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Form 990-EZ

Department of the Treasury Internal Revenue Service

Short Form

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

Sponsonng organizations of donor advised funds, organizations that operate one or more nospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file
Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form

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

OMB No 1545-1150

2010

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Crock → ☐ If the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than 350,000. A Form 990-EZ or Form 990 return is not required though Form 990 N (e-postcard) may be required (see instructions). But if the organization chooses to his or arrow 990 return is not required though Form 990 N (e-postcard) may be required (see instructions). But if the organization chooses to his or arrow 990 return is not required though Form 990 N (e-postcard) may be required (see instructions). But if the organization chooses to his or arrow 900 instead of Form 990 return (for 100 or more, for Form 990 return (for 100 or more, for Form 990 return 90 or	1				requ	ired to	attach Sche	dule B (Form
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Lexical lines 5b, 6c, and 7b, 1b line 9 to determine gross receipts if gross receipts are \$200,000 or more, or if total assets (Part II, line 2b, column (8) below) are \$500,000 or more, file Form 990 instead of Form 990-Ez? 1 2 1 Contributions, gifts, grents, and smillar amounts received 1 1 171, 110. 1 1 Contributions, gifts, grents, and smillar amounts received 2 Program service revenue including government fees and contracts 3 Membership dues and assessments 4 1 171, 110. 2 Program service revenue including government fees and contracts 3 Membership dues and assessments 4 1 Investment income 5 a Gross amount from sale of assets other than inventory 5 b Less: cost or other basis and sales expenses 5 c Gaming and fundraising events 6 Gaming and fundraising events (reborded on line 1) (attach Schedule G if greater than \$15,000) 6 Gaming and fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) 6 Less: cost of goods sold 7 a Gross sales of inventory, less returns and allowances 5 Less: cost of goods sold 6 Not income or (loss) from agaming and fundraising events (add lines 6a and 6b and subtract line fo 6c) 7 a Gross sales of inventory, less returns and allowances 5 Less: cost of goods sold 7 a Gross sales of inventory, less returns and allowances 5 D Less: cost of goods sold 7 a Gross and sing and fundraising events (add lines 6a and 6b and subtract line fo 6c) 9 Total revenue, Add lines 1, 2, 3, 4, 5c, 65, 7c, and 8 9 171, 954. 10 Grants and similar amounts period (ist in Schedule O) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Printing, publications, postage, and shipping 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (defict) for the year (schitcule of 1) 19 A Less sets or fund balances at beginning of year (fro		\$50.	000. A Forr	n 990-EZ or Form 990 return is not required though Form 990 N (e-postca	rd) may be requi	red (see	e Instruction	s) But if the
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c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe in Schedule O) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent operactors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 Net assets or fund balances at end of year. Combine lines 18 through 20 20 Salaries, other revenue. Add lines 10 inventors in the 10 inventors in 11 inventors in 11 inventors in 12 inventors in 12 inventors in 12 inventors in 12 inventors in 13 inventors in 13 inventors in 14 inventors in 14 inventors in 12 inventors in 13 inventors in 14 inventors in 14 inventors in 15 inve		ь	Less: cost	t of goods sold			1965 1-31	
8 Other revenue (describe in Schedule O) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent obstractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 Other changes in net assets or fund balances (explain in Schedule O) 20 Net assets or fund balances at end of year. Combine lines 18 through 20 21 Net assets or fund balances at end of year. Combine lines 18 through 20 22 33,847.							7.0	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year. Combine lines 18 through 20 21 33,847.						·		
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11 Benefits paid to or for members 12 12 13 14 18 19 19 19 19 19 19 19								
Salaries, other compensation, and employee benefits 12 Professional fees and other payments to independent contractors 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year. Combine lines 18 through 20 22 33,847.					r-in Scut	}		164,000.
14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O). 17 Total expenses. Add lines 10 through 16. 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year. Combine lines 18 through 20 21 33,847.	F	1						
14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O). 17 Total expenses. Add lines 10 through 16. 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year. Combine lines 18 through 20 21 33,847.	ž		Salaries,	other compensation, and employee benefits	85			
Total expenses. Add lines 10 through 16. Note the spenses of the	Ē	ľ	Profession	nal fees and other payments to independent opetractors ಈ ಡ.೯ 'ನಗಳು	, Q			1,478.
16 Other expenses (describe in Schedule O). Total expenses. Add lines 10 through 16. 18 Excess or (deficit) for the year (Subtract line 17 from line 9). Note assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return). Other changes in net assets or fund balances (explain in Schedule O). Note assets or fund balances at end of year. Combine lines 18 through 20. Note assets or fund balances at end of year. Combine lines 18 through 20. 16 9, 853. 17 17 175, 685. 18 -3, 731. 19 37, 578.	5	14	Occupano	y, rent, utilities, and maintenance	. 1001.	. [14	
16 Other expenses (describe in Schedule O). Total expenses. Add lines 10 through 16. 18 Excess or (deficit) for the year (Subtract line 17 from line 9). Note assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return). Other changes in net assets or fund balances (explain in Schedule O). Note assets or fund balances at end of year. Combine lines 18 through 20. Note assets or fund balances at end of year. Combine lines 18 through 20. 16 9, 853. 17 17 175, 685. 18 -3, 731. 19 37, 578.	E S	15	Printing, p	cublications, postage, and shipping .	 J≌		15	354.
17 Total expenses. Add lines 10 through 16	•	16	Other exp	enses (describe in Schedule O)	SEZ, Part Line 16 Othe	Expenses	16	9,853.
18 Excess or (deficit) for the year (Subtract line 17 from line 9)		17	Total expe	enses. Add lines 10 through 16		. ▶	17	
Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)		18	Excess or	(deficit) for the year (Subtract line 17 from line 9)			18	
figure reported on prior year's return)	A	10				Ĺ		
S 21 Net assets or fund balances at end of year. Combine lines 18 through 20	N S	פון	figure reno	year	1	37 570		
S 21 Net assets or fund balances at end of year. Combine lines 18 through 20	ŤĚ	20		·		ŀ		31,310.
	Ś			, ,				22 047
	RΔ			**		لتننا		

PE	Balance Sheets. (see the line of the line	nstructions for Part II.) thedule O to respond to any que	estion in this Part II .		
		2 1		A) Beginning of year	
22	Cash, savings, and investments			118,078.	
23	Land and buildings			0.	
24	Other assets (describe in Schedule O)			500.	
25	Total assets			118,578.	
26 27	Total liabilities (describe in Schedule Net assets or fund balances (line 27)	of solumn (P) must agree with 1) · ·	81,000. 37,578.	
	Statement of Program S				
M. G.L	Check if the organization used				Expenses Required for section
What I	is the organization's primary exempt purpose?	SEE STATEMENT 1		5	01(c)(3) and 501(c)(4)
Desc	ribe what was achieved in carrying out	the organization's exempt purpo	oses. In a clear and cor	cise manner,	rganizations and section 947(a)(1) trusts; optional
desci	ribe the services provided, the number ram title.	or persons benefited, and other	relevant information for	each fo	or others.)
	(Grants \$ 164,000.) If	this amount includes foreign gr	ants, check here		8a 170,773.
29					
	(Grants \$) If	Al			
30					!9 a
30					
				·	
	(Grants \$) If	this amount includes foreign gr	ants, check here		10a
31	Other program services (describe in S				
-		this amount includes foreign gr			11 a
32	Total program service expenses (add	ines 28a through 31a)		.,	2 170,773.
Rai	থিউ List of Officers, Director	s, Trustees, and Key Em	ployees. List each one e	ven if not compensated, (s	ee the instructions for Part IV.)
	Check if the organization used				
	(a) Name and address	(b) Title and average hours per week devoted	(c) Compensation (if not paid, enter -0)	(d) Contributions to employee benefit plans a	(e) Expense account and other allowances
		to position		deferred compensation	n
	H DAHLE	-			
	O GRENOX ROAD NEWOOD PA 19096	_Co-President	_	1	
	NEWOOD PA 19096 Y BROACH	2.00	<u> </u>	· · · · · · · · · · · · · · · · · · ·	0.
	KENT ROAD	- Past President		1	
	NEWOOD PA 19096	2.00	0.		o. o.
	AN BERNSTEIN				
509	PUTNAM ROAD	Secretary			
MER		2.00	C.	(0.
	BARA RENNINGER				
	HATHAWAY LANE	Treasurer			
	NEWOOD PA 19096	2.00	0.	(0. 0.
	TA LOCKHART AUBREY ROAD	-Crants			
	NEWOOD PA 19096	Grants 2.00	0.	,	
	H BURRELL	2.00	0.		0. 0.
	VALLEY ROAD	Communications	ł		
	ION PA 19066		l o.	1	0. 0.
	RLOTTE SCHUTZMAN				
823	SUMMIT ROAD	Co-President			
PEN	N VALLEY PA 19072	2.00	0.	<u> </u>	0. 0.
	ORAH FEDDER	_		-	
	FARWOOD ROAD	Member	_	Į.	
	NEWOOD PA 19096	2.00	0.		0.
	DY PECK	J			
	MANOR ROAD	Educational Prog.	_] .	, _
	NEWOOD PA 19096	2.00	0.	 	0.
See Fla	st of Officers, Directors, Trustoes, & Key Employees S	<u>me</u>			
		-			
RΔΔ		TEEANSI2 O	0.12.11		Form 990 F7 (2010)

Form 990-EZ (2010) IMPACT100 PHILADELPHIA, INC.

80-0177821 Page **2**

	990-EZ (2010) IMPACT100 PHILADELPHIA, INC.	80-0177821	Page 3
Par	Other Information (Note the statement requirements in the instructions for Part V Check if the organization used Schedule O to respond to any question in this Part V		
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' provide a detailed de each activity in Schedule O	escription of 33	Yes No
34	Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended docume a change to the organization's name. Otherwise, explain the change on Schedule C (see instructions)	ents if they reflect	X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported explain in Schedule O why the organization did not report the income on Form 990-T.	on Form 990-T,	
	Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?		x
	olf 'Yes,' has it filed a tax return on Form 990-T for this year (see instructions)?		 -
	vear? If 'Yes' complete applicable parts of Schedule N	36	X
Ľ	Enter amount of political expenditures, direct or indirect, as described in the instructions Did the organization file Form 1120-POL for this year?	3/D	Х
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or wany such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		X
b	of Yes, complete Schedule L, Part II and enter the total amount involved		
	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9		
	o Gross receipts, included on line 9, for public use of club facilities		
	Section 501(c)(3) organizations, Enter amount of tax imposed on the organization during the year under: section 4911 ; section 4912 ; section 4955 ; section 4955		
t	• Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess ben transaction during the year or did it engage in an excess benefit transaction in a prior year that has not bee on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	n reported	X
ď	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
C	section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization		
G	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T	40 e	X
41	List the states with which a copy of this return is filled Pennsylvania		
42 a	n The organization's books are in care of ► BARBARA RENNINGER Telephone	a no. ► <u>(610) 642</u> -	4366
	Located at ► 1200 GRENOX ROAD WYNNEWOOD PA ZIP	+ 4 ► <u>19096</u>	
Ŀ	At any time during the calendar year, did the organization have an interest in or a signature or other authori financial account in a foreign country (such as a bank account, securities account, or other financial account If 'Yes,' enter the name of the foreign country:	ity over a	Yes No
c	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts. At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country.		X
43	Section 4947(a)(1) nonexempt charitable trusts filling Form 990 EZ in fieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year		
44 a	Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be complete	ed Instead	Yes No
t	of Form 990-EZ	pleted	X
	instead of Form 990 EZ		$\frac{x}{x}$
	I If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an expla	· · · · · · · · · · · · · · · · · · ·	 ^
BAA	Schedule O	44d Form 990-I	F7 (2010)
DAA	1CC/0012 V2/10/11	(Oill 330-1	LE (2010)

Form 990-l	EZ (2010) IMPACT100 PHILADELI	PHIA, INC.	·	80-01	77821	Р	age 4
`						Yes	No
	y related organization a controlled entity o	•	_	, , , ,	THE RESERVE OF THE PERSON NAMED IN	新光	X
	he organization receive any payment from oction 512(b)(13)? If 'Yes,' Form 990 and S				st.) 45a		X
cand	he organization engage, directly or indirection indirections for public office? If 'Yes,' complete	Schedule C, Part I 🚬 .			46		X
Bart VIS	Section 501(c)(3) organizations	and section 4947	(a)(1) nonexem	pt charitable trusts o	nly. All se	ction	
	501(c)(3) organizations and sec 47-49b and 52, and complete th	tion 494/(a)(1) noi	nexempt charita Mand 51	ble trusts must answe	er questioi	าร	
	•						_
	Check if the organization used Schedule	O to respond to any qu	uestion in this Part	VI		· ·	لل
47 Did t	he organization engage in lobbying activiti	es? If "Ves ! complete S	Cobadula C. Part II		47	Yes	No X
	e organization a school as described in se-	· ·	•		48		X
	he organization make any transfers to an				49a		<u>x</u>
	es,' was the related organization a section		=		49b		X
50 Com	plete this table for the organization's five houses) who each received more than \$100	ighest compensated en	nployees (other than	officers, directors, trustee	s and key		
emp	oyees) who each received more than \$100						
(a)) Name and address of each employee paid more than \$100,000	(b) Trile and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and	accou	pense nt and	
	more than \$100,000	cevoled to position		deferred compensation	other all	owarices	
NONE _							
					 		
		.					
f Total	number of other employees paid over \$10	nn nnn 🕨	·		l		
	plete this table for the organization's five h		dependent contracto	— its who each received more	than \$100 (00 of	
comp	pensation from the organization. If there is	none, enter 'None.'			T		
	(a) Name and address of each Independent confr	actor paid more than \$100,000		(b) Type of service	(c) Comp	ensation	
NONE -							
				· -	 		
							
			20.000		<u> </u>		
	number of other independent contractors	• .	•				
	he organization complete Schedule A? Not table trusts must attach a completed Sche		organizations and 4	1947(a)(1) nonexempt	► X Yes	Г	No
Under penalti	es of perjury. I declare that I have examined this return and complete. Declaration of preparer (cliver than office	including accompanying sched	dules and statements, and	to the best of my knowledge and h	ellef, it is		
aue, consec,	1 /20 losse /) - // l	no i O	i willus preparer has any	1 1 /2 /	1,0		
Sign	Signature of officer	va yrc		Date			
Here	- BARBARA B	REMOIN	CER 7	VEZA.NU REPR			
	Type or print name and title		, ,				
	Print/Type preparer's name	Preparer's signature	Date		TIN	,	
Paid	Robert J. McNamee	slow J mys	M2 11	23/12 self-employed	P01428	120	
Preparer	Firm's name ► O'Connell & Com						
Use Only	Firm's acdress > 8101 Washington	Lane, Ste 213	D3 1000	Firm's EIN	E) 000	4.40-	
May the ID	Wyncote Sidecuse this roturn with the property she	um about 2 Con instruction	PA 19095	5 Phone no (21			
BAA	S discuss this return with the preparer sho	wit above, See instruct	iiuns		Form 990		2010)
						'	(0)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

4947(a)(1) nonexempt charitable trust.

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

2010

Employer Identification number

				LADEL				_							17782			
						arity Stati								See i	nstruct	tions.		
The o	rgar	nizati	on is no	t a priva	te found	dation becau	se it is	s: (For lines	1 through	gh 11, cl	neck on	ly one b	ox.)					
1		A ch	urch, co	onvention	of chu	rches or ass	ociatio	on of church	es descr	ibed in s	section	1 70(b)(1)(A)(i).					
2		A sc	hoot de	scribed ii	n sectio	n 170(b)(1)(A)(ıi).	(Attach Sch	edule E	.)								
3	П	A ho	spital o	га сооре	erative I	nospital serv	ice or	ganization d	e scribed	ın sect	ion 170((b)(1)(A)	(iii).					
4		A me	edical re	esearch o	organiza	ition operate	ed in c	onjunction w	vith a ho	spital de	scribed	ın sect	ion 1 70 (b)(1)(A)	(iii). Ent	er the hosp	tał's	
	_	nam	e, city,	and state	e:													
5		170(b)(1)(A)	(iv). (Co	mplete									nental u	nit desc	ribed in sec	tion	
6 7	×	An o	rganiza	tion that	normal	ernment or ly receives a	subst	antial part o	describe of its sup	ed in se port fro	ction 17 n a gov	'0(b)(1)(. ernmen	A)(v). tal unit c	r from t	he gene	eral public d	escrib	ed
8	$\bar{\sqcap}$					(Complete P I in section 1			Complete	e Part II.)							
9	Ħ	Ann	raaniza	tion that	normal	ly receives:	(1) mg	re than 33-1	1/3% of	its supp	ort from	contribi	utions, m	nembers	hlp fees	s, and gross	recei	ıpts
•		from inves June	activiti stment i 30, 19	es relate income a 75. See :	d to its ind unre section	exempt func lated busine 509(a)(2). (0	tions - ess tax Comple	– subject to lable income ete Part III.)	certain e e (less se	exceptio ection 5	ns, and 11 tax) i	(2) no i from bus	nore tha sinesses	in 33-1/3 acquire	3% of its	s support fro	om arc	oss
10		An c	rganiza	tion orga	ınızed a	nd operated	exclu	siv <mark>ely</mark> to test	t for pub	lic safet	y See s	section	509(a)(4)).				
11		more	public	v suppor	ted orga suppor	nd operated anizations d ting organiz	escribe ation a	ed in section	า 509(a)เ	(1) or se	ction 50	he funct 9(a)(2)	tions of, See se	cr carry ction 50	out the 19(a)(3).	purposes of Check the	f one box th	or nat
			Туре			Type II				- Func					d 🗌	Type III -		:r
o		By c other secti	hecking r than fo on 509	this box oundation (a)(2).	, I certif n manag	y that the or gers and oth	ganiza er thai	ation is not on n one or mo	controller re public	d directly by supp	y or ind orted or	irectly b ganizati	y one or ons desc	more d ribed in	isqualific section	ed persons 1509(a)(1)	or	
f		If the	organi k this b	zation re	coived	a written del	termin:	ation from th	ne IRS th	nat is a	Гуре I, 1	Гуре II с	r Type I	II suppo	rting org	ganization,		, 🗆
g		Sinc	e Augus	st 17, 200	06, has	the organiza	ation a	ccepted any	gift or	contribu	tion fror	n any o	f the folk	owing po	ersons?			
•			_														Yes	No
		(i)	A pers	on who o	directly erning b	or indirectly lody of the s	contro upport	els, either ald ed organiza	one or to tion? .	ogether v	with per	sons de	scribed i	n (II) ar	id (ili)	11 g (l)		
		(ii)	A fam	ily memb	er of a	person desc	ribed i	in (ı) abcve ⁷	'							11 g (ii)		<u> </u>
		(ili)	A 35%	controll	ed entity	y of a persoi	n desc	ribed in (i) d	or (II) ab	ove?						. 11 g (iii)	L	<u></u>
h		Prov	ide the	following	ınform	ation about	the su	oported orga	nization	ı(s).								
		(f) Na	me of sup organization	ported on		(II) EIN	(III) Type of organ (described on ling above or IRC s (see instruction	nes 1-9 section	organiz column (is the allon in) listed in everning ment?	the organ	rou notity nization in in (I) of upport?	organiz	s the atlon in nn (1) ed in the S ?	(vii) Amou	nt of sup	pport
	_									Yes	No	Yes	No	Yes	No			
(A)																		
/ D\																		
<u>(B)</u>					1		╅											
(C)							-	 -										
<u>(D)</u>																		
<u>(E)</u>					2002		_	سندائده مندائد			and the second			-				
Total					7													
1000					T-27. 74.51	- 17 A 17 A 17 A 27 A 27 A 27 A 27 A 27 A	Kenny IV	AND ADDRESS OF THE PARTY OF THE		لينة فيستحدث كال		بتأمدا فاستسالا	1	me report	CONTRACTOR STREET			

Page 2

Schedule A (Form 990 or 990-EZ) 2010 IMPACT100 PHILADELPHIA, INC. 80-0177821 Partill 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 falls to qualify under the tests listed below, please complete Part III.)

Section A. Public Support									
Cale:	ndar year (or fiscal year nning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total		
1	Gifts, grants, contributions, and membership fees received. (Do not include 'unusual grants')			147,152.	159,376.	171,610.	478,138.		
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf		:						
3	The value of services or facilities furnished by a governmental unit to the crganization without charge								
4	Total. Add lines 1 through 3	The last of the state of the st		147,152.	159,376.	171,610.	478,138.		
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)								
	Public support. Subtract line 5 from line 4						478,138.		
Sec	tion B. Total Support								
Cale: begin	ndar year (or fiscal year nning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total		
7	Amounts from line 4			147,152.	159,376.	171,610.	478,138.		
8	Gross income from interest, dividends, payments received on securities loans, rents royalties and income from similar sources			1,886.	1,732.	844.	4,462.		
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 (Exolain in Part IV)								
11	Total support. Add lines 7 through 10						482,600.		
12	Gross receipts from related activ	ities, etc (see instr	ructions)						
	First five years. If the Form 990 organization, check this box and	stop here				section 501(c)(3)	► \sqcap		
	tion C. Computation of Pu								
	Public support percentage for 20	•	· ·			14	99.08%		
	Public support percentage from 2					[15]	98.83%		
16 a	33-1/3% support test — 2010. If and stop here. The organization	the organization de qualifies as a publ	d not check the backled org	ox on line 13, and ganization	the line 14 is 33-	1/3% or more, ched	ck this box		
b	33-1/3% support test — 2009. If it and stop here. The organization	the organization de qualifies as a publ	d not check a box licly supported org	on line 13 or 16a janization	, and line 15 is 33	8-1/3% or more, ch	eck this box		
17 a	10%-facts-and-circumstances to or more, and if the organization the organization meets the facts	meets the 'facts-ar	nd-circumstances`	test, check this be	ox and stop here.	Explain in Part IV	how		
	10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-and Private foundation. If the organization	meets the 'facts-ar d-circumstances' t	nd-circumstances' lest The organiza	test, check this bo ition qualifies as a	ox and stop here. publicly supporte	Explain in Part IV die organization .	how the ▶		
18 BAA	ravate touridation, is the digant.	canon dia not chec	A G DOA OIT HIRE IS	o, 10a, 10b, 17a, C		hedule A (Form 99			
						•	•		

Page 3

Schedule A (Form 990 or 990-EZ) 2010 IMPACT100 PHILADELPHIA, INC. 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.)

Calendar year (or fiscal yr beginning in) (a) 2006 (b) 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total 9 Amounts from line 6	Sect	tion A. Public Support						
and microbaptiship fees, dead any unsustignatish.) 2 Gross receipts from admissions, methods of any unsustignatish.) 3 Gross receipts from admissions, methods of any unsustignatish and any admissions, methods and of any admissions, methods and any admissions are exempt purpose unions. The analysis of the organization's take exempt purpose unions are exempt purpose unions. The analysis of the organization's take the any admissions are exempt purpose unions. The analysis of the organization's benefit and organization's benefit and organization benefit and organization benefit and organization without charge organization without charge organization without charge organization without charge of the organization without charge of Total. Audit lines I through 5. 7 a Amounts included on lines 1, 2, and 3 received from 2. 8 Public support (Subtract line 5. 8 Public support (Subtract line 5. 8 Public support (Subtract line 5. 9 Amounts from line 6. 10 An Gross income from interest, dividends, payments received on securities loans, recisis, similar sources. 10 Unrelated by the public support (Subtract line 6.) 11 Net momen from summary organization of public support from the first lines and the summary organization, check this box and stop her comparation's first, second, third, fourth, or fifth iax year as a section 501(c)(3) regularly farmed and the lines (1) regularly farmed and support (well as lines (1) regularly farmed and support percentage from 2009 Schedule A, Part III, line 15 16 Public support percentage from 2009 Schedule A, Part III, line 15 18 Invostment income percentage from 2009 Schedule A, Part III, line 15 19 a 33-13% support tests – 2009. If the organization			(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
2 Gross receipts from admissions, methanics sold colletes furnished in any activity that is related to the organization's lake evernot purpose. 3 Gross receipts from antivitied or business uncer section 513. 4 Tax revenues leved for the organization's benefit and of the organization's benefit and of the organization's benefit and of the organization's benefit and organization's benefit and organization's benefit and organization	1	Gifts, grants, contributions and membership fees received. (Do not include any unusual grants ')						
3 Gross receipts from activities that are not an unrelated trade or business under section 513. 1 Tax revenues leved for the organization's benefit and or its behalf and or its behalf and organization's breefit and organization's breefit and organization without charge organization organization without charge organization without charge organization organization without charge organization organization organization without charge organization organization, chock this box and stop by here Section D. Computation of Public Support Percentage 17 investment income percentage for 2010 (line 8, column (f) divided by line 13, column (ft) policy sport organization. 18 investment income percentage for 2010 (line 10, column (f) divided by line 13, column (ft) policy sport organization. 19 all public support percentage for 2010 (line 10, column (f) divided by line 13, column (ft) policy sport organization. 19 all public support percentage for 2010 (line 10, column (f) divided by line 13, column (ft) policy sport organization. 20 bits incomposition of investment Income percentage 21 investment income percentage for 2010 (line 10, column (f) divided by line 13, column (ft) policy sport organization. 22 in all public support percentage for 2010 (line 10, column (ft) divided by line 13, column (ft) policy sport organization. 33 Total support degrating organization of not check the box on line 14 or line 19a, and line 15 is not more than 33-1734, end the line organization qualifies as a publicy support organization. 34 bits 312% support degrating organization.	2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's						
organization's benefit and either paid to or expended on the behalf. 5 the behalf. 5 the behalf. 5 the behalf. 5 the behalf. 6 Total. Acid lines 1 through 5. 7 a Amounts included on lines 1, 2, and 3 received from discussion included on lines 1, 2, and 3 received from discussion of the then obscisatified persons. 6 Add lines 1 amount on line 13 for the year and 7 acid lines 1 amount on line 13 for the year. 7 Add lines 7 and 75. 8 Public support (Subtract line 7 from line 6). 5 Section B. Total Support 6 and 3 received from discussion of lines 13 for the year and 3 received from discussion of lines 13 for the year. 7 If you fire amount on line 13 for the year and 76. 8 Public support (Subtract line 7 from line 6). 5 Section B. Total Support (a) 2006 (b) 2007 (c) 2008 (d) 2009 (c) 2010 (f) Total 9 from line 6). 10 a Gross income from interest, dividends, payments received on securities (parts, from line 6). 10 a Gross income from interest, dividends, payments received on securities (parts, from line 6). 5 Lurelated business trazible income (less section 51) taxes) from businesses acquired after Jahre 30, 1975. 6 Add lines 10a and 10b. 11 Ne momes 10a and 10b. 12 Other income. Do not include gain or loss from the sale of gapital, sessets (Explain in a securities) and the sale of gapital, gassets (Explain in a securities) and the sale of gapital, gassets (Explain in a securities) and the sale of gapital, gassets (Explain in a securities) and the sale of gapital, gassets (Explain in a securities) and the sale of gapital, gassets (Explain in a securities) and the sale of gapital, gassets (Explain in a securities) and the sale of gapital, gassets (Explain in a securities) and the sale of gapital, gassets (Explain in a securities) and the sale of gapital, gassets (Explain in a securities) and the sale of gapital, gassets (Explain in a securities) and the sale of gapital, gassets (Explain in a securities) and the sale of gapital gassets (Explain in a securities) and the sale of gapital gassets (Exp	3	Gross receipts from activities that are not an unrelated trade						
tacilities furnished by a governmental unit to the organization without charge of Total. Add lines I through 5. 7a Amounts included on lines 1, 2, and 3 received from clissualified persons b Amounts included on lines 2 and 3 received from other than discutalified persons b Amounts included on lines 2 and 3 received from other than discutalified persons b Amounts included on lines 2 and 3 received from other than discutalified persons b Amounts included on lines 2 and 3 received from other than discutalified persons b Amounts included on line 13 for the year c Add lines 7a and 7b B Public support (subtract line 7b from line 6) 8 Public support (subtract line 7b from line 6) 10 Amounts from line 6 11 Amounts from line 6 12 Amounts from businesses a availed in line 10 Amounts from lin		organization's benefit and either paid to or expended on its behalf						
7 A 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) 8 Public support (Subtract line 7c from line 6) 8 Public support (Subtract line 7c from line 6) 8 Public support (Subtract line 7c from line 6) 8 Public support (Subtract line 7c from line 6) 10a Gross income from line 6 10a Gross income from line 6 10b Gross income from interest, cividends, payments received on securities loans, rents, raysilles and income (less section 51) 1 taxes) from businesses axialle income (less section 51) 1 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 10b Methatro from unitated business acquired after June 30, 1975 c Other from unitated business acquired after June 30, 1975 c Other from unitated business acquired after June 30, 1975 c Other income (June 10b) 10b June 10b Jun	•	facilities furnished by a governmental unit to the						
and 3 received from other than discualified persons the amount on line 13 for the year check the greater of \$5,000 or 1% of the amount on line 13 for the year check this post and 7b. 8 Public support (Subtract line 7c from line 6) 9 Amounts from line 6 (a) 2006 (b) 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total 9 Amounts from line 6 (a) 2006 (b) 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total 9 Amounts from line 6 (a) 2006 (b) 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total 9 Amounts from line 6 (a) 2006 (b) 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total 9 Amounts from line 6 (a) 2006 (b) 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total 9 Amounts from line 6 (a) 2006 (b) 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total 9 Amounts from line 6 (a) 2006 (b) 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total 9 Amounts from line from line from line from similar sources (a) 2006 (b) 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total 9 Amounts from line from similar sources (a) 2006 (b) 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total 9 Amounts from line from similar sources (a) 2006 (b) 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total 9 Amounts from line from similar sources (a) 2006 (b) 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total 9 Amounts from line from similar sources (a) 2006 (b) 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total 9 Amounts from line from similar sources (a) 2006 (b) 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total 9 Amounts from line from similar sources (a) 2006 (d) 2009 (e) 2010 (f) Total 9 Amounts from line from similar sources (a) 2006 (d) 2009 (e) 2010 (f) Total 9 Amounts from line from similar sources from similar sources (a) 2006 (d) 2009 (e) 2010 (f) Total 9 Amounts from line from similar sources from similar sources (a) 2006 (d) 2009 (e) 2010 (f) Total 9 Amounts from line from similar sources from similar sourc		Amounts Included on lines 1, 2, and 3 received from						
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Calendar year (or fiscal yr beginning in) (a) 2006 (b) 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total 9 Amounts from line 6		7c from line 6)					10000000000000000000000000000000000000	¥
Amounts from line 6					1	I		T
10 a Gross income from interest, dividents, payments received on securities loans, rents, royalities and income from similar sources. b Unrelated business taxable income (less section 51) taxes) from businesses acquired after June 30, 1975. c Add lines 10a and 10b		• • • • • •	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
acquired after June 30, 1975 c Add lines 10a and 10b	10a b	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) 13 Total support. (Add list 9, 10s, 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 section 501(c)(3) organization, check this box and stop here. Section C. Computation of Public Support Percentage 15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f)) 16 Public support percentage from 2009 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f)) 18 Investment income percentage from 2009 Schedule A, Part III, line 17 19 a 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 1	c 11	acquired after June 30, 1975 . Add lines 10a and 10b Net income from unrelated business activities not included in line 10b,						
Total support. (Add Ins 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 section 501(c)(3) organization, check this box and stop here. Section C. Computation of Public Support Percentage 15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f)) 16 Public support percentage from 2009 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f)) 18 Investment income percentage from 2009 Schedule A, Part III, line 17 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 oublicly supported organization.	12	regularly carried on						
First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. Section C. Computation of Public Support Percentage 15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f)) 16 Public support percentage from 2009 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f)) 18 Investment income percentage from 2009 Schedule A, Part III, line 17 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 oublicly supported organization.		·					· · · · · · · · · · · · · · · · · · ·	
Section C. Computation of Public Support Percentage 15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f)) 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)) 18 Investment income percentage from 2009 Schedule A, Part III, line 17 19 a 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 19 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 oublicly supported organization.			s for the organiza stop here	tion's first, second	d, third, fourth, or	fifth tax year as a	section 501(c)(3	3)
16 Public support percentage from 2009 Schedule A, Part III, line 15								
Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f)) 18 Investment income percentage from 2009 Schedule A, Part III, line 17 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.							15	
Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))							16	કૃ
18 Investment income percentage from 2009 Schedule A, Part III, line 17								
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line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization		is not more than 33-1/3%, check	this box and stop	here. The organiz	zation qualifies as	a publicly suppor	ted organization	
28 Divinte touridation of the expension did not shook a her on line 14, 10s, or 10h, shook this have and as a instruction.		line 18 is not more than 33-1/3%	, check this box ar	nd stop here. Tne	organization qual	ifies as a oublicly	supported organ	3-1/3%, and ization
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions		Private foundation. If the organiz	ation did not chec					

Schedule /	4 (Form 990 i	or 990·EZ) 2	010 IMF	ACT100	PHILADE	ELPHIA,	INC.	 	80~017	7821	Page 4
Pattly	Supplem Part II, Iii (See inst	ental Info ne 17a or ructions).	rmation. (17b; and	Complete Part III, I	this part ine 12. Al	to provid so compl	e the expla ete this pa	anations re rt for any	equired by additional i	7821 Part II, line 1 nformation.	0;
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BAA								S	Schedule A (Fo	orm 990 or 990-	EZ) 2010

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545 0047

2010

Department of the Treasury Internal Revenue Service Form 990 or 990-E

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

	Employer Identification number
IMPACT100 PHILADELPHIA, INC.	80-0177821
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#### **Additional Information**

### STATEMENT 2

THE ORGANIZATION STRIVES TO INCREASE WOMEN'S PHILANTHROPY IN THE PHILADELPHIA REGION. THROUGH PROPOSAL REVIEW AND EVALUATION, THE ORGANIZATION RAISES AWARENESS OF THE MANY WORTHWHILE CHARITABLE OPPORTUNITIES IN THE REGION, INSPIRING MEMBERS TO BECOME INVOLVED WITH THESE CHARITIES IN A MORE PERSONAL WAY.

#### **Additional Information**

STATEMENT 1

THE ORGANIZATION'S MISSION IS TO ENGAGE WOMEN IN PHILANTHROPY AND COLLECTIVELY TO FUND GRANTS TO CHARITABLE INITIATIVES IN THE PHILADELPHIA REGION. THE GOAL EACH YEAR IS TO MAKE HIGH-IMPACT GRANTS TO ORGANIZATIONS THAT WOULD OTHERWISE NOT HAVE ACCESS TO FUNDING ON SUCH SCALE.

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IMPACT100 PHILADELPHIA, INC.	80-0177821			
Schedule O (Form 990 or 990-EZ), Su Form 990-EZ, Part I, Line 16 Other Ex		ation to Form 990 o	or 990-EZ	
Other expenses (describe in Schedule	0)			
ANNUAL MEETING EXPENSE		5,4	<u>99.</u>	
ADMINISTRATION			<u>76.</u>	
INSURANCE			80.	
DUES AND SUBCRIPTIONS			50.	
WEBSITE		2,1	48.	
T-1-1		0.0	E 2	
Total		9,0	53.	
Name and address	Title and average hours per week devoted to position	Compensa- tion (if not paid, enter -0-)	Contribu- tions to employee benefit plans and deferred compensation	Expense account and other allowances
	1			<del></del>
Person   X	Title PR/Marketing		!	
STEPHANIE MAGUIRE 2231 CAMBRIDGE RD	Title PR/Marketing	0.	0.	

Title

Recruiting

Hours/Week

Title

Hours/Week

2.00

Business . Person .... X

PA 19087

. X

845 KING OF PRUSSIA ROAD

Foreign country .... Business ... Person

JACQUIE KELLY

RADNOR

Foreign city ..

Foreign city ..._

Foreign country .

Schedule O (Form 990 or 990-EZ)	), Supplemental Information to Form 990 or 990-EZ
Form 990-EZ, Part I, Line 10 Gran	nts and Similar Amounts Paid

Purpose of Payr	nent	Project Grant		
Class of Activi	ty	Grantee's Name and Address	Grantee s Relationship	Amount Given
Program		Business X Person	100,000	
		Philadelphia PA 19104		100,000.
If property other Description of P Date of Gift .	rope		nformation needs to be	provided:
Book Value		How Book Value	Determined	<del></del>
FMV		How FMV Det	ermined	
Purpose of Payr	nent	Operating Grant		
Class of Activi	ty	Grantee's Name and Address	Grantee's Relationship	Amount Given
Program		Business X Person	n/a	20,000.
If property other Description of P Date of Gift	rope		nformation needs to be	provided:
Book Value		How Book Value	Determined	
FMV		How FMV Det	ermined	
Purpose of Payr	nent	Operating Grant		
Class of Activi	ty	' Grantee's Name and Address	Grantee's Relationship	Amount Given
Program		Business X Person . Urban Tree Connection 5125 Woodbine Avenue	n/a	-
		Philadelpnia PA 19131		20,000.
If property other Description of P Date of Gift		n cash was given, the following additional in rty	oformation needs to be	provided.
Book Value		How Book Value	Determined	
FMV		How FMV Det	ermined	
<del></del>				<del></del>

	n 990 or 990-EZ), Supplemental Information to F t I, Line 10 Grants and Similar Amounts Paid	orm 990 or 990-EZ	Continued		
Purpose of Payme	ent Operating Grant				
Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given		
Program	Business X Person recommunity Arts Center recommunity Arts Center recommunity Mill Road recommunity Mallingford PA 19086	n/a	12,000.		
If property other to Description of Pro Date of Gift		ormation needs to be p	provided:		
Book Value	How Book Value De	etermined			
FMV	How FMV Determined				
Purpose of Payme	ent Operating Grant				
Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given		
Program	Business X Person	n/a	12,000.		
If properly other the Description of Property Date of Gift		ormation needs to be p	provided:		
Book Value	How Book Value Determined				
FMV	How FMV Determined				
•	n 990 or 990-EZ), Supplemental Information to F ge 1, Part II, Line 26	om 990 or 990-EZ			
Line 26 - Total L	iabilities:	Beginning of Year	End of Year		
ACCRUED EXPE	NSES L PROMISES TO GIVE	1,000.			
Total		81,000.			

## Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

Department of the Treasury

Internal Revenue	Service		ile a separate appil	cation for each return.				
<ul> <li>If you are</li> </ul>	e filing for an A	utomatic 3-Month Extension	on, complete only F	Part I and check this box			<b> ≻</b> 🗴	
• If you are	e filing for an A	Additional (Not Automatic)	3-Month Extension,	complete only Part II (on page 2 of the	s form)			
Do not comp	olete Part II un	<i>less</i> you have already been	granted an automa	itic 3-month extension on a previously t	iled Forr	n <b>886</b> 8.		
corporation request an e Associated V	equired to file xtension of tim Vith Certain Pe	Form 990-T), or an addition to to file any of the forms lis	nal (not automatic) : sted in Part I or Par hich must be sent t	a 3-month automatic extension of time 3-month extension of time. You can cle till with the exception of Form 8870, In the IRS in paper format (see Instruction Charities & Nonprofits	ctronical ormatio	lly file Forn n Return fo	n 8868 to or Transfers	
				nit original (no copies needed).				
				month extension - check this box and o	omplete	Part I only	v <b>&gt;</b>	
•	=							
All other corporations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to requestincome tax returns.						yer Identifica		
T	Indine of exempt	ame of exempt organization			Emplo			
Type or print		DA CELLO DULT DEL DULT TVC				90. 0177921		
File by the	IMPACT100 PHILADELPHIA, INC.  Number, street, and room or surfe number. If a P.O. box, see Instructions					80-0177821		
due date for filing your								
return See		NOX ROAD coffice, state, and ZIP code. For a f	preinn Address, see instru	ictions.				
111011 0011010	1		overgry abditional cook mone			PA 19096		
	MANNEMOC	טי			E	'A 19	096	
Enter the Re	turn code for t	he return that this application	on is for (file a sepa	arate application for each return)	•		03	
Application Is For			Return Code	Application Is For				
Form 990			01	Form 990-T (corporation)			07	
Form 990-BL			02	Form 1041-A			08	
Form 990-E2	<u>,                                      </u>		03	orm 4720			09	
Form 990-PF		04	orm 5227			10		
Form 990-T (section 401(a) or 408(a) trust)		05	Form 6069			11		
Form 990-T	(trust other the	n above)	06	Form 8870			12	
Telephor  If the org  If this is check this the oxtor	ne No. (61) partization does for a Group Re is box . [	eturn, enter the organization. If it is for part of the group	FAX Notes of business in the street of business in the street of the following the street of the fact of the street of the stree	United States, check this box	 If this is	for the wh	nole group,	
				d to file Form 990-T) extension of time				
_	tension is for t	he organization's return for	:	eturn for the organization named above.				
·	ax year entere ange in accou	d in line 1 is for less than 1 httng period	2 months, check rea	ason: Initial return F	inal retu	itn		
	3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions					0.		
		or Form 990-PF, 990-T, 472 ude any prior year overpayi		ny refundable credits and estimated tax credit			0.	
EFTPS (Electronic Federal Tax Payment System). See instructions						0.		
payment ins	tructions			Form 8868, see Form 8453-EO and For	m 8879-			
BAA For Pa	perwork Redu	ction Act Notice, see Instru	ictions.			rorm 886	8 (Rev. 1-2011)	

	(Rev 1-2011) IMPACT100 PHILADELE	80-0177821	Page 2				
	re filing for an Additional (Not Automatic) 3-Mont				▶ 🛛		
	complete Part II if you have already been granted			filed Form 8868			
• If you a	re filing for an Automatic 3-Month Extension, cor	nplete only F	Part I (on page 1)				
Par III	Additional (Not Automatic) 3-Month Ext	tension of	Time. Only file the original (	no copies needed).			
	Name of exempt organization			Employer identification number			
T 0.07							
Type or print	IMPACT100 PHILADELPHIA, INC.			80-0177821			
•		Number, street, and room or suite number. If a P O box, see instructions			<del></del>		
File by the extended							
due date for filing the	1200 GRENOX ROAD						
filing the return. See instructions	City, town or post office, state, and ZIP code. For a foreign address, see instructions						
	WYNNEWOOD PA 19096						
Enter the F	Return code for the return that this application is fo	or (file a sepa	arate application for each return) .	.,	03		
	,,	, ,					
Application	1	Return	Application				
ls For	•	Code	ls For	ľ	Code		
Form 990		01					
Form 990-E	3L	02	Form 1041-A		08		
Form 990-E		03	Form 4720		09		
Form 990-F		04	Form 5227		10		
	(section 401(a) or 408(a) trust)	05	Form 6069		11		
	(trust other than above)	06	Form 8870		12		
	not complete Part II if you were not already grant	ed an automa	atic 3-month extension on a previou	usly filed Form 8868.	<del></del>		
	oks are in care of BARBARA RENNINGER			······································			
Teleph	one No. (610) 642-4366	FAX No.		•			
• If the o	rganization does not have an office or place of bu	siness in the	United States, check this box		. ▶ □		
	s for a Group Return, enter the organization's four						
whole grou	p, check this box If it is for part of the	group, cneck	k this box - and attach a list wi	th the names and EINs of a	all		
_	he extension is for.	• , .					
	uest an additional 3-month extension of time until	May 15	, 20 12				
5 For calendar year, or other tax year beginning Jul 1, 20 10 , and ending Jun 30, 20 11 .							
6 If the tax year entered in line 5 is for less than 12 months, check reason: Initial return							
	Change in accounting period		J	<b>L</b>			
7 State in detail why you need the extension Additional is needed to prepare							
	accurate tax return.						
Sa if this	s application is for Form 990-BL, 990-PF, 990-T, 4	720. or 6069	enter the tentative tax, less any				
honre	efundable credits See instructions	· · · · · · · · · · · · · · · · · · ·		8a\$	0.		
<b>b</b> If this	s application is for Form 990-PF, 990-T, 4720, or 6	5069, enter a	ny refundable credits and estimated	tax 📜			
payn	ients made Include any prior year overpayment a	illowed as a d	credit and any amount paid previous	ly 8b \$	0		
	· · · · · · · · · · · · · · · · · · ·			000	0.		
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions							
			d Verification		<del></del>		
Under penaltie	es of penury, I declare that I have examined this form, including a			nowledge and belief, it is true,			
correct, and o	omplete, and that I am authorized to prepare this form.			١.	1		
Signature -	ignature - Al Anymmum. Title - Pandmen . Date - 2 9/11						
BAA	FIFZ0502 11/15/10				Rev 1-2011)		