
| Mod Fundraising 3231 Royal Drive Grand Forks, ND 58201 | Education and training | 187,140 |
| Sundog 2000 44 Street S Fargo, ND 58103 | Website development | 166,938 |
| | | |
| | | |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶3

Part VIII

Statement of Revenue

| | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512, 513, or 514 | |
|---|---|--|--|---|---|--|--|
| Contributions, gifts, grants and other similar amounts | 1a | Federated campaigns . . . | 1a | | | | |
| | b | Membership dues | 1b | | | | |
| | c | Fundraising events | 1c | | | | |
| | d | Related organizations | 1d | 1,048,488 | | | |
| | e | Government grants (contributions) | 1e | 80,488 | | | |
| | f | All other contributions, gifts, grants, and similar amounts not included above | 1f | 889,158 | | | |
| | g | Noncash contributions included in lines 1a-1f \$ | | | | | |
| | h | Total. Add lines 1a-1f | | 2,018,134 | | | |
| | Program Service Revenue | | | Business Code | | | |
| 2a | | Registration fees - ed | 611430 | 28,506 | 28,506 | | |
| b | | Give Back Membership d | 900099 | 27,810 | 27,810 | | |
| c | | | | | | | |
| d | | | | | | | |
| e | | | | | | | |
| f | | All other program service revenue | | | | | |
| g | | Total. Add lines 2a-2f | | 56,316 | | | |
| Other Revenue | 3 | Investment income (including dividends, interest and other similar amounts) | | 34,391 | | 34,391 | |
| | 4 | Income from investment of tax-exempt bond proceeds . . . | | | | | |
| | 5 | Royalties | | | | | |
| | 6a | Gross Rents | (i) Real | (ii) Personal | | | |
| | | b | Less rental expenses | | | | |
| | | c | Rental income or (loss) | | | | |
| | | d | Net rental income or (loss) | | | | |
| | 7a | Gross amount from sales of assets other than inventory | (i) Securities | (ii) Other | | | |
| | | b | Less cost or other basis and sales expenses | | | | |
| | | c | Gain or (loss) | | | | |
| | | d | Net gain or (loss) | | | | |
| | 8a | Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 | a | | | | |
| | | b | Less direct expenses | b | | | |
| | | c | Net income or (loss) from fundraising events . . . | | | | |
| | 9a | Gross income from gaming activities See Part IV, line 19 . . . | a | | | | |
| | | b | Less direct expenses | b | | | |
| | | c | Net income or (loss) from gaming activities . . . | | | | |
| | 10a | Gross sales of inventory, less returns and allowances | a | | | | |
| | | b | Less cost of goods sold | b | | | |
| | | c | Net income or (loss) from sales of inventory . . . | | | | |
| | Miscellaneous Revenue | | Business Code | | | | |
| | 11a | | | | | | |
| b | | | | | | | |
| c | | | | | | | |
| d | All other revenue | | | | | | |
| e | Total. Add lines 11a-11d | | | | | | |
| 12 | Total revenue. See Instructions | | 2,108,841 | 56,316 | 0 | 34,391 | |

Part IX

Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|--|--|-----------------------|---------------------------------|--|-----------------------------|
| 1 | Grants and other assistance to governments and organizations in the U S See Part IV, line 21 | 518,852 | 518,852 | | |
| 2 | Grants and other assistance to individuals in the U S See Part IV, line 22 | | | | |
| 3 | Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16 | | | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, trustees, and key employees | 47,096 | 20,000 | 22,096 | 5,000 |
| 6 | Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | | | | |
| 7 | Other salaries and wages | 145,426 | 140,426 | | 5,000 |
| 8 | Pension plan contributions (include section 401(k) and section 403(b) employer contributions) | 14,598 | 14,598 | | |
| 9 | Other employee benefits | 14,612 | 14,612 | | |
| 10 | Payroll taxes | 16,182 | 13,374 | 2,808 | |
| a | Fees for services (non-employees) | | | | |
| | Management | 21,671 | 20,171 | 1,500 | |
| b | Legal | | | | |
| c | Accounting | 17,600 | 5,000 | 12,600 | |
| d | Lobbying | | | | |
| e | Professional fundraising services See Part IV, line 17 | | | | |
| f | Investment management fees | | | | |
| g | Other | 741,898 | 741,898 | | |
| 12 | Advertising and promotion | 29,597 | 29,597 | | |
| 13 | Office expenses | 19,238 | 16,967 | 2,245 | 26 |
| 14 | Information technology | 13,036 | 13,036 | | |
| 15 | Royalties | | | | |
| 16 | Occupancy | 14,690 | 14,690 | | |
| 17 | Travel | 11,585 | 11,394 | 191 | |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | 15,790 | 15,353 | 415 | 22 |
| 20 | Interest | 5,025 | 5,025 | | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | 26,677 | 24,285 | 2,392 | |
| 23 | Insurance | 3,944 | 1,847 | 2,097 | |
| 24 | Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O) | | | | |
| a | Dues, books, and subscr | 3,416 | 1,030 | 1,811 | 575 |
| b | | | | | |
| c | | | | | |
| d | | | | | |
| e | | | | | |
| f | All other expenses | | | | |
| 25 | Total functional expenses. Add lines 1 through 24f | 1,680,933 | 1,622,155 | 48,155 | 10,623 |
| 26 | Joint costs. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation | | | | |

Part X

Balance Sheet

| | | | | | | (A) | | (B) |
|-----------------------------|---|--|-----|---------|-----------|-------------------|-----------|-------------|
| | | | | | | Beginning of year | | End of year |
| Assets | 1 | Cash—non-interest-bearing | | | | | 1 | |
| | 2 | Savings and temporary cash investments | | | | 563,088 | 2 | 557,685 |
| | 3 | Pledges and grants receivable, net | | | | 15,529 | 3 | |
| | 4 | Accounts receivable, net | | | | | 4 | |
| | 5 | Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L | | | | | 5 | |
| | 6 | Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Schedule L | | | | | 6 | |
| | 7 | Notes and loans receivable, net | | | | | 7 | |
| | 8 | Inventories for sale or use | | | | | 8 | |
| | 9 | Prepaid expenses and deferred charges | | | | 5,888 | 9 | 4,564 |
| | 10a | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D. | 10a | 313,266 | | | | |
| | b | Less: accumulated depreciation | 10b | 128,997 | 42,266 | 10c | 184,269 | |
| | 11 | Investments—publicly traded securities | | | | 10,000 | 11 | 10,000 |
| | 12 | Investments—other securities. See Part IV, line 11 | | | | | 12 | |
| | 13 | Investments—program-related. See Part IV, line 11 | | | | 608,157 | 13 | 571,248 |
| | 14 | Intangible assets | | | | | 14 | |
| | 15 | Other assets. See Part IV, line 11 | | | | 77,173 | 15 | 462,858 |
| 16 | Total assets. Add lines 1 through 15 (must equal line 34) | | | | 1,322,101 | 16 | 1,790,624 | |
| Liabilities | 17 | Accounts payable and accrued expenses | | | | 111,738 | 17 | 152,209 |
| | 18 | Grants payable | | | | | 18 | |
| | 19 | Deferred revenue | | | | 240,580 | 19 | 242,358 |
| | 20 | Tax-exempt bond liabilities | | | | | 20 | |
| | 21 | Escrow or custodial account liability. Complete Part IV of Schedule D | | | | | 21 | |
| | 22 | Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L | | | | | 22 | |
| | 23 | Secured mortgages and notes payable to unrelated third parties | | | | 503,855 | 23 | 502,221 |
| | 24 | Unsecured notes and loans payable to unrelated third parties | | | | | 24 | |
| | 25 | Other liabilities. Complete Part X of Schedule D | | | | | 25 | |
| | 26 | Total liabilities. Add lines 17 through 25 | | | | 856,173 | 26 | 896,788 |
| Net Assets or Fund Balances | Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | | | | | | |
| | 27 | Unrestricted net assets | | | | 204,358 | 27 | 379,016 |
| | 28 | Temporarily restricted net assets | | | | 261,570 | 28 | 514,820 |
| | 29 | Permanently restricted net assets | | | | | 29 | |
| | Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34. | | | | | | | |
| | 30 | Capital stock or trust principal, or current funds | | | | | 30 | |
| | 31 | Paid-in or capital surplus, or land, building or equipment fund | | | | | 31 | |
| | 32 | Retained earnings, endowment, accumulated income, or other funds | | | | | 32 | |
| | 33 | Total net assets or fund balances | | | | 465,928 | 33 | 893,836 |
| | 34 | Total liabilities and net assets/fund balances | | | | 1,322,101 | 34 | 1,790,624 |

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

| | | | |
|---|---|---|-----------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 2,108,841 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 1,680,933 |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | 427,908 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 465,928 |
| 5 | Other changes in net assets or fund balances (explain in Schedule O) | 5 | 0 |
| 6 | Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) | 6 | 893,836 |

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

| | | Yes | No |
|----|--|-----|----|
| 1 | Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | No |
| b | Were the organization's financial statements audited by an independent accountant? | Yes | |
| c | If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O | | No |
| d | If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? | | No |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits | | |

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

OMB No 1545-0047

2010

Open to Public Inspection

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

Name of the organization
IMPACT FOUNDATION

Employer identification number
20-0520386

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?
(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 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)

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

| (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 | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Total | | | | | | | | | |

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) ▶ | (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.") | 438,122 | 806,328 | 796,408 | 1,759,316 | 2,018,134 | 5,818,308 |
| 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 | 438,122 | 806,328 | 796,408 | 1,759,316 | 2,018,134 | 5,818,308 |
| 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) | | | | | | 614,462 |
| 6 Public Support. Subtract line 5 from line 4 | | | | | | 5,203,846 |

| Section B. Total Support | | | | | | |
|---|----------|----------|----------|-----------|-----------|-----------|
| Calendar year (or fiscal year beginning in) ▶ | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 | (f) Total |
| 7 Amounts from line 4 | 438,122 | 806,328 | 796,408 | 1,759,316 | 2,018,134 | 5,818,308 |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 2,725 | 16,914 | 17,043 | 17,840 | 34,391 | 88,913 |
| 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) | | | | | | 5,907,221 |
| 12 Gross receipts from related activities, etc (See instructions) | | | | | 12 | 120,204 |
| 13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 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 88 090 % |
| 15 | Public Support Percentage for 2009 Schedule A, Part II, line 14 | 15 87 370 % |
| 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 | <input type="checkbox"/> |
| b | 33 1/3% support test—2009. If the organization did not check the 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 | <input type="checkbox"/> |
| 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 | <input type="checkbox"/> |
| 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 | <input type="checkbox"/> |
| 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 | <input type="checkbox"/> |

Part IIIPart 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) ▶ | (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 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 | | | | | | |
| 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 | | | | | | |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| 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 | | | | | | |
| 8 Public Support (Subtract line 7c from line 6) | | | | | | |

| Section B. Total Support | | | | | | |
|--|----------|----------|----------|----------|----------|-----------|
| Calendar year (or fiscal year beginning in) | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 | (f) Total |
| 9 Amounts from line 6 | | | | | | |
| 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 | | | | | | |
| 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) | | | | | | |
| 14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section501(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 | |
| 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 ▶ | | |

Part IV

Supplemental Information. Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

SCHEDULE D
(Form 990)

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

| | |
|---|--|
| Name of the organization IMPACT FOUNDATION | Employer identification number 20-0520386 |
|---|--|

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

| | | |
|---|--|------------------------------|
| | (a) Donor advised funds | (b) Funds and other accounts |
| 1 | Total number at end of year | |
| 2 | Aggregate contributions to (during year) | |
| 3 | Aggregate grants from (during year) | |
| 4 | Aggregate value at end of year | |
| 5 | Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <div>YesNo</div> | |
| 6 | Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <div>YesNo</div> | |

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1

Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or pleasure)

☐ Preservation of an historically importantly land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2

Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

| | |
|---|--|
| | Held at the End of the Year |
| a | Total number of conservation easements |
| b | Total acreage restricted by conservation easements |
| c | Number of conservation easements on a certified historic structure included in (a) |
| d | Number of conservation easements included in (c) acquired after 8/17/06 |

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶

4

Number of states where property subject to conservation easement is located ▶

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

YesNo

6

Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶

7

Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?

YesNo

9

In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a

If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1

▶ \$

(ii) Assets included in Form 990, Part X

▶ \$

2

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a

Revenues included in Form 990, Part VIII, line 1

▶ \$

b

Assets included in Form 990, Part X

▶ \$

For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990

Cat No 52283D

Schedule D (Form 990) 2010

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3

Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

a

☐ Public exhibition

d

☐ Loan or exchange programs

b

☐ Scholarly research

e

☐ Other

c

☐ Preservation for future generations

4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV and complete the following table

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

| | |
|----|--------|
| | Amount |
| 1c | |
| 1d | |
| 1e | |
| 1f | |

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

| | (a)Current Year | (b)Prior Year | (c)Two Years Back | (d)Three Years Back | (e)Four Years Back |
|----|--|---------------|-------------------|---------------------|--------------------|
| 1a | Beginning of year balance | | | | |
| b | Contributions | | | | |
| c | Investment earnings or losses | | | | |
| d | Grants or scholarships | | | | |
| e | Other expenditures for facilities and programs | | | | |
| f | Administrative expenses | | | | |
| g | End of year balance | | | | |

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶

c

Term endowment ▶

3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i)

unrelated organizations

(ii)

related organizations

b

If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

| | | |
|--------|-----|----|
| | Yes | No |
| 3a(i) | | |
| 3a(ii) | | |
| 3b | | |

4

Describe in Part XIV the intended uses of the organization's endowment funds

Part VI

Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

| Description of investment | (a) Cost or other basis (investment) | (b)Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|--------------------------------|------------------------------|----------------|
| 1a Land | | | | |
| b Buildings | | | | |
| c Leasehold improvements | | | | |
| d Equipment | | 144,586 | 128,997 | 15,589 |
| e Other | | 168,680 | | 168,680 |
| Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶ | | | | 184,269 |

| Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements | | |
|--|---|----|
| 1 | Total revenue (Form 990, Part VIII, column (A), line 12) | 1 |
| 2 | Total expenses (Form 990, Part IX, column (A), line 25) | 2 |
| 3 | Excess or (deficit) for the year Subtract line 2 from line 1 | 3 |
| 4 | Net unrealized gains (losses) on investments | 4 |
| 5 | Donated services and use of facilities | 5 |
| 6 | Investment expenses | 6 |
| 7 | Prior period adjustments | 7 |
| 8 | Other (Describe in Part XIV) | 8 |
| 9 | Total adjustments (net) Add lines 4 - 8 | 9 |
| 10 | Excess or (deficit) for the year per financial statements Combine lines 3 and 9 | 10 |

| Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return | | |
|---|---|---|
| 1 | Total revenue, gains, and other support per audited financial statements | 1 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12 | |
| a | Net unrealized gains on investments2a | |
| b | Donated services and use of facilities2b | |
| c | Recoveries of prior year grants2c | |
| d | Other (Describe in Part XIV)2d | |
| e | Add lines 2a through 2d2e | |
| 3 | Subtract line 2e from line 13 | |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1 | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b4a | |
| b | Other (Describe in Part XIV)4b | |
| c | Add lines 4a and 4b4c | |
| 5 | Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)5 | |

| Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return | | |
|--|--|---|
| 1 | Total expenses and losses per audited financial statements | 1 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25 | |
| a | Donated services and use of facilities2a | |
| b | Prior year adjustments2b | |
| c | Other losses2c | |
| d | Other (Describe in Part XIV)2d | |
| e | Add lines 2a through 2d2e | |
| 3 | Subtract line 2e from line 13 | |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b4a | |
| b | Other (Describe in Part XIV)4b | |
| c | Add lines 4a and 4b4c | |
| 5 | Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)5 | |

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

| Identifier | Return Reference | Explanation |
|---|------------------|--|
| Description of Uncertain Tax Positions Under FIN 48 | Part X | Impact Foundation has been recognized by the Internal Revenue Service as exempt from federal income taxes under Internal Revenue Code Section 501(c)(3). Impact Foundation undergoes an annual analysis of their various tax positions, assessing the likelihood of these positions being upheld upon examination with relevant tax authorities, as defined by the generally accepted accounting principles. Impact Foundation believes that they are compliant with all IRS tax regulations and as of December 31, 2010 and 2009 has not recorded liabilities for income taxes. The Foundation will recognize future accrued interest and penalties related to unrecognized tax liabilities in income tax expense if incurred. Impact Foundation is no longer subject to federal and state tax examinations by tax authorities for years before 2008. |

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
IMPACT FOUNDATION

Grants and Other Assistance to Organizations,
Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990

OMB No 1545-0047

2010

Open to Public
Inspection

Employer identification number
20-0520386

Part I General Information on Grants and Assistance

1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No

2

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed. ☐

| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|---------|------------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| See Additional Data Table | | | | | | | |
| | | | | | | | |
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| | | | | | | | |

2

Enter total number of section 501(c)(3) and government organizations

27

3

Enter total number of other organizations

0

Part III

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Use Schedule I-1 (Form 990) if additional space is needed.

| (a)Type of grant or assistance | (b)Number of recipients | (c)Amount of cash grant | (d)Amount of non-cash assistance | (e)Method of valuation (book, FMV, appraisal, other) | (f)Description of non-cash assistance |
|--------------------------------|-------------------------|-------------------------|----------------------------------|--|---------------------------------------|
| | | | | | |
| | | | | | |
| | | | | | |
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| | | | | | |

Part IV

Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

| Identifier | Return Reference | Explanation |
|--|------------------|--|
| Procedure for Monitoring Grants in the U S | Part I, Line 2 | Schedule I, Part I, Line 2 The Foundations written grantee application process includes detailed organizational information and tax status, mission, governance, conflicts of interest, project description, and budget Grant agreements require periodic and final progress reporting and return of unspent grant funds |

Software ID:

Software Version:

EIN: 20-0520386

Name: IMPACT FOUNDATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|------------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| Anne Carlsen Center701 3 Street NW Jamestown, ND 58401 | 87-0694180 | 501(c)(3) | 10,000 | | | | Capacity Building |
| Association Fundraising Professionals24204 27 Street NW Warren, MN 56762 | 45-0383825 | 501(c)(3) | 10,500 | | | | Capacity Building |
| Boston College Center Wealth140 Commonwealth Ave Chestnut Hill, MA 02467 | 04-2103545 | 501(c)(3) | 26,471 | | | | ND wealth transfer study |
| Community of CarePO Box 187 Arthur, ND 58006 | 26-1488596 | 501(c)(3) | 11,000 | | | | Capacity Building |
| Community Violence Intervention211 S 4 Street Grand Forks, ND 58201 | 45-0359167 | 501(c)(3) | 16,000 | | | | Capacity Building |
| Fargo Moorhead Opera114 Broadway N Suite S1 Fargo, ND 58102 | 45-0307449 | 501(c)(3) | 15,000 | | | | Capacity Building |
| First Care Health Center115 Vivian Street Park River, ND 58270 | 45-0232743 | 501(c)(3) | 19,000 | | | | Capacity Building |
| Freedom Resource Center2701 9 Ave S Fargo, ND 58103 | 36-3653709 | 501(c)(3) | 11,000 | | | | Capacity Building |
| Gateway to Science1810 Schafer Street Suite 1 Bismarck, ND 58501 | 45-0443517 | 501(c)(3) | 10,000 | | | | Capacity Building |
| Grand Forks ParkRecreation Foundation1210 7 Ave S Grand Forks, ND 58201 | 26-0625504 | 501(c)(3) | 12,000 | | | | Capacity Building |
| Great Plains Food Bank1720 3 Ave S Fargo, ND 58102 | 45-0226421 | 501(c)(3) | 98,684 | | | | Restock food pantry supplies |
| Minot Area Community Foundation15 2 Ave SW Ste 102 Minot, ND 58701 | 31-1689978 | 501(c)(3) | 10,000 | | | | Capacity Building |

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|----------------|---|---------------------------------|--|--|---|---|
| Minot Public Schools Foundation2152 2 Street SE Minot, ND 58701 | 45-0432114 | 501(c)(3) | 5,000 | | | | Capacity Building |
| ND Association Nonprofit OrganizationsPO Box 1091 Bismarck, ND 58502 | 91-1774592 | 501(c)(3) | 50,000 | | | | Capacity Building |
| ND Womens Network418 E Rosser Ave Suite 100 Bismarck, ND 58501 | 61-1501980 | 501(c)(3) | 11,000 | | | | Capacity Building |
| NDSCS Alumni Foundation800 6 St S Wahpeton, ND 58076 | 45-0407617 | 501(c)(3) | 5,000 | | | | Capacity Building |
| Pulse OutreachPO Box 7502 Fargo, MN 58106 | 20-5425332 | 501(c)(3) | 9,755 | | | | General program support |
| Rape and Abuse Crisis CenterPO Box 2984 Fargo, ND 58108 | 41-1310289 | 501(c)(3) | 10,000 | | | | Capacity Building |
| Red River Children's Advocacy100 4 Street S Fargo, ND 58103 | 45-6014870 | 501(c)(3) | 10,000 | | | | Capacity Building |
| St Annes Catholic SchoolPO Box 2020 Belcourt, ND 58316 | 42-0250364 | 501(c)(3) | 6,000 | | | | Capacity Building |
| Towner County Medical CenterPO Box 688 Cando, ND 58324 | 45-0425948 | 501(c)(3) | 10,000 | | | | Capacity Building |
| Trollwood Performing Arts801 50 Avenue SW Moorhead, MN 56560 | 45-0448759 | 501(c)(3) | 60,000 | | | | STAR and program support |
| Turtle Mountain Community CollegePO Box 340 Belcourt, ND 58316 | 45-0323401 | 501(c)(3) | 6,000 | | | | Capacity Building |
| United Way of RichlandWilkin CountyPO Box 746 Wahpeton, ND 58074 | 45-0335679 | 501(c)(3) | 5,000 | | | | Capacity Building |

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV , appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|------------------------------------|--------------------------|-----------------------------------|--|--|--|
| Village Family Service Center1201 25 Street S Fargo, ND 58103 | 45-0226423 | 501(c)(3) | 10,125 | | | | Fargo flood relief and general support |
| Youthworks of ND317 S University Drive Fargo, ND 58103 | 46-0345922 | 501(c)(3) | 11,000 | | | | Capacity Building and Fargo flood relief |
| YWCA Cass Clay3100 12 Ave N Fargo, ND 58102 | 45-0226455 | 501(c)(3) | 16,500 | | | | Capacity Building/general operations |

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 to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2010

Open to Public
Inspection

| | |
|---|--|
| Name of the organization IMPACT FOUNDATION | Employer identification number 20-0520386 |
|---|--|

| Identifier | Return Reference | Explanation |
|--------------------------------------|------------------|--|
| Form 990, Part VI, Section A, line 2 | | J Patrick Traynor and John Bertel have a Business Relationship |

| Identifier | Return Reference | Explanation |
|---------------------------------------|------------------|--|
| Form 990, Part VI, Section A, line 8b | | There are no committees with the authority to act on behalf of the board |

| Identifier | Return Reference | Explanation |
|---------------------------------------|------------------|---|
| Form 990, Part VI, Section B, line 11 | | A copy of the final Form 990 is provided to each voting board member for their review prior to filing. The filed Form 990 will be an agenda item at the next scheduled board meeting for management to review with board members. Actions taken will be so noted in the minutes of the board. |

| Identifier | Return Reference | Explanation |
|------------|--|---|
| | Form 990, Part VI, Section B, line 12c | Board members and staff are required to review the conflict policy and declare any conflicts annually. In addition, the administrative assistant notifies the Executive Director of any other conflicts that may arise during the year. If there are any conflicts, the board is made aware of them and the board member with a conflict is asked to abstain from voting. The process would be duly noted in the minutes. |

| Identifier | Return Reference | Explanation |
|------------|--|--|
| | Form 990, Part VI, Section B, line 15a | The Executive Director's performance is reviewed annually by the board members, excluding the Executive Director Compensation is compared using the Council on Foundations annual salary survey and compared to other foundations of similar size and scope using their Form 990 Compensation changes are approved by vote of the board with the Executive Director abstaining from voting |

| Identifier | Return Reference | Explanation |
|------------|---------------------------------------|---|
| | Form 990, Part VI, Section C, line 19 | These documents are made available to the public upon request |

| Identifier | Return Reference | Explanation |
|------------|--------------------|---|
| | Form 990, Part VII | J Patrick Traynor also devotes about 10 hours to Achievements Unlimited Foundation, a related organization Dan Carey, John Bertel and Susan Mathison devote about 1 hour to Achievements Unlimited Foundation |

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
IMPACT FOUNDATION

Employer identification number
20-0520386

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

| (a) Name, address, and EIN of disregarded entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Total income | (e) End-of-year assets | (f) Direct controlling entity |
|---|-------------------------|--|---------------------|---------------------------|----------------------------------|
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Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512(b)(13) controlled organization | |
|--|--------------------------------------|--|----------------------------|---|----------------------------------|---|----|
| | | | | | | Yes | No |
| (1) Achievements Unlimited Foundation 4152 30th Avenue S Suite 102 Fargo, ND 581048403 20-2052288 | Support mission of Impact Foundation | ND | 501(c)(3) | 11a | Impact Foundation | Yes | |
| | | | | | | | |
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Part III

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Predominant income (related, unrelated, excluded from tax under sections 512- 514) | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproporionate allocations? | | (i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? | | (k) Percentage ownership |
|--|-------------------------|--|-------------------------------------|---|------------------------------|---------------------------------------|--|----|---|---|----|--------------------------------|
| | | | | | | | Yes | No | | Yes | No | |
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Part IV

Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of-year assets | (h) Percentage ownership |
|---|-------------------------|---|-------------------------------------|--|------------------------------|--|--------------------------------|
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Part V

Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III or IV

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity

b Gift, grant, or capital contribution to other organization(s)

c Gift, grant, or capital contribution from other organization(s)

d Loans or loan guarantees to or for other organization(s)

e Loans or loan guarantees by other organization(s)

f Sale of assets to other organization(s)

g Purchase of assets from other organization(s)

h Exchange of assets

i Lease of facilities, equipment, or other assets to other organization(s)

j Lease of facilities, equipment, or other assets from other organization(s)

k Performance of services or membership or fundraising solicitations for other organization(s)

l Performance of services or membership or fundraising solicitations by other organization(s)

m Sharing of facilities, equipment, mailing lists, or other assets

n Sharing of paid employees

o Reimbursement paid to other organization for expenses

p Reimbursement paid by other organization for expenses

q Other transfer of cash or property to other organization(s)

r Other transfer of cash or property from other organization(s)

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

No

No

No

No

No

No

No

No

No

No

No

Yes

Yes

No

No

No

No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

| (a) Name of other organization | (b) Transaction type(a-r) | (c) Amount involved | (d) Method of determining amount involved |
|---------------------------------------|---------------------------------|------------------------|---|
| (1) Achievements Unlimited Foundation | C | 1,048,488 | Direct cost |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |

Schedule R (Form 990) 2010

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

[illegible]

Part VII **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

| Identifier | Return Reference | Explanation |
|------------|------------------|-------------|
|------------|------------------|-------------|

Additional Data

Software ID:
Software Version:
EIN: 20-0520386
Name: IMPACT FOUNDATION

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

| 4d. Other program services | | | |
|--|----------------|--------|---|
| (Code |) (Expenses \$ | 71,835 | including grants of \$ (Revenue \$ 27,986) |
| <p>Give While You Live Initiative (GWYL)With grants from Dakota Medical Foundation, Alex Stern Family Foundation and various individual and corporate contributions, Impact launched the GiveBack Initiative in 2006 to inspire donors to substantially increase and improve the impact of their giving of time, talent, and treasure in North Dakota and western Minnesota communities Initiative strategies have focused on education and training for nonprofit organizations to become highly proficient fundraisers and more operationally efficient and effective Another key focus is providing education and training for donors and volunteers in the area through marketing, education, and training of businesses and nonprofit organizations The initiative has created new ways of thinking and new approaches to maximize opportunities presented with our region's significant wealth transfer and substantial existing and potential volunteer workforce North Dakota Wealth Transfer The Foundations commissioned and funded a North Dakota wealth transfer study in 2005 conducted by the Center on Wealth and Philanthropy at Boston College in Boston, Massachusetts (Center) Impact has presented the North Dakota Wealth Transfer Study to donors, community leaders, nonprofit organizations, attorneys, accountants, financial advisors, bank, and trust personnel in several North Dakota communities The Center's study concluded that through 2055 North Dakota estates will give over \$38 billion to charity and pay an estimated \$55 3 billion in estate taxes Under the GiveBack Initiative basic strategies are presented to educate donors on how to reduce the outflow of capital (estate taxes) from our region through increased charitable giving and better estate planning Impact has contracted with the Center to produce a new Wealth Transfer Micro-simulation Model that will provide new estimates for North Dakota county-by-county wealth transfer data along with more recent U S data that will be completed in 2011 Give While You Live The website (www impactgiveback org) is designed to provide a one-stop information resource for donors to conveniently locate, review, and connect with over 350 nonprofit organizations in the region Nonprofit organizations in North Dakota and northwestern Minnesota are encouraged to place their organizational information on the website to easily connect with donors of time, talent and treasure Donors are able to research and identify their favorite nonprofit organizations and to make contributions directly online using their credit card or purchase gift cards that are redeemed as contributions to listed organizations Nonprofit organizations are able to utilize the website to receive contributions, process event registrations, and conduct fundraising auctions Impact partners with Dakota Medical Foundation to sponsor an annual Giving Hearts Day around Valentine's Day using the capabilities of the GiveBack online giving website As of May 2011 the online giving website has processed about 20,000 contributions totaling over \$3 0 million since its 2007 implementation Volunteer Initiative The Foundations partnered with Dakota Medical Foundation in 2007 to implement a Volunteer Initiative designed to help nonprofit organizations more effectively recruit, train, manage and retain volunteers Volunteer Management Training was held with 25 nonprofit organizations represented by 30 individuals participating in the training The success of the training programs led to the establishment of Volunteer Management Advanced Leadership training programs resulting in 11 nonprofit organizations participating in focused monthly training sessions The Foundations partnered with FirstLink to sponsor a Regional Conference on Volunteer Management and Leadership seminar in 2009 resulting in over 100 participants from North Dakota and Minnesota attending The GiveBack website www impactgiveback org includes a volunteer page that provides the capability for nonprofit organizations to list their volunteer opportunities and to track the volunteer's time spent An Impact Institute study conducted with 6 partner nonprofit organizations over a 7-month period identified a monthly average of 615 volunteers in different positions generating over 2,478 volunteer hours correlating to an economic impact of approximately \$337,668 in wages Giving Hearts Day Initiative The Foundations partnered with Dakota Medical Foundation to establish this Initiative to promote charitable giving in the region The online giving environment expands the capacity of area nonprofit organizations to efficiently raise funds for their programs The online giving website at www impactgiveback org is used to promote the annual Giving Hearts Day each February and provides donors with an easy-to-use website to make online contributions to their favorite charitable organizations The Giving Hearts Day Initiative generated over 10,200 donor contributions totaling over \$1 9 million since its 2008 implementation The Giving Hearts Day has resulted in over \$2 6 million in contributions to community nonprofit organizations Veteran Emergency Charitable Fund This Fund was established at Impact Foundation to receive charitable contributions from donors to support the emergency needs of North Dakota veterans and their eligible dependents not covered under current federal or state programs Impact has partnered with the North Dakota Veterans Affairs office to determine eligible veterans and their funding needs Impact has defined a charitable class of North Dakota veterans to meet the requirements for distributions from the Impact charitable fund as determined and approved by the fund advisors On November 11, 2010 Impact established the initial Veterans Giving Day, an annual event that raises charitable contributions for the Fund utilizing the GiveBack online giving website and other means The first event raised a total of \$11,654 in contributions and one veteran family was assisted in 2010</p> | | | |