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DLN: 93493319059853

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

Open to Public

Department of the Treasury

The organization may have to use a copy of this return to satisfy state reporting requirements Internal Revenue Service Inspection A For the 2012 calendar year, or tax year beginning 01-01-2012 , 2012, and ending 12-31-2012 D Employer identification number B Check if applicable Impact Foundation Address change 20-0520386 Doing Business As Initial return Number and street (or P O box if mail is not delivered to street address) Room/suite E Telephone number 4141 28th Avenue S Terminated (701) 271-0263 City or town, state or country, and ZIP + 4 Fargo, ND 58104 Amended return Application pending G Gross receipts \$808,825 Name and address of principal officer Is this a group return for J Patrick Traynor ┌ Yes 🗸 No affiliates? 4141 28th Avenue S Fargo, ND 58104 **H(b)** Are all affiliates included? ☐ Yes ☐ No If "No," attach a list (see instructions) Tax-exempt status **H(c)** Group exemption number ▶ **Website: ►** www.impactfdn.org **L** Year of formation 2003 **M** State of legal domicile ND Part I Summary Briefly describe the organization's mission or most significant activities Build capacity of nonprofits, businesses & individuals to maximize their community impact Activities & Governance 2 Check this box 🛏 if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . 3 Number of independent voting members of the governing body (Part VI, line 1b) 4 3 10 Total number of individuals employed in calendar year 2012 (Part V, line 2a) 5 6 3 Total number of volunteers (estimate if necessary) . . . 0 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a \boldsymbol{b} Net unrelated business taxable income from Form 990-T, line 34 $\,$ 7b 0 **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) . . 1.006.031 684.323 65,796 92,180 Program service revenue (Part VIII, line 2g) . . 31.285 32.322 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 0 0 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 1,103,112 808,825 141,098 13 418,802 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 0 0 14 Benefits paid to or for members (Part IX, column (A), line 4) . . Salaries, other compensation, employee benefits (Part IX, column (A), lines **15 Expenses** 256,904 263,932 16a Professional fundraising fees (Part IX, column (A), line 11e) . 0 0 b Total fundraising expenses (Part IX, column (D), line 25) $\blacktriangleright 4,503$ **17** Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e). 417,162 455,139 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 1,092,868 860,169 18 19 Revenue less expenses Subtract line 18 from line 12 10,244 -51,344 t Assets or id Balances **Beginning of Current End of Year** 1,951,192 20 Total assets (Part X, line 16) . 1,815,316 21 1,098,456 Total liabilities (Part X, line 26) . . 911,236 22 Net assets or fund balances Subtract line 21 from line 20 904,080 852,736 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 2013-11-14 Signature of office Sign Here Patrick Traynor Executive Director Type or print name and title Print/Type preparer's name LISA CHAFFEE CPA Date 2013-11-14 Preparer's signature Check P00193453 self-employed Paid Firm's name ► EIDE BAILLY LLP Firm's EIN F 45-0250958 Preparer

Use Only

Firm's address > 4310 17TH AVE S PO BOX 2545

FARGO, ND 581082545 May the IRS discuss this return with the preparer shown above? (see instructions) Phone no (701) 239-8500

✓ Yes ☐ No

Form 990 (2012)
Part III Statement of Program Service Accomplishments

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

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.

expenses Section 501(c)(3) and 501(c)(4) organizations 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 \$ 176,068 including grants of \$ 0) (Revenue \$ 15,950)

Organizational Effectiveness Impact and its support arrangation. Achievements Unimited Equipment (the "Equipment arrangation and its support arrangation.") recognize that many papers its property of the control of

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 350 partner nonprofit organizations since its 2005 inception. Nonprofit 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. High Impact Fundraising Training. Training organizations to implement comprehensive development systems and become skillful fundraisers is a key program at the Impact Institute Through High Impact Fundraising Training, organizations learn a new framework, and how to deploy a series of easy-to-use techniques and tools to improve donor relationships and fundraising success. In 2012, over 200 nonprofit executives, board members and staff attended training in Fargo, Bismarck, Minot and Devils Lake A sampling of 22 nonprofit organizations participating in the training raised an average of 16% more from 2007-2011, over \$27 million more annually to fulfill their missions Take Back Your LifeIn May 2012, our partner McGhee Productivity Solutions trained 53 achievement-oriented nonprofit executives to more fully use Microsoft Outlook to reclaim and refocus time their most valuable resource - while also creating more strategic focus. Participants learned how to manage their priorities and gain much greater personal productivity, experience control over emails and information, and reap more time for tasks that truly make a difference The High Impact Director Governing for Exceptional ResultsIn October 2012, more than 80 nonprofit board leaders participated in high impact board training to help them grow into powerful, effective and inspiring teams. Topics included how to use their missions for decision-making, how to create accountability among members, and using curiosity to continually innovate and improve results. 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 development efforts through writing effective grant applications. Grant writing efforts to date have resulted in over 40 grants awarded totaling more than \$6 million

4b (Code) (Expenses \$ 121,230 including grants of \$ 0) (Revenue \$ 9,600)

Economic DevelopmentThe Foundations support the economic development of North Dakota communities by initiating and funding various initiatives directed at assisting small businesses located in 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 2006 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. While this funding ended in December 2011, it 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. The USDA grant ended in 2012. On July 1, 2012, Impact received a \$100,000 grant from the North Dakota Department of Commerce and a \$50,000 grant from Dakota Certified Development Corporation to fund a procurement technical assistance center (PTAC) to provide small businesses with technical assistance, counseling, and bid-match services to obtain government contracts throughout the state of North Dakota. In 2012, Impact received a \$150,000 grant from the Defense Logistics Agency effective for PTAC activities beginning on October 1, 2012. Technical assistance has been provided to over 300 North Dakota businesses through December 2012, including 111 Native American and 70 veteran owned businesses and representing 90% of the current 8(a)/Small Disadvantaged Business certified companies. Impact has hosted 31 workshops with over 600 attendees. Over 237 bids have been submitted with 130 contracts obtained totaling over \$189 million of which \$117 million were Native American business contract dollars. Over 750 No

4c (Code) (Expenses \$ 340,736 including grants of \$ 141,098) (Revenue \$ 0)

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 received by the Foundations Impact provided support to the local area Fill-the-Dome program to restock local food shelters. The Foundation has established a Clubs Fore Kids Initiative to promote community youth golf programs by providing clubs, practice and play opportunities to those unable to afford the cost of participation. 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 charitable 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 benefited flood victims. The funds remain in place to collect contributions and to distribute funds for future flooding events. The Foundation stands ready to provide financial support in the event of future natural disasters by helping to coordinate fundraising efforts in North Dakota Fiscal Sponsorships. The Impact Foundation provides fiscal sponsorship arrangements to community organizations desiring to obtain financial or other support for their charitable projects through grants, or to receive tax-deductible donations from individuals and other donors through the Foundation. Sponsorship arrangements may range from a project or organization being included completely under Impact's 501(c)(3) umbrella to assistance to an organization establishing their own separate 501(c)(3) organization. Impact offers "back office" services to other charitable organizations Venture Youth Alliance (VYA) The Foundation, in partnership with Dakota Medical Foundation, initiated this program to unite 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, effective strategies to achieve a greater impact in the community. Impact Foundation serves as the fiscal host for the VYA initiative, previously known as the High Impact Philanthropy Initiative The initiative was launched in the spring of 2009 with support from the Otto Bremer, Bush Foundation, Dakota Medical Foundation and other contributions. The initial goal of VYA was to inspire funders to adopt a new approach to more strategically and collaboratively solve societal issues in the region The steering committee's initial focus was to build the assets of youth living in Cass and Clay counties The goals of the VYA Initiative are 1) Engaging youth, youth development organizations and others to carry out the YouThnve strategic plan to make the FM area a place where over 46,000 young people can maximize their potential, 2) hold an annual State of the Youth Conference, 3) monitor and maintain FM Youth Compass (youth programs/services mapping system), 4) management of WA through the 9 member Community Board, 16 member Funder Advisory Board and WA Director In 2011 and 2012, continuing financial support was provided by the Otto Bremer Foundation, Bush Foundation, Youthprise Foundation, Dakota Medical Foundation and other corporate and individual contributors Red River Children's Advocacy Center (RRCAC), an unrelated public charity During 2012, the Foundation provided "back office" support to the RRCAC through processing their weekly accounts payables, biweekly payroll management, general ledger and periodic financial statements, and coordinating the preparation of their annual Form 990

(Code) (Expenses \$ 184,788 including grants of \$ 0) (Revenue \$ 66,630

Giveback Initiative 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 to be 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 distributed 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. A new North Dakota Wealth Transfer Report entitled, "Endless Possibilities on the Prairie. Unleashing North Dakota's Great Potential" 2007-2061, and associated data entitled "Communities with Possibilities" were released in 2011 The new study concluded that through 2061 North Dakota households will give over \$95 billion to charity and pay an estimated \$39 billion in estate taxes The supplement to Endless Possibilities is the first ever county level analysis of North Dakota wealth transfer In 2012, Impact produced two educational videos about the North Dakota Wealth Transfer and the U.S. Wealth Transfer. Both videos are available for viewing on impactgiveback org. GiveBack Website. The website (www impactgiveback org) is designed to provide a one-stop information resource for donors to conveniently locate, review, volunteer and make contributions to over 400 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 to 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. As of December 2012, www impactgiveback org website has processed over 43,400 contributions totaling over \$5.6 million since its 2007 implementation On average, the volunteer page on the website consistently displays about 200 volunteer opportunities a day in the region. Giving Hearts Day Initiative. In 2008, the Foundation partnered with Dakota Medical Foundation 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 venue to make online contributions to their favorite charitable organizations The first Giving Hearts Day in February 2009 generated over \$325,000 in 24-hours with over 2,800 transactions. The February 2012 Giving Hearts Day had 140 nonprofit organizations participating and generated over \$1 6 million in 24-hours with approximately 10,850 transactions. Since inception in 2008, the Giving Hearts Day Initiative has generated over 28,000 donor contributions totaling over \$4.7 million. The Giving Hearts Day events have generated over \$6.3 million in contributions to community nonprofit organizations. Veteran Emergency Charitable Fund. The Veterans 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 Veteran's 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 each November. The Foundation supports a Veteran's Giving effort to raise charitable contributions for the Fund utilizing the GiveBack online giving website and other means. Since inception the fund has generated over \$40,100 in contributions and provided assistance to 10 qualified veteran families

4d Other program services (Describe in Schedule O)

4e

(Expenses \$ 184,788 including grants of \$) (Revenue \$ 66,630)

Total program service expenses ► 822,822

Part TV	Check	dist 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,"</i> complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🕏	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? If "Yes," complete Schedule C, Part 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? If "Yes," complete Schedule C, Part II	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? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part 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? If "Yes," complete Schedule D, Part II"	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 💆	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV^{\square}	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	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			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	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? If "Yes," complete Schedule D, Part VII	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? If "Yes," complete Schedule D, Part VIII	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? If "Yes," complete Schedule D, Part IX	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part χ^{\bullet}	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)? If "Yes," complete Schedule D, Part X.	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Νo
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, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	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 United States? If "Yes," complete Schedule F, Parts II and IV	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 United States? If "Yes," complete Schedule F, Parts III and IV	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 $11e^{\gamma}$ If "Yes," complete Schedule G, Part I (see instructions)	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</i> "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Νo
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	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? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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? If "Yes," complete Schedule L, Part 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? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	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)			_
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	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? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than $\$25,000$ in non-cash contributions? If "Yes," complete Schedule M	29		Νo
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	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? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	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? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

	Check if Schedule O contains a response to any question in this Part V		Yes	N
12	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 8		1 62	L IN
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
		1		
	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, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	,		
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)	2b	Yes	
a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		N
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
	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		N
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			
а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		<u> </u>
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			<u> </u>
		5b		<u> </u>
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	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 as charitable contributions?	6a		١
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	1	
	Organizations that may receive deductible contributions under section 170(c).			
	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		1
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		 r
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		ı
	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		
3	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		
)	Sponsoring organizations maintaining donor advised funds.	_		
_	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		
)	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a	-		
D	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	}		
L	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
a	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			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	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	1		
С	Enter the amount of reserves on hand	ļ		
a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		1
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b		ı

Se	ection 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			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent			
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	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		Νo
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
	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
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	eveni	ie Code	e.)
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a	Yes	No No
10a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10a 10b	Yes	
10a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,		Yes	
10a b 11a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990	10b		
10a b 11a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b		
10a b 11a b 12a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	10b	Yes	
10a b 11a b 12a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a 12a	Yes Yes	
10a b 11a b 12a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a 12a 12b	Yes Yes Yes	
110a b 111a b 12a b c	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	10b 11a 12a 12b	Yes Yes Yes	
110a b 111a b 12a b c	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy?	10b 11a 12a 12b 12c 13	Yes Yes Yes Yes	
10a b 11a b 12a b c 13 14	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official	10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes	
10a b 11a b 12a b c 13 14	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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?	10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes	
10a b 11a b 12a b c 13 14 15	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14 15 a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14 15 a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	10b 11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14 15 a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	10b 11a 12a 12b 12c 13 14 15a 15b 16a	Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14 15 a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	10b 11a 12a 12b 12c 13 14 15a 15b 16a	Yes Yes Yes Yes Yes Yes	No

- 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 made these available. Check all that apply
 - Own website Another's website Upon request Other (explain in Schedule O)
- 19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization ►David Gibb 4141 28th Avenue S Fargo, ND (701) 271-0263

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter - 0 - in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- ◆ List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- ◆ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

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

(A) Name and Title	(B) Average hours per week (list any hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					ess er	(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	MISC)	MISC)	from the organization and related organizations
(1) Dan Carey	3 00	x		Х				0	0	0
Chair	1 00			Ĺ				ŭ	0	
(2) John Bertel	2 00	х		×				0	0	0
Vice Chair (3) Susan Mathison MD	1 00									
Secretary/Treasurer		х		х				0	0	0
(4) J Patrick Traynor	1 00									
Executive Director	10 00	Х		Х				42,942	0	0
			<u> </u>							Form 990 (2012)

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

	(A) Name and Title	(B) A verage hours per week (list any hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					3	(C Repor comper from organiza	table nsation the	(E) Reportable compensation from related organizations (W		(F) Estima mount of compens from t	ted fother ation
		for related organizations below dotted line)	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099	-MISC)	2/1099-MISC)		rganizati relate organiza	ed
												1		
												1		
												1		
												1		
												1		
												1		
												\bot		
												_		
												\perp		
1b	Sub-Total							F				-		
c d	Total from continuation sheet Total (add lines 1b and 1c) .	•		١.	•	•	•			42,942		0		0
<u> </u>	Total number of individuals (in			to the	se l	ıste	d abov	e) w	l ho receive					
	\$100,000 of reportable compe	ensation from th	e organ	ızatıd	n ⊨ 0)								
													Yes	No
3	Did the organization list any f oon line 1a? <i>If</i> "Yes," complete S					key	emplo	yee,	, or highes	t compen	sated employee	_		
4	For any individual listed on line					• mne:	nsatio	n and	d other cou	mnensati	on from the	3		No
•	organization and related organ													_
5	Did any person listed on line 1	a receive or acc	rue cor	nnen	• satu	• on fr	om an	• v unr	elated ord	· · ·	or individual for	4		No_
-	services rendered to the organ											5		No
	ection B. Independent Co	ntractors									_			
1	Complete this table for your fiv	/e highest comp												
	compensation from the organiz	zation Report co	mpens	atıon	for	the c	alend	arye	ear ending	with or wi	thin the organizati (B)	on's	tax year (C	<u> </u>
Name and business address Description of services Funding Logic 3231 Royal Drive Grand Forks ND 58201 Ed & training for non-profit orgs								cription of services	\perp	Compensation				
- 41141	ng Logic 3231 Royal Dilve Gland FOIKS	ND JOZUI								Lu & lidifili	ig for non-profit orgs			115,800
												_		

2 Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization 🕦

		Check if Schedule O contains a response to any	question	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513, or 514
တည	1a	Federated campaigns 1a					
ant	b	Membership dues 1b					
tributions, Giffs, Grants Other Similar Amounts	c	Fundraising events 1c					
Contributions, Gifts, Grants and Other Similar Amounts	d	Related organizations 1d	24,500				
9.≝ ⊒∵	e	Government grants (contributions) 1e	75,190				
Sis	f	All other contributions, gifts, grants, and 1f	584,633	i			
buti Herit	-	similar amounts not included above	<u> </u>				
들호	g	Noncash contributions included in lines 1a-1f \$					
Cont	h	Total. Add lines 1a-1f	▶	684,323			
<u>a</u>		Busines	s Code				
Program Serwce Revenue	2a	Give Back Membership d	900099	66,630	66,630		
æ	b	Registration fees - ed	611430	25,550	25,550		
AC.	C						
Ser	d						ļ
E	e						
100	f	All other program service revenue					
	g	Total. Add lines 2a-2f		92,180			
	3	Investment income (including dividends, interes and other similar amounts)		26,206			26,206
	4	Income from investment of tax-exempt bond proceeds .	. ▶ [
	5	Royalties	▶-				
	6 -	(I) Real (II) Per	sonal				
	6a b	Gross rents Less rental					
	_	expenses Rental income					
		or (loss)					
	d	Net rental income or (loss)					
	7a	Gross amount from sales of assets other	6,116				
	b	than inventory Less cost or other basis and sales expenses	0				
	c	Gain or (loss)	6,116				
	d	Net gain or (loss)		6,116			6,116
Other Revenue	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18					
her	b	Less direct expenses b					
ة (c	С	Net income or (loss) from fundraising events .	•				
	9a	Gross income from gaming activities See Part IV, line 19					
	b	Less direct expenses b					
	c	Net income or (loss) from gaming activities .					
	10a	Gross sales of inventory, less returns and allowances .					
	b	Less cost of goods sold b					
		Net income or (loss) from sales of inventory .	.				
		Miscellaneous Revenue Busines					
	11a						
	b						
	C						
	d	All other revenue					
	е	Total. Add lines 11a-11d	•				
	12	Total revenue. See Instructions	. ▶	808,825	92,180	(32,322

Part IX Statement of Functional Expenses

	Check if Schedule O contains a response to any question in this Pa	rt IX			.
	ot include amounts reported on lines 6b, p, 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 United States See Part IV, line 21	139,862	139,862		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	1,236	1,236		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	43,171	28,062	10,792	4,317
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	170,308	168,683	1,625	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	15,139	15,139		
9	Other employee benefits	19,460	19,460		
10	Payroll taxes	15,854	15,134	534	186
11	Fees for services (non-employees)				
а	Management	15,740	15,740		
b	Legal				
c	Accounting	10,000		10,000	
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	157,262	157,262		
12	Advertising and promotion	59,151	55,424	3,727	
 13	Office expenses	23,287	21,381	1,906	
14	Information technology	51,011	51,011	2,550	
- · 15	Royalties	31,011	31,011		
 16	Occupancy	16,041	16,041		
17	Travel	7,639	7,639		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	1,033	,,,,,,		
19	Conferences, conventions, and meetings	34,576	33,760	816	
20	Interest	4,541	4,541		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	60,740	59,740	1,000	
23	Insurance	2,510	1,355	1,155	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a		1		 	
b		 			
c		1			
d					
е	All other expenses	12,641	11,352	1,289	
25	Total functional expenses. Add lines 1 through 24e	860,169	822,822	32,844	4,503
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

		Check if Schedule O contains a response to any question in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing		1	
	2	Savings and temporary cash investments	828,032	2	1,041,352
	3	Pledges and grants receivable, net	44,613	3	59,285
15	4	Accounts receivable, net	4,800	4	2,400
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6	Loans and other 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) Complete Part II of Schedule L		6	
4ssets	7	Notes and loans receivable, net		7	
₫	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	4,903	9	4,498
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 205,215	·		1, 100
	ь	Less accumulated depreciation	128,198	100	63,892
	11	Investments—publicly traded securities	163,379	11	173,155
	12	Investments—other securities See Part IV, line 11	100,070	12	170,100
	13	Investments—program-related See Part IV, line 11	483,114	13	437,257
	14		400,114	14	457,257
		Intangible assets	158,277	15	169,353
	15	Other assets See Part IV, line 11			
	16	Total assets. Add lines 1 through 15 (must equal line 34)	1,815,316	16	1,951,192
	17	Accounts payable and accrued expenses	116,654	17	147,867
	18	Grants payable	040 400	18	500,405
	19	Deferred revenue	319,108	19	502,185
	20	Tax-exempt bond liabilities		20	
<u>\$</u>	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
Liabilitie	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
<u>. 5</u>		persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	475,474	23	448,404
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule		25	
		D	044 226	25	4 000 450
	26	Total liabilities. Add lines 17 through 25	911,236	26	1,098,456
У Ф С		Organizations that follow SFAS 117 (ASC 958), check here ▶ 🔽 and complete lines 27 through 29, and lines 33 and 34.			
5	27	Unrestricted net assets	317,672	27	293,430
10	28	Temporarily restricted net assets	586,408	28	559,306
⊒	29	Permanently restricted net assets		29	
Assets of Fund Balance		Organizations that do not follow SFAS 117 (ASC 958), check here ► □ and complete lines 30 through 34.			
о О	30	Capital stock or trust principal, or current funds		30	
Ř	31	Paid-in or capital surplus, or land, building or equipment fund		31	
í	32	Retained earnings, endowment, accumulated income, or other funds		32	
ž	33	Total net assets or fund balances	904,080	33	852,736
ž	34	Total liabilities and net assets/fund balances	1,815,316	34	1,951,192
					the state of the s

Par	t XI	Reconcilliation of Net Assets Check if Schedule O contains a response to any question in this Part XI				୮
1	Total	revenue (must equal Part VIII, column (A), line 12)	1		8	308,825
2	Total	expenses (must equal Part IX, column (A), line 25)	2		8	860,169
3	Revei	nue less expenses Subtract line 2 from line 1	3			-51,344
4	Neta	ssets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		ç	04,080
5	Netu	nrealized gains (losses) on investments	5			
6	Dona	ted services and use of facilities	6			
7	Inves	tment expenses	7			
8	Prior	period adjustments	8			
9	Other	changes in net assets or fund balances (explain in Schedule O)	9			0
10		ssets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, nn (B))	10		8	352,736
Par	t XII	Financial Statements and Reporting				
		Check if Schedule O contains a response to any question in this Part XII				. 区
					Yes	No
1	Ifthe	unting method used to prepare the Form 990				
2a	Were	the organization's financial statements compiled or reviewed by an independent accountant?		2a		Νo
		s,' check a box below to indicate whether the financial statements for the year were compiled or revie arate basis, consolidated basis, or both	wed on			
	Γs	eparate basis				
b	Were	the organization's financial statements audited by an independent accountant?		2b	Yes	
		s,' check a box below to indicate whether the financial statements for the year were audited on a sepa , consolidated basis, or both	arate			
	Γs	eparate basis				
C		s," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigh review, or compilation of its financial statements and selection of an independent accountant?	it of the	2c		No
		organization changed either its oversight process or selection process during the tax year, explain i dule O	n			
За		result of a federal award, was the organization required to undergo an audit or audits as set forth in th e Audit Act and OMB Circular A-133?	е	За		No
b		s," did the organization undergo the required audit or audits? If the organization did not undergo the organization did not undergo the organization why in Schedule O and describe any steps taken to undergo such audits	required	3b		

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As Filed Data -

DLN: 93493319059853

OMB No 1545-0047

Public Charity Status and Public Support

Department of the Treasury Internal Revenue Service

Total

SCHEDULE A

(Form 990 or 990EZ)

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

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

Open to Public

Inspection

Name of the organization Employer identification number Impact Foundation 20-0520386 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) 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). 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 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) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% 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 331/3% 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). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of 11 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 - Non-functionally integrated 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) If the organization received a written determination from the IRS that it is a Type II, or Type III supporting organization, check this box 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) Yes No and (III) below, the governing body of the supported organization? 11g(i) 11g(ii) (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? 11g(iii) h Provide the following information about the supported organization(s) (i) Name of (ii) EIN (iii) Type of (iv) Is the (v) Did you notify (vi) Is the (vii) A mount of supported organization organization in the organization organization in monetary organization (described on col (i) listed in in col (i) of your col (i) organized support in the US? lines 1 - 9 above your governing support? or IRC section document? (see instructions)) Yes No Yes No Yes No

instructions

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 (a) 2008 **(b)** 2009 (c) 2010 (d) 2011 **(e)** 2012 (f) Total in) 🟲 1 Gifts, grants, contributions, and membership fees received (Do not 796,408 1,759,316 2,018,134 1,006,031 684,323 6,264,212 include any "unusual grants ") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 796,408 1,759,316 2,018,134 1,006,031 684,323 6,264,212 Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly 634,756 supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column Public support. Subtract line 5 from 5,629,456 line 4 Section B. Total Support Calendar year (or fiscal year (a) 2008 **(b)** 2009 **(c)** 2010 (d) 2011 **(e)** 2012 (f) Total beginning in) 🟲 796,408 1,759,316 2,018,134 1,006,031 684,323 6,264,212 Amounts from line 4 Gross income from interest, dividends, payments received on 17,043 17,840 34,391 31,285 securities loans, rents, royalties 26,206 126,765 and income from similar sources 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 6,390,977 through 10) Gross receipts from related activities, etc (see instructions) 12 12 276,341 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 \ldots \ldots \ldots \ldots \ldots \ldots \ldots \ldots \ldots Section C. Computation of Public Support Percentage 14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) 14 88 080 % Public support percentage for 2011 Schedule A, Part II, line 14 15 15 87 670 % 16a 33 1/3% support test—2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box **▶**▽ and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test—2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test - 2012. 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 $\vdash \Gamma$ organization b 10%-facts-and-circumstances test - 2011. 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

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

Schedule A (Form 990 or 990-EZ) 2012 Page 3 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 (a) 2008 **(b)** 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total in) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 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						
3	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2,						
/a	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						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c						
	from line 6)						
_Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	in) ►	(u) 2000	(6) 2003	(6) 2010	(4) 2011	(6) 2012	(1) 10tai
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
	sources						
Ь	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						
11	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)			Librari Corretto con	6.01	E04(-)(2)	
14	First five years. If the Form 990 is for	or the organization	on's first, second	i, thira, fourth, or	ππη tax year as a	1 501(c)(3) org	anization, ►
	check this box and stop here	a Cunnaut Da					
	ction C. Computation of Public			1.2		T I	
15	Public support percentage for 2012			13, column (T))		15	
16	Public support percentage from 2011	L Schedule A, Pa	art III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	me Percenta	ge			
17	Investment income percentage for 20				nn (f))	17	
					. , ,		
18	Investment income percentage from					18	
19a	33 1/3% support tests—2012. If the o						ıd lıne 17 ıs not ▶□

33 1/3% support tests—2011. 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 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2012

DLN: 93493319059853

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b ► Attach to Form 990. ► See separate instructions.

Open to Public

	me of the organization act Foundation		Emp	oloyer identification number
				0520386
Pa	organizations Maintaining Donor Advorganization answered "Yes" to Form 990		unds	or Accounts. Complete if the
	organization answered Tes to Form 550	(a) Donor advised funds		(b) Funds and other accounts
L	Total number at end of year			
2	Aggregate contributions to (during year)			
3	Aggregate grants from (during year)			
1	Aggregate value at end of year			
5	Did the organization inform all donors and donor advis funds are the organization's property, subject to the or	-	nor adv	rsed Yes No
5	Did the organization inform all grantees, donors, and dused only for charitable purposes and not for the bene conferring impermissible private benefit?			
Pai	t II Conservation Easements. Complete if	the organization answered "Yes" t	o Forr	n 990, Part IV, line 7.
L 2	Purpose(s) of conservation easements held by the org Preservation of land for public use (e.g., recreation Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a	or education) Preservation of ar Preservation of a	certifie	rically important land area and historic structure on of a conservation
	easement on the last day of the tax year			Held at the End of the Year
а	Total number of conservation easements		2a	neid at the chid of the Year
b	Total acreage restricted by conservation easements		2b	
c	Number of conservation easements on a certified histo	oric structure included in (a)	2c	
d	Number of conservation easements included in (c) accommodation structure listed in the National Register	, ,	2d	
3	Number of conservation easements modified, transfer	red, released, extinguished, or terminate	ed by th	he organization during
	the tax year 🛌			
ı	Number of states where property subject to conservat	von assament is lessted		
5	Does the organization have a written policy regarding enforcement of the conservation easements it holds?		—— dling of	f violations, and Yes No
5	Staff and volunteer hours devoted to monitoring, inspe	ecting, and enforcing conservation easer	ments (, , , , , , , , , , , , , , , , , , , ,
	<u> </u>			
7	Amount of expenses incurred in monitoring, inspecting • \$	g, and enforcing conservation easement	s durın	g the year
3	Does each conservation easement reported on line 2(and section 170(h)(4)(B)(ii)?	d) above satisfy the requirements of sec	ction 1	70(h)(4)(B)(ı)
)	In Part XIII, describe how the organization reports co balance sheet, and include, if applicable, the text of th the organization's accounting for conservation easeme	e footnote to the organization's financia		
ar	Complete if the organization answered "Y		or Ot	her Similar Assets.
La	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar assesservice, provide, in Part XIII, the text of the footnote	116 (ASC 958), not to report in its reve	or rese	earch in furtherance of public
b	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar assesservice, provide the following amounts relating to these	ets held for public exhibition, education,		
	(i) Revenues included in Form 990, Part VIII, line 1			F \$
	(ii) Assets included in Form 990, Part X			▶ \$
2	If the organization received or held works of art, histor following amounts required to be reported under SFAS			
а	Revenues included in Form 990, Part VIII, line 1			► \$
b	Assets included in Form 990, Part X			
				т

Par	Organizations Maintaining Co	<u>llections of Ar</u>	t, HIS	tori	cai ii	reasur	es, or O	tnei	<u>' Similar As</u>	sets (continued)
3	Using the organization's acquisition, accessi collection items (check all that apply)	on, and other reco	rds, cl	neck	any of	the follo	wing that a	re a	sıgnıfıcant use	of its	
а	Public exhibition		d	Γ	Loan	or exch	ange progr	ams			
b	Scholarly research		e	Γ	Othe	r					
c	Preservation for future generations										
4	Provide a description of the organization's co Part XIII	ellections and expl	aın ho	w the	y furth	er the oi	rganızatıon	's ex	empt purpose ı	n	
5	During the year, did the organization solicit o									_	_
Do	assets to be sold to raise funds rather than to the sold to raise funds rather than to the sold to the									Yes	l No
Par	t IV Escrow and Custodial Arrange Part IV, line 9, or reported an am						answere	u it	פי נט רטווווי	90,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ıan or other ınterm	ediary	ford	ontribi	utions o	r other ass	ets n	ot	Yes	Г No
b	If "Yes," explain the arrangement in Part XII	I and complete the	e follo	wing	able		_				
							_		An	ount	
C	Beginning balance						_	1c			
d	Additions during the year						-	1d			
e	Distributions during the year						-	1e			
f	Ending balance							1f			
2a	Did the organization include an amount on Fo	rm 990, Part X, Iır	ne 21?	þ						Yes	Г No
b	If "Yes," explain the arrangement in Part XII	I Check here if the	e expla	anatı	n has	been pr	ovided in P	art X	III		<u> </u>
Pa	rt V Endowment Funds. Complete										
1.	Reginning of year balance	(a)Current year	(b) Prior	year	b (c)IW	o years back	(a)	hree years back	(e)Four	years back
1a b	Beginning of year balance										
C	Net investment earnings, gains, and losses							\vdash			
	Net investment earnings, gams, and losses							<u> </u>			
d	Grants or scholarships							<u> </u>			
е	Other expenditures for facilities and programs										
f	Administrative expenses										
g g	End of year balance										
2	Provide the estimated percentage of the curr	ent vear end halan	ice (lir	ne 1 a	colum	n (a)) h	eld as	<u>. </u>			
– a	Board designated or quasi-endowment	ene year ena baran		19	, corum	(4),	cia as				
b	Permanent endowment ►										
С	Temporarily restricted endowment ► The percentages in lines 2a, 2b, and 2c shou										
3a	Are there endowment funds not in the posses organization by	ssion of the organiz	zation	tnat	are nel	a and ad	ımınıstered	ror	ine	Yes	i No
	(i) unrelated organizations								3a(
	(ii) related organizations								3a(ii)	
	If "Yes" to 3a(II), are the related organization							•	3t)	
4	Describe in Part XIII the intended uses of th					10					
Par	t VI Land, Buildings, and Equipme Description of property	nt. See Form 9	90, Pa		, IINE a) Cost ((b)Cost or	other	(c) Accumulate	d (d)	Book value
	Description of property					estment)	basis (oth		depreciation	. (.,	
1a	Land		•	_							
	Buildings		•								
	Leasehold improvements		•								
	Equipment		•	<u> </u>			20:	5,215	141,3	323	63,892
		gual Form 000 Part		<u> </u>	D) line	10(2))					62.002
rota	I. Add lines 1a through 1e (Column (d) must e	quai rom 990, Part	λ , coil	unn (ııne, رم	10(C).)		•	<u> ►</u>		63,892

Part VIII Investments—Other Securities. See	Form 990, Part X, line 12	<u>)</u> .
(a) Description of security or category	(b)Book value	(c) Method of valuation
(including name of security)		Cost or end-of-year market value
(1)Financial derivatives		
(2)Closely-held equity interests		
Other		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)		
	Farma 000 Bart V Iva	
Part VIII Investments—Program Related. See		
(a) Description of investment type	(b) Book value	(c) Method of valuation
		Cost or end-of-year market value
(1) IRP Loans Receivable	437,257	F
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	437,257	
	, ,	
	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, III (a) Descrip	ne 15.	
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip (1) Interest Receivable	ne 15.	79
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip (1) Interest Receivable	ne 15.	
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip (1) Interest Receivable	ne 15.	79
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Part IX Other Assets. See Form 990, Part X, lin (a) Descrip (1) Interest Receivable	ne 15.	79
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip (1) Interest Receivable	ne 15.	79
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Part IX Other Assets. See Form 990, Part X, lin (a) Descrip (1) Interest Receivable	ne 15.	79
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Part IX Other Assets. See Form 990, Part X, lin (a) Descrip (1) Interest Receivable	ne 15.	79
Part IX Other Assets. See Form 990, Part X, Im (a) Descrip (1) Interest Receivable (2) Related Party Receivable	ne 15. Otion	79 169,274
Part IX Other Assets. See Form 990, Part X, Im (a) Descrip (1) Interest Receivable (2) Related Party Receivable Total. (Column (b) must equal Form 990, Part X, col.(B) line 15	ne 15. Otion	79
Part IX Other Assets. See Form 990, Part X, Im (a) Descrip (1) Interest Receivable (2) Related Party Receivable Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X	ne 15. Sotion .)	79 169,274
Part IX Other Assets. See Form 990, Part X, Im (a) Descrip (1) Interest Receivable (2) Related Party Receivable Total. (Column (b) must equal Form 990, Part X, col.(B) line 15	ne 15. Otion	79 169,274
Part IX Other Assets. See Form 990, Part X, Im (a) Descrip (1) Interest Receivable (2) Related Party Receivable Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of liability	ne 15. Sotion .)	79 169,274
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X (a) Description of liability Federal income taxes	ne 15. Sotion .)	79 169,274
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X (a) Description of liability Federal income taxes	ne 15. Sotion .)	79 169,274
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Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X (a) Description of liability Federal income taxes	ne 15. Sotion .)	79 169,274
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X (a) Description of liability Federal income taxes	ne 15. Sotion .)	79 169,274
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Part IX Other Assets. See Form 990, Part X, III (a) Descrip (1) Interest Receivable (2) Related Party Receivable Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X	ne 15. Sotion .)	79 169,274
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X (a) Description of liability Federal income taxes	ne 15. Sotion .)	79 169,274
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X (a) Description of liability Federal income taxes See Additional Data Table	ne 15. Sotion .)	79 169,274
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X (a) Description of liability Federal income taxes	ne 15. Sotion .)	79 169,274

Part	Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Re	turn
1	Total revenue, gains, and other support per audited financial statements	1	
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIII) 2d		
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
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 7b . 4a		
b	Other (Describe in Part XIII)		
c	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	
Part	XII 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		
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIII)		
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII)]	
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	
Dart	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, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional ınformatıon

Identifier	Return Reference	Explanation
Description of Uncertain Tax Positions Under FIN 48		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, 2012 and 2011 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 2009

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Schedule I (Form 990)

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

DLN: 93493319059853 OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

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

Inspection Employer identification number

mpact Foundation						20-0520386	
		s and Assistance					
 Does the organization mainstrain the selection criteria used Describe in Part IV the organization 	l to award the grants	orassistance?					▽ Yes ▽
		o Governments and receive					l "Yes" to
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) City of Cando PO Box 398 Cando, ND 58324	45-6002042	Government	10,050				City program support
(2) Lutheran Social Services 1720 3 Avenue N Fargo, ND 58102	45-0226421	501(c)(3)	83,000				Stock Great Plains Food Bank supplies
(3) Sunshine Memorial Foundation PO Box 13591 Grand Forks, ND 58208	46-0731709	501(c)(3)	9,934				General operating and programs support
(4) Towner County Medical Center PO Box 688 Cando, ND 58324	45-0425948	501(c)(3)	5,750				General operating and programs support
Enter total number of sectEnter total number of othe						.	4

100	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 2	22.
	Part III can be duplicated if additional space is needed.	

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

Part IV Supplemental Information.

Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information

Identifier	Return Reference	Explanation
Procedure for Monitoring Grants in the U S	,	Schedule I, Part I, Line 2 The Foundation's 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

Schedule I (Form 990) 2012

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DLN: 93493319059853

OMB No 1545-0047

2012

Open to Public
Inspection

Supplemental Information to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service

SCHEDULE 0

(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.

Name of the organization	Employer identifi	cation number
Impact Foundation		
	20-0520386	

Identifier	Return Reference	Explanation
	Form 990, Part VI, Section A, line 2	J Patrick Traynor and John Bertel have a business relationship
	Form 990, Part VI, Section A, line 8b	There are no committees with the authority to act on behalf of the Board
	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.
	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.
	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
	Form 990, Part VI, Section C, line 19	These documents are made available to the public upon request
Other Fees	Form 990, Part IX, line 11g	Professional fees Program service expenses 11,093 Management and general expenses 0 Fundraising expenses 0 Total expenses 11,093 Consultants Program service expenses 146,169 Management and general expenses 0 Fundraising expenses 0 Total expenses 146,169
	Form 990, Part XII, Line 2c	Impact Foundation does not have a specifically appointed audit committee, however, the Board of Directors does assume responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant

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DLN: 93493319059853

OMB No 1545-0047

Open to Public Inspection

SCHEDULE R (Form 990)

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.

Department of the Treasury Internal Revenue Service

Employer identification number Name of the organization Impact Foundation 20-0520386 Identification of Discenarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

(a) Name, address, and EIN (if applicable) 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
I Identification of Related Tax-Exempt Orga or more related tax-exempt organizations durin	i nizations (Complete if g the tax year.)	the organization a	nswered "Yes	s" to Form 990, F	Part IV, line 34 because it h
(a)	(b)	(c)	(d)	(e)	(f)

Part II Identification of Related Tax-Exempt Organiza or more related tax-exempt organizations during the		the organization a	nswered "Yes" to	Form 990, Part I\	/, line 34 because i	t had o	ne
(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	Section (13) co	g) 512(b) ontrolled tity?
(1) Achievements Unlimited Foundation 4141 28th Avenue S	Support mission of Impact Foundation	ND	501(c)(3)	Line 11a, I	Impact Foundation	Yes	No
Fargo, ND 58104 20-2052288							
For Paperwork Reduction Act Notice, see the Instructions for Form 990.		Cat No 501:	35Y		Schedule R (For	n 990) 2	012

(a) Name, address, and EIN o related organization	(a) Name, address, and EIN of related organization		(b) (c) Primary activity Legal domicile (state or foreign country)		(e) Predominant income(related, unrelated, excluded from tax under sections 512-	(f) Share of total income	(g) Share of end-of-yea assets	(h Disprop r allocat	ortionate	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	ox managing partner?		(k) Percentae ownersh
					514)			Yes	No		Yes	No	
V Identification of Related Or line 34 because it had one or r	ganizations Taxa nore related organi	ble as a Corpo zations treated a	ration s a cor	or Trust (poration or	Complete if t	he organı the tax ye	zatıon ar ar.)	swere	ed "Ye	s" to Form	990,	Part	IV,
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domıcıle (state or foreign country)		(d) Direct controlli entity	(e) Type of enti (C corp, S corp, or trust)	(f) Share of to income	total Share e of	(g) e of end- year ssets		(h) ercentage wnership	Section (b) conti	(13)	
		,,			,						Yes		No

	Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					Yes	No						
1 Du	ring the tax year, did the orgranization engage in any of the following transactions with one or more relat	ted organizations li	sted in Parts II-IV?				,						
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity													
b	Gift, grant, or capital contribution to related organization(s)				1b		No						
C	Gift, grant, or capital contribution from related organization(s)				1c	Yes							
d	Loans or loan guarantees to or for related organization(s)				1d		No						
e	Loans or loan guarantees by related organization(s)				1e		No						
					1f								
f													
g	Sale of assets to related organization(s)				1g		No						
h	Purchase of assets from related organization(s)				1h		No						
i	Exchange of assets with related organization(s)				1i		No						
j Lease of facilities, equipment, or other assets to related organization(s)													
k Lease of facilities, equipment, or other assets from related organization(s) Performance of services or membership or fundraising solicitations for related organization(s)													
l Performance of services or membership or fundraising solicitations for related organization(s)													
m Performance of services or membership or fundraising solicitations by related organization(s)													
n S	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	Yes							
0	Sharing of paid employees with related organization(s)				10	Yes							
р	Reimbursement paid to related organization(s) for expenses				1 p		No						
q	Reimbursement paid by related organization(s) for expenses				1q		No						
r	Other transfer of cash or property to related organization(s)				1r		No						
s	Other transfer of cash or property from related organization(s)				1 s		No						
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete thi		· · · · · ·										
	(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amo	ount ir	nvolved							

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

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

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 re	garding exclu	sion for ce		nent	partnerships				`	,		_	
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512- 514)	org	(e) all partners section 501(c)(3) anizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
												1	

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 Return to Form

Software ID: Software Version:

EIN: 20-0520386

Name: Impact Foundation

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