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Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

The organization may have to use a copy of this return to satisfy state reporting requirements. 2012, and ending For the 2012 calendar year, or tax year beginning Jul 1 Jun , 2013 D Employer Identification Number Name of organization IMPACT100 PHILADELPHIA, Check if applicable 80-0177821 Address change Doing Business As Number and street (or P O box if mail is not delivered to street addr) Room/suite E Telephone number Name change Initial return (610) 642-4366 Box 275 City, town or country ZIP code + 4 Terminated **G** Gross receipts \$ 321,012 Amended return WYNNEWOOD PA 19096 H(a) Is this a group return for affiliates? F Name and address of principal officer Yes X No Application pending H(b) Are all affiliates included?

If 'No,' attach a list (see i Yes PA 19096 Susan Hollenstein P.O. Box 275 Wynnewood 'No,' attach a list (see instructions) X 501(c)(3) | 501(c) () (insert no) 4947(a)(1) or 527 Tax-exempt status H(c) Group exemption number Website: ► impact100philly.org M State of legal domicile Form of organization X Corporation L Year of Formation 2008 Part I Summary Briefly describe the organization's mission or most significant activities: The organization's mission is engage women in philanthropy and collectively to fund grants to _ Governance charitable initiatives in the Philadelphia region If the organization discontinued its operations or disposed of more than 25% of its net assets Check this box ► Number of voting members of the governing body (Part VI, line 1a) Revenue NAD Sactivities & 4 Number of independent voting members of the governing body (Part VI, line 1b) 13 5 Total number of individuals employed in calendar year 2012 (Part V, line 2a) 0 6 Total number of volunteers (estimate if necessary) 250 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a Ο. b Net unrelated business taxable income from Form 990-T, line 34 **Prior Year Current Year** 319,752. 269,830 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2g) 1,260. 915 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 П 270,745 321,012. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 284,000. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 242,000 Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 2,477. 24,304. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 15,112. Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 257,112. 308,304. 12,708. Revenue less expenses Subtract line 18 from-line_12 13,633. Beginning of Current Year End of Year 268,880. 241,588. Total assets (Part X, line 16) 221,400. 181,400. 21 Total liabilities (Part X, line 26) Ş Net assets or fund balances Subtract line 47,480 60,188. Part II Signature Block ig schedules and statements, and to the best of my knowledge and belief, it is true, correct, and eparet had any knowledge Under penalties of perjury, I declare complete Declaration of preparer to amined this retu Sign Here Type or print name and title Print/Type preparer's name Preparer's signature monthe 19/38/13 (201 self-employed P01428150 Paid Robert J. McNamee Preparer Firm's name O'Connell & Company Use Only Firm's EIN > 23-2690478 Firm's address Ste 1100, 165 Township Line Road 19046 (215) 887-4425 PA Jenkintown Yes May the IRS discuss this return with the preparer shown above? (see instructions)

BAA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2012)

TEEA0101 05/09/13

Form 990 (2012) IMPACT100 PHILADELPHIA, INC.	80-0	17782	1	F	'age 2
Part III Statement of Program Service Accomplishments					
Check if Schedule O contains a response to any question in this Part III					
1 Briefly describe the organization's mission:					
The organization's mission is to					
engage women in philanthropy and collectively to fund grants to	2				
charitable initiatives in the Philadelphia region.					
2 Did the organization undertake any significant program services during the year which were not listed on	the prior				
Form 990 or 990-EZ?		\Box	Yes	X	No
If 'Yes,' describe these new services on Schedule O					
3 Did the organization cease conducting, or make significant changes in how it conducts, any program ser	vices?	П	Yes	X	No
If 'Yes,' describe these changes on Schedule O					
4 Describe the organization's program service accomplishments for each of its three largest program service	ces, as me	easured	by exp	ense	s .
Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the an others, the total expenses, and revenue, if any, for each program service reported	nount of gr	ants and	alloc	ations	s to
and the term of periods, and terminal, it any, for each program sortice reported					
4a (Code) (Expenses \$ 299,575, including grants of \$ 284,000.) (Povonuo	\$			
	revenue	٧			<u>U.</u>)
The Organization's mission is to engage women in philanthropy	:				
and collectively to fund grants to charitable initiatives in the	ie buil	ageır	mia		
region.					-
				. – –	
				. – – .	
					
4b (Code) (Expenses \$) (Revenue	\$)
				. .	
				. _	
				. _	
				. _	
	- 				
				. _	
	_ 			·	
4c (Code:) (Expenses \$ including grants of \$) (Revenue	\$			
Ad Other program conveces (Describe in Sabadula O.)					
4 d Other program services (Describe in Schedule O)				,	
(Expenses \$ including grants of \$) (Revenue \$				<u>) </u>	
4 e Total program service expenses ► 299, 575.					

Form 990 (2012) IMPACT100 PHILADELPHIA, INC.

Part IV. | Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		Х
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		X
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		х
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		Х
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		<u> </u>
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		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8_		Х
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	9		X
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		Х
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	湾		1000
a	Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a		Х
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	11 b		х
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	11 c		х
	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	11 d		X
•	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		X
	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	11 f	х	
	Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII	12a	Х	
	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		X
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		<u>x</u>
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		
t	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		_x_
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		X
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		Х
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? If 'Yes,' complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		х
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		X
20 a	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20	ļ	X_
Ŀ	olf 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b	<u>L</u>	

Form 990 (2012) IMPACT100 PHILADELPHIA, INC. Part IV: Checklist of Required Schedules (continued)

 -				
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21	Х	
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		<u>x</u> _
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? <i>If 'Yes,' complete Schedule J</i>	23		x
24 a	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, and 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		x
ŀ	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
(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		
(Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	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		х
ł	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		х
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		Х
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	- AND -15 1	X
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)	E		X .
á	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
ŧ	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		х
	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		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		X
31	, , , , , , , , , , , , , , , , , , , ,	31		^
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		Х
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		Х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34		Х
35 a	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	_35a		Х
ŀ	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		х
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		х
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		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note. All Form 990 filers are required to complete Schedule O	38		х
AA		Form	990 ((2012)

Form 990 (2012) IMPACT100 PHILADELPHIA, INC. Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V

	Check if Schedule O contains a response to any question in this Part V					
					Yes	No
1 a F	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a		0	1.03	
	• • • • • • • • • • • • • • • • • • • •	1 b				1.7.7
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			의 `	,	- 1
c C	Old the organization comply with backup withholding rules for reportable payments to vendors	and rep	portable gaming	10		
	gambling) winnings to prize winners?	1 1			 	, , ₂
2a E	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State- nents, filed for the calendar year ending with or within the year covered by this return	2 a		0	, ,	' , "
	f at least one is reported on line 2a, did the organization file all required federal employment		urno?	2 b		
				20	 	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see ins		S)			_ <u>x</u>
	Old the organization have unrelated business gross income of \$1,000 or more during the year	′		3 a		<u> </u>
b if	f 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O			3 6	<u> </u>	
4 a A	At any time during the calendar year, did the organization have an interest in, or a signature of	or other	authority over, a			х
	inancial account in a foreign country (such as a bank account, securities account, or other fin	ianciai a	account) /	4 a	ļ	
	f 'Yes,' enter the name of the foreign country		<u> </u>	_		
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Fir		Accounts			لنينا
5 a V	Vas the organization a party to a prohibited tax shelter transaction at any time during the tax	year?		5 a		Х
b D	Old any taxable party notify the organization that it was or is a party to a prohibited tax shelter	r transa	iction?	5 b		X
c II	f 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?			5 c		
6 a C	Ones the organization have applied gross receipts that are normally greater than \$100,000, an	id did th	ne organization			
S	Does the organization have annual gross receipts that are normally greater than \$100,000, an solicit any contributions that were not tax deductible as charitable contributions?	ia aia (i	ic organization	6 a		Х
b if	f 'Yes,' did the organization include with every solicitation an express statement that such cor	ntributio	ns or aifts were			
n	not tax deductible 7			6 b	<u> </u>	<u> </u>
7 (Organizations that may receive deductible contributions under section 170(c).					}
aГ	Old the organization receive a payment in excess of \$75 made partly as a contribution and pa	rtly for	goods and			
S	services provided to the payor?		90043 4.14	7 a	<u> </u>	X
b II	f 'Yes,' did the organization notify the donor of the value of the goods or services provided?			71		
c D	Old the organization sell, exchange, or otherwise dispose of tangible personal property for whi	ich it wa	as required to file		}	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	form 8282?	11		7 0	<u> </u>	X
	f 'Yes,' indicate the number of Forms 8282 filed during the year	7 d				
	Old the organization receive any funds, directly or indirectly, to pay premiums on a personal b			7 e	<u> </u>	X
	Old the organization, during the year, pay premiums, directly or indirectly, on a personal bene			7 f		X
	f the organization received a contribution of qualified intellectual property, did the organization	n file Fo	orm 8899	7.		
	as required?	•		7 9	' 	
h II	f the organization received a contribution of cars, boats, airplanes, or other vehicles, did the in- Form 1098-C?	organiza	ation file a	7 1	,	
					1	F /
8 5	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting Supporting organization, or a donor advised fund maintained by a sponsoring organization, ha	g organ	nizations. Did the	<u></u>		
h h	supporting organization, or a donor advised fund maintained by a sponsoring organization, han noldings at any time during the year?	IVE EXCE	555 DUSITICSS	8		
9 9	Sponsoring organizations maintaining donor advised funds.					-
a [Did the organization make any taxable distributions under section 4966?			9 a		
b	Old the organization make a distribution to a donor, donor advisor, or related person?			9 t	,	
	Section 501(c)(7) organizations. Enter.			7-1	22,	
	nitiation fees and capital contributions included on Part VIII, line 12	10 a		1		'
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10Ь			# "	*
	Section 501(c)(12) organizations. Enter	L			,	-
	Gross income from members or shareholders	11 a				} :
	Gross income from other sources (Do not net amounts due or paid to other sources					
a	against amounts due or received from them)	11 ь		ني أ		
12 a S	Section 4947(a)(1) non - exempt charitable trusts. Is the organization filing Form 990 in lieu o	f Form	10417	12 a	1	<u> </u>
b li	f 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	12Ь				-
13 9	Section 501(c)(29) qualified nonprofit health insurance issuers.				. `	
a l	s the organization licensed to issue qualified health plans in more than one state?			13 a	1	<u> </u>
1	Note. See the instructions for additional information the organization must report on Schedule	0.				·-
bЕ	Enter the amount of reserves the organization is required to maintain by the states in	, .		100		:
٧	which the organization is licensed to issue qualified health plans	13b			1	"
c E	Enter the amount of reserves on hand	13c		,,	1	ļ <u>.</u> -
14a 🛭	Old the organization receive any payments for indoor tanning services during the tax year?			148	<u> </u>	X
b	f 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in So	chedule	0	141		<u>l</u>
3 A A				_	~~~	(2012)

Part VI Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response to any question in this Part VI X Section A. Governing Body and Management Yes No 1 a Enter the number of voting members of the governing body at the end of the tax year 1 a 13 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 1 b **b** Enter the number of voting members included in line 1a, above, who are independent 13 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 X officer, director, trustee or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Δ X 5 X 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 Did the organization have members or stockholders? 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more 7 a Х members of the governing body? b Are any governance decisions of the organization reserved to (or subject to approval by) members, 7 b Х stockholders, or other persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following a The governing body? 8 a Х 8 b X b Each committee with authority to act on behalf of the governing body? Is there any officer, director or 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code. Yes No 10 a X 10 a Did the organization have local chapters, branches, or affiliates? b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their 10b operations are consistent with the organization's exempt purposes? 11 a Х 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Х 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13 b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise 12b Х c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Х 12 c Schedule O how this is done X 13 Did the organization have a written whistleblower policy? 13 14 Х 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? 15a Х a The organization's CEO, Executive Director, or top management official Х 15b b Other officers of key employees of the organization If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х 16a taxable entity during the year? b 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 taken steps to safeguard the organization's exempt status with respect to such arrangements? 16_b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ Pennsylvania Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply Other (explain in Schedule O) Another's website Upon request Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public during the tax year State the name, physical address, and telephone number of the person who possesses the books and records of the organization PA 19096 (610) 642-4366 P.O. Box 275 Wynnewood Form 990 (2012) BAA TEEA0106 08/08/12

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

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

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

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

n nor any r	elated	org	anız	atıo	n com	pen	sated any current office	cer, director, or truste	e
			(C	;)					
(B) Average	Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other compensation
any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W 2/1099-MISC)	from the organization and related organizations
20.00									
	Х		Х				0.	0.	0.
10.00									
	Х		Х				0.	0.	0.
6.00									
	Х		Х				0.	0.	0.
10.00									
	Х		X				0.	0.	0.
2.00									
	Х						0.	0.	0.
12.00									
	X						0.	0.	0.
8.00			· '						
	X						0.	0.	0.
12.00									
<u> </u>	Х		L				0.	0.	0.
10.00									
	X						0.	0.	0.
10.00				,	1				
	Х					<u> </u>	0.	0.	0.
2.00									
	Х		Ĺ				0.	0.	0.
10.00									
<u> </u>	Х	Ш				<u> </u>	0.	0.	0.
10.00									
ļ	Х	_					0.	0.	0.
	(B) Average hours per week (list any hours for related organizations below dotted line) 20.00 10.00 10.00 2.00	(B) Average hours per week (list any hours for related organizations below dotted line) 20.00 X 10.00 X 10.00 X 12.00 X 12.00 X 10.00 X	(B) Average hours per week (list any hours for related organizations below dotted line) 20.00 X 10.00 X 12.00 X 12.00 X 10.00 X	(B) Average hours per week (list any hours for related organizations below dotted line) 20.00 X 10.00 X 2.00 X 10.00 X 12.00 X 10.00 X 10.00	(B) Average hours per week (list any hours for related organizations below dotted line) 20.00 X 10.00 X 2.00 X 12.00 X 12.00 X 10.00 X 10.000 X 10.000 X 10.000 X 10.000 X 10.000 X	(C) (B) Average hours per week (list any hours for related organizations below dotted line) 20.00 X 10.00 X 2.00 X 12.00 X 12.00 X 10.00 X 10.00	(C) Average hours per week (list any hours for related organizations below dotted line) 20.00 X 10.00 X 12.00 X 10.00 X 10.00	(B) Average hours per week (list any hours for related organization for related organizations below dotted line) 20 0 0	Column Position (do not check more than one box, unless person is both an officer and a director/trustee) Compensation from the organizations for related organizations below disted line) Column Column

Part VII Section A. Officers, Directors, Trus		∖ey	Em		_	es,	and	d Highest Com	pensated Emp	loyees	(cont)	
(A) Name and title	Average hours per	box,	unles	heck ss pe	ition more rson direct	than is both or/trus	n an tee)	(D) Reportable compensation from	(E) Reportable compensation from	Est	(F) imated it of other	
	week (list any hours for related organiza - tions below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W 2/1099-MISC)	comp fro orgai and	ensation m the nization related nizations	
(15)				-								_
(16)							-					—
(17)												
(18)						-						
(19)						-						_
(20)												_
(21)					_							
(22)						-						_
(23)												_
(24)												_
(25)												
1 b Sub-total		•			·		>	0.	0.		(0.
c Total from continuation sheets to Part VII, Section d Total (add lines 1b and 1c)							>	0.	0.			0.
2 Total number of individuals (including but not limite from the organization ►	ed to tho	se lis	ted	abo	ve)	who	rece	eived more than \$	100,000 of reportab			
3 Did the organization list any former officer, directo			еу е	emp	loye	e, or	hig	hest compensated	i employee		Yes N	
on line 1a? If 'Yes,' complete Schedule J for such a For any individual listed on line 1a, is the sum of re	eportable	e con	nper	nsati	ion i	and c	othe	r compensation fro	om	3	X	<u>, , , , , , , , , , , , , , , , , , , </u>
the organization and related organizations greater such individual										4	×	
5 Did any person listed on line 1a receive or accrue for services rendered to the organization? If 'Yes,' Section B. Independent Contractors	compens complete	atior <i>Sch</i>	n fro nedu	m a ile J	ny ι <i>for</i>	such	ated per	l organization or ir rson	ndividual ————————————————————————————————————	5	Х	ζ
Complete this table for your five highest compensation from the organization. Report compensation.	ted inde	pend for th	ent ne c	cont aler	tract dar	ors t year	hat end	received more tha ding with or within	in \$100,000 of the organization's t	ax year		
(A) Name and business addre	ss				•			Description (Compe	c) nsation	
												_
2 Total number of independent contractors (including \$100,000 in compensation from the organization		umit	ed to	o the	ose	ıısted	ab	ove) who received	more than		991 (201	_

	Check if Schedule O contains a response to	o any question	n in this Part VIII			
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1 a Federated campaigns 1 a b Membership dues 1 b c Fundraising events 1 c d Related organizations 1 d e Government grants (contributions) 1 e		,, ;		, ,	
ONTRIBUTION AND OTHER S	f All other contributions, gifts, grants, and similar amounts not included above g Noncash contributions included in lns 1a-1f.	319,752.		, -	, - ,	ā
	h Total. Add lines 1a-1f	>	319,752.	- ,	*	,
3	Bus	iness Code	0227.023	, -		
PROGRAM SERVICE REVENUE	2 a b c d e f All other program service revenue					
#	g Total. Add lines 2a-2f	•			,	
	 Investment income (including dividends, interother similar amounts) Income from investment of tax-exempt bond p Royalties 	-	1,260.	0.	0.	1,260.
		(ii) Personal	* * * * * * * * * * * * * * * * * * * *		,	
	7 a Gross amount from sales of assets other than inventory b Less cost or other basis	(ii) Other			÷, , , , , , ; ;	The same of the same of
	and sales expenses c Gain or (loss) d Net gain or (loss)	>				
OTHER REVENUE	8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 a b Less: direct expenses b		,			
0	c Net income or (loss) from fundraising events	>		-		
	9 a Gross income from gaming activities See Part IV, line 19 a b Less' direct expenses b					, ,
	c Net income or (loss) from gaming activities					
	10a Gross sales of inventory, less returns and allowances a				,	
ļ	b Less cost of goods sold b					
}	c Net income or (loss) from sales of inventory Miscellaneous Revenue	iness Code				2 4
ļ	11 a b	iness Code				
	c					
	d All other revenue e Total, Add lines 11a-11d					
	12 Total revenue. See instructions		321,012.	0.	0.	1,260.

Page 10

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)

Jec	Check if Schedule O contains a re			iust complete column (i	"
Do r 7b,	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	284,000.	284,000.	11	To the long of the second
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees				
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				
8	Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
a	a Management				
	Legal	150.	0.	150.	0.
•	Accounting	1,200.	0.	1,200.	0.
c	d Lobbying				
e	Professional fundraising services See Part IV, line 17		-	- ,	
f	Investment management fees				
	Other (If line 11g amt exceeds 10% of line 25, col- umn (A) amt, list line 11g expenses on Sch 0) Advertising and promotion				
13	Office expenses				
14	Information technology	4,458.	2,978.	1,240.	240.
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	10,721.	9,199.	500.	1,022.
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	1,500.	0.	1,500.	0.
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)				
ā	Postage	248.	0.	248.	0.
	Printing	332.	0.	0.	332.
	Paypal and bank fees	1,414.	0.	1,414.	0.
	Dues and Subscriptions	750.	750.	0.	0.
	All other expenses	3,531.	2,648.	0.	883.
25	Total functional expenses Add lines 1 through 24e	308,304.	299,575.	6,252.	2,477.
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 Fig. 1 if following SOP 98-2 (ASC 958-720)				

Balance Sheet

Part X

Check if Schedule O contains a response to any question in this Part X (A) Beginning of year (**B**) End of year 1 8,048. Cash - non-interest-bearing 48,467 2 220,373 233.540. 2 Savings and temporary cash investments 3 3 Pledges and grants receivable, net 40 4 0. 4 Accounts receivable, net Loans and other receivables from current and former officers, directors trustees, key employees, and highest compensated employees. Complete Part II of Schedule I 5 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 7 Notes and loans receivable, net 8 Inventories for sale or use 8 Prepaid expenses and deferred charges 9 9 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10 a 10 b Less accumulated depreciation 10b Investments - publicly traded securities 11 12 Investments - other securities See Part IV, line 11 12 Investments - program-related. See Part IV, line 11 13 13 14 Intangible assets 14 15 Other assets See Part IV, line 11 15 16 241,588. 268,880 16 Total assets. Add lines 1 through 15 (must equal line 34) 1,400. 17 Accounts payable and accrued expenses 1,400. 17 18 180,000 Grants payable 220,000 18 19 19 Deferred revenue 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 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 D 25 221 400 26 181 400 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ► k and complete lines 27 through 29, and lines 33 and 34. 27 33,688. Unrestricted net assets 18,980 27 28 26,500. Temporarily restricted net assets 28,500 29 Permanently restricted net assets Q R Organizations that do not follow SFAS 117 (ASC 958), check here ▶ and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund 31 31 32 Retained earnings, endowment, accumulated income, or other funds Total net assets or fund balances 47,480 33 60,188. 33 268,880 34 241,588. Total liabilities and net assets/fund balances BAA

Forn	1990 (2012) IMPACT100 PHILADELPHIA, INC.	80~0177821	L	Pa	ige 12
Pai	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				$\Box\Box$
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3:	21,0	012.
2	Total expenses (must equal Part IX, column (A), line 25)	2	30	08,3	304.
3	Revenue less expenses Subtract line 2 from line 1	3		12,7	708.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		47,4	180.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		60,1	188.
Pai	t XII Financial Statements and Reporting				
,	Check if Schedule O contains a response to any question in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990		- 33		7.5
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O		#	7 3 4 W	
2 a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviseparate basis, consolidated basis, or both	ewed on a	***	, , , ,	3."
	Separate basis Consolidated basis Both consolidated and separate basis				
ł	Were the organization's financial statements audited by an independent accountant?		2 b		Х
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sep	parate	- * :	1 2	` '
	basis, consolidated basis, or both				
	X Separate basis Consolidated basis Both consolidated and separate basis			حنست	
(If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight review, or compilation of its financial statements and selection of an independent accountant?	of the audit,	2 c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		-,		
3 2	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in Audit Act and OMB Circular A-133?	the Single	3 a		х
t	of 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the or audits, explain why in Schedule O and describe any steps taken to undergo such audits	required audit	3 b		
BAA			Form	990	(2012)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

e organization is a section 501(c)(3) organization or a section

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.

OMB No 1545-0047

Open to Public Inspection

Employer identification number

	ACT100 PHILADEL							80-01		
Part	I Reason for Pub	lic Charity Status	(All organizations	must d	omple	te this	part.)	See II	nstruct	ions.
The o	rganization is not a priva	te foundation because	e it is: (For lines 1 throu	gh 11, cl	neck on	y one bo	x)			
1	A church, convention	of churches or assoc	ciation of churches desc	ribed in s	section	1 70 (b)(1)	(A)(i).			
2	A school described in	n section 170(b)(1)(A)	(ii). (Attach Schedule E)						
3	A hospital or a coope	erative hospital servic	e organization describe	d in sect	ion 170	(b)(1)(A)(iii).			
4	A medical research	organization operated	in conjunction with a ho	spital de	escribed	ın sectio	on 170(b)(1)(A)(iii) Ente	er the hospital's
	name, city, and state	9								
5	An organization oper 170(b)(1)(A)(iv). (Co	rated for the benefit of emplete Part II)	f a college or university	owned o	r operat	ed by a	governn	nental u	nit descr	ribed in section
6	A federal, state, or lo	ocal government or go	vernmental unit describ	ed in se	ction 17	'0(b)(1)(A)(v).			
7	In section 170(b)(1)(A)(vi). (Complete Par			-	ernmenta	al unit d	or from t	he gene	ral public described
8	A community trust de	escribed in section 17	'0(b)(1)(A)(vi). (Complet	e Part II)					
9	related to its exempt t	functions - subject to o	ore than 33-1/3% of its supper certain exceptions, and (a ion 511 tax) from busines:	2) no mor	e than 3	3-1/3% o	f its suc	port from	n gross II	nvestment income and
10	An organization orga	nized and operated e	xclusively to test for put	olic safet	y See s	section 5	09(a)(4).		
11	supported organization	nized and operated excl ons described in section on and complete line	usively for the benefit of, in 509(a)(1) or section 50 s 11e through 11h	o perforn)9(a)(2)	n the fun See sec	ctions of, tion 509(or carry (a)(3). C	out the p heck the	ourposes box tha	of one or more publicly t describes the type of
		1 1 2	: Type III - Functior	-	_	d				inctionally integrated
е	By checking this box other than foundation section 509(a)(2)	, I certify that the organization managers and other	anization is not controlle than one or more publi	ed directl cly supp	y or ind orted or	irectly by ganizatio	one or	more d cribed in	squalific section	ed persons 509(a)(1) or
f		eceived a written deter	rmination from the IRS t	hat is a	Type I,	Type II oı	Type I	II suppo	rtıng org	ganization,
g	Since August 17, 20	06. has the organizati	on accepted any gift or	contribu	tion from	n any of	the foll	owing pe	ersons?	
9	_									Yes No
	(i) A person who	directly or indirectly co	antrole, outhor along or t							163 110
	below, the gov	erning body of the sup	oported organization?	ogether	with per	sons des	cribed	ın (II) ar	ıd (III)	11 g (i)
		erning body of the sup per of a person descri	oported organization?	ogether	with per	sons des	cribed	ın (II) ar	id (III)	
	(ii) A family memb	erning body of the sup per of a person descri	oported organization? bed in (i) above?		with per	sons des	cribed	ın (II) ar	id (III)	11 g (i)
h	(ii) A family memb	erning body of the sup per of a person described ed entity of a person of	oported organization? bed in (i) above? described in (i) or (ii) al	oove ⁹	with per	sons des	scribed	ın (II) ar	id (III)	11 g (i)
h	(ii) A family memb	erning body of the sup per of a person described ed entity of a person of	oported organization? bed in (i) above?	OOVE? (iv) (iv) (organicolumn (iv) your go	s the ation in) listed in	(v) Did you the organization (s) support	ı notify	(vi) li organize colum organize U S	s the ation in in (i) d in the	11 g (i)
h	(ii) A family member (iii) A 35% controll Provide the following (i) Name of supported	erning body of the sup per of a person described ed entity of a person a information about the	bed in (i) above? described in (i) or (ii) at e supported organization (described on lines 1-9 above or IRC section?	OOVE? (iv) (iv) (organicolumn (iv) your go	s the ation in) listed in verning	(v) Did you	ı notify	(vi) l: organiz colun organize	s the ation in in (i) d in the	11 g (i) 11 g (ii) 11 g (ii) (vii) Amount of monetary
h	(ii) A family member (iii) A 35% controll Provide the following (i) Name of supported	erning body of the sup per of a person described ed entity of a person a information about the	bed in (i) above? described in (i) or (ii) at e supported organization (described on lines 1-9 above or IRC section?	OOVE? (IV) I organiz column (i your go docur	s the ation in) listed in verning ment?	(v) Did you the organiz column (i) suppr	u notify cation in of your ort?	(vi) l: organiz colun organize U :	s the ation in in (i) d in the 3 ?	11 g (i) 11 g (ii) 11 g (ii) (vii) Amount of monetary
(A)	(ii) A family member (iii) A 35% controll Provide the following (i) Name of supported	erning body of the sup per of a person described ed entity of a person a information about the	bed in (i) above? described in (i) or (ii) at e supported organization (described on lines 1-9 above or IRC section?	OOVE? (IV) I organiz column (i your go docur	s the ation in) listed in verning ment?	(v) Did you the organiz column (i) suppr	u notify cation in of your ort?	(vi) l: organiz colun organize U :	s the ation in in (i) d in the 3 ?	11 g (i) 11 g (ii) 11 g (iii) (vii) Amount of monetary
	(ii) A family member (iii) A 35% controll Provide the following (i) Name of supported	erning body of the sup per of a person described ed entity of a person a information about the	bed in (i) above? described in (i) or (ii) at e supported organization (described on lines 1-9 above or IRC section?	OOVE? (IV) I organiz column (i your go docur	s the ation in) listed in verning ment?	(v) Did you the organiz column (i) suppr	u notify cation in of your ort?	(vi) l: organiz colun organize U :	s the ation in in (i) d in the 3 ?	11 g (i) 11 g (ii) 11 g (iii) (vii) Amount of monetary
(A)	(ii) A family member (iii) A 35% controll Provide the following (i) Name of supported	erning body of the sup per of a person described ed entity of a person a information about the	bed in (i) above? described in (i) or (ii) at e supported organization (described on lines 1-9 above or IRC section?	OOVE? (IV) I organiz column (i your go docur	s the ation in) listed in verning ment?	(v) Did you the organiz column (i) suppr	u notify cation in of your ort?	(vi) l: organiz colun organize U :	s the ation in in (i) d in the 3 ?	11 g (i) 11 g (ii) 11 g (iii) (vii) Amount of monetary
	(ii) A family member (iii) A 35% controll Provide the following (i) Name of supported	erning body of the sup per of a person described ed entity of a person a information about the	bed in (i) above? described in (i) or (ii) at e supported organization (described on lines 1-9 above or IRC section?	OOVE? (IV) I organiz column (i your go docur	s the ation in) listed in verning ment?	(v) Did you the organiz column (i) suppr	u notify cation in of your ort?	(vi) l: organiz colun organize U :	s the ation in in (i) d in the 3 ?	11 g (i) 11 g (ii) 11 g (iii) (vii) Amount of monetary
(A)	(ii) A family member (iii) A 35% controll Provide the following (i) Name of supported	erning body of the sup per of a person described ed entity of a person a information about the	bed in (i) above? described in (i) or (ii) at e supported organization (described on lines 1-9 above or IRC section?	OOVE? (IV) I organiz column (i your go docur	s the ation in) listed in verning ment?	(v) Did you the organiz column (i) suppr	u notify cation in of your ort?	(vi) l: organiz colun organize U :	s the ation in in (i) d in the 3 ?	11 g (i) 11 g (ii) 11 g (iii) (vii) Amount of monetary
(A) (B)	(ii) A family member (iii) A 35% controll Provide the following (i) Name of supported	erning body of the sup per of a person described ed entity of a person a information about the	bed in (i) above? described in (i) or (ii) at e supported organization (described on lines 1-9 above or IRC section?	OOVE? (IV) I organiz column (i your go docur	s the ation in) listed in verning ment?	(v) Did you the organiz column (i) suppr	u notify cation in of your ort?	(vi) l: organiz colun organize U :	s the ation in in (i) d in the 3 ?	11 g (i) 11 g (ii) 11 g (iii) (vii) Amount of monetary
(A) (B)	(ii) A family member (iii) A 35% controll Provide the following (i) Name of supported	erning body of the sup per of a person described ed entity of a person a information about the	bed in (i) above? described in (i) or (ii) at e supported organization (described on lines 1-9 above or IRC section?	OOVE? (IV) I organiz column (i your go docur	s the ation in) listed in verning ment?	(v) Did you the organiz column (i) suppr	u notify cation in of your ort?	(vi) l: organiz colun organize U :	s the ation in in (i) d in the 3 ?	11 g (i) 11 g (ii) 11 g (iii) (vii) Amount of monetary
(A) (B)	(ii) A family member (iii) A 35% controll Provide the following (i) Name of supported	erning body of the sup per of a person described ed entity of a person a information about the	bed in (i) above? described in (i) or (ii) at e supported organization (described on lines 1-9 above or IRC section?	OOVE? (IV) I organiz column (i your go docur	s the ation in) listed in verning ment?	(v) Did you the organiz column (i) suppr	u notify cation in of your ort?	(vi) l: organiz colun organize U :	s the ation in in (i) d in the 3 ?	11 g (i) 11 g (ii) 11 g (iii) (vii) Amount of monetary
(A) (B) (C) (D)	(ii) A family member (iii) A 35% controll Provide the following (i) Name of supported	erning body of the sup per of a person described ed entity of a person a information about the	bed in (i) above? described in (i) or (ii) at e supported organization (described on lines 1-9 above or IRC section?	OOVE? (IV) I organiz column (i your go docur	s the ation in) listed in verning ment?	(v) Did you the organization (i) support	u notify ration in of your ort?	(vi) l: organiz colun organize U :	s the ation in in (i) d in the 3 ?	11 g (i) 11 g (ii) 11 g (iii) (vii) Amount of monetary
(A) (B) (C) (D)	(ii) A family member (iii) A 35% controll Provide the following (i) Name of supported	erning body of the sup per of a person described ed entity of a person a information about the	bed in (i) above? described in (i) or (ii) at e supported organization (described on lines 1-9 above or IRC section?	OOVE? (IV) I organiz column (i your go docur	s the ation in) listed in verning ment?	(v) Did you the organiz column (i) suppr	notify ration in of your ort?	(vi) II organize colum organize U: Yes	s the atton in	11 g (i) 11 g (ii) 11 g (iii) (vii) Amount of monetary

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)

Sec	tion A. Public Support										
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total				
1	Gifts, grants, contributions, and membership fees received (Do not include any 'unusua! grants')	147,152.	159,376.	171,610.	269,830.	319,752.	1,067,720.				
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf										
3	The value of services or facilities furnished by a governmental unit to the organization without charge										
4	Total. Add lines 1 through 3	147,152.	159,376.	171,610.	269,830.	319,752.	1,067,720.				
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)										
6	Public support. Subtract line 5 from line 4	ا ما المحادث الأدبى الاختصاد الأدبى الاختصاد الأدبى الاختصاد الأدبى الاختصاد الأدبى الاختصاد الأدب		1			1,067,720.				
Sec	tion B. Total Support										
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total				
7	Amounts from line 4	147,152.	159,376.	171,610.	269,830.	319,752.	1,067,720.				
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,886.	1,732.	844.	915.	1,260.	6,637.				
9	Net income from unrelated business activities, whether or not the business is regularly carried on										
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)										
11	Total support. Add lines 7 through 10			200			1,074,357.				
12	Gross receipts from related activ	ities, etc (see inst	ructions)			12					
13	First five years. If the Form 990 organization, check this box and	is for the organiza	tion's first, second	d, third, fourth, or	fifth tax year as a	section 501(c)(3)	► 🛚				
Sec	tion C. Computation of Pu	blic Support P	ercentage								
	Public support percentage for 20		• •	e 11, column (f))		14	%				
15	Public support percentage from 2	2011 Schedule A,	Part II, line 14			15	%				
16 a	33-1/3% support test ~ 2012. If and stop here. The organization				d the line 14 is 33	-1/3% or more, ch	eck this box ►				
t	33-1/3% support test — 2011. If t and stop here. The organization	he organization di qualifies as a pub	d not check a box licly supported or	on line 13 or 16a ganization	, and line 15 is 33	3-1/3% or more, ch	neck this box				
17 a	10%-facts-and-circumstances te or more, and if the organization in the organization meets the 'facts	meets the 'facts-ar	าdี-cırcumstances'	test, check this b	ox and stop here.	. Explain in Part IV					
	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.										
18	Private foundation. If the organiz	zation did not ched	k a box on line 13	3, 16a, 16b, 17a, 6	or 17b, check this	box and see instri	uctions 🟲 📗				
RΔΔ					0.1		00 000 EZ 2012				

| Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II)

Calendar year (or facel yr begenning in) P Citys, greats, considerations of the control of the	Sect	tion A. Public Support						
set on enrological places of any functional grants 3 or the set of			(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
2 Cross receipts from admissions, microardinate solid or securities solid, microardinate solid or security that is related to the organizations to exempt purpose the organizations to exempt purpose that are not an unrelated trade of business under section \$13 and an unrelated trade of business under section \$13 and an unrelated trade of business under section \$13 and the product of the other paid to or expended on the behalf are for of sections \$1.00 and the product of the other paid to or expended on the behalf are for order to the product of the product		and membership tees						
services performed, or facilities furnished in any activity that is take-exempl purpose. 3 Gross recepts from activities that are not an unvalidated ragic that are not an unvalidated to expended on the property of the control of the co	2	Gross receipts from admis-						
that are not an unrelated trade or business uncer section 513 4 Tax revenues levice for the companion of th		services performed, or facilities furnished in any activity that is related to the organization's						
organization's benefit and either paid to or expended on teller paid to or expended on teller paid to or expended on the paid to organization's threshold of services or facilities trumshed by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 6 Total. Add lines 1 through 5 7 a Amounts included on lines 1, disqualitied persons 1b Amounts included on lines 1, disqualitied persons 1b Amounts included on lines 2, and 3 received from other than disqualitied persons 1b Amounts included on lines 2 and 3 received from other than disqualitied persons 1b Amounts included on lines 2 and 3 received from other than disqualitied persons 1b Amounts included on lines 2 and 5 received from other than disqualitied persons 1b Amounts from line 6 Section B. Total Support (Subtract line 7 from line 6) Section B. Total Support Calendar year (or fiscal yr beginning in 9 9 Amounts from line 6 10 Amounts from line 6 11 Amounts from line 6 12 Cottes and income from similar sources of the control (eases section 51) taxes) from businesses acquired after June 30, 1975 c. Add lines 10 and 10 b 11 Net receive from unrealed business whether or not the business acquired after June 30, 1975 c. Add lines 10 and 10 b 12 Other income Do not include giann or loss from the sale of part of the section of th	3	that are not an unrelated trade						
6 Total. Add lines I through 5 7.3 Amounts included on line 1 7.3 Amounts included on line 1 7.3 Amounts included on line 2 3 and 3 received from disqualified persons b Amounts included on lines 2 3 and 3 received from that had disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7 and 70 8 Public support (Subtract line 7 from line 6) 9 Public support (Subtract line 7 from line 6) 10 a Gross income from interest, dividends, payments received on securities loans, rents, coyalties and income from similar sources 6 flores and income from similar sources 6 income (less section 5) 11 laxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net rucome from unrelated business attitutes on the business is equally carried on line 10b, whether or not the business is applied by carried on line 10b, whether or not the business is equally carried on line 10b, whether or not the business is equally carried on 12 Other income Do not include applied assets (Explain in Part IV) 13 Total support, ceatines, 10c, 11, and 12) 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. 15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f)) 15 \$\frac{1}{8}\$ 16 \$\frac{1}{8}\$ 17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f)) 17 \$\frac{1}{8}\$ 18 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f)) 18 \$\frac{1}{8}\$ 19 a 33-13% support tests = 2012. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is 31-13%, support tests = 2011. If the organization did not check the box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 17 is 31-13% support tests = 2011. If the organization did not check the box on line 14 or line 19a, and line 16 is more than 33-1/3%, and	5	organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the						
7 a Amounts included on lines 1, 2, and 3 received from other than 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 or the year c Add lines 7a and 7b 8 Public support (Subtract line 7c from line 6) 7c from line 6) 9 Amounts from line 6 10a Great more from interest, dividences in a consideration of the year on securities loans, rents, royalties and income from line stable of securities on securities loans, rents, royalties and income from similar sources b Unrelated business stable income (less section 5.11 acquired after June 30, 1975 or Add lines 10a and 10b line 10b, whether or not the business is regularly carried on 10 or 10	_	•						
and 3 received from other than disqualished persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year of the amount on line 13 for the year of the amount on line 13 for the year of the amount on line 13 for the year of the amount on line 13 for the year of the amount on line 13 for the year of the amount on line 13 for the year of year	7 a	Amounts included on lines 1, 2, and 3 received from						
8 Public support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal yr beginning in) > (a) 2008 (b) 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total 9 Amounts from line 6 103 Gross income from interest, dividends, payments received on securities loans; rents, similar sources but the section of t		and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13						
Section B. Total Support Calendar year (or fiscal yr beginning in) 9 Amounts from line 6 10 a Gross income from interest, dividends, payments received on securities loans, rents, royalities and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 C Add lines 10a and 10b lines 10b, whether or not the business a stututes 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 line, 10c, 11, and 12) 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here 15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f)) 16 Public support percentage for 2012 (line 10c, column (f) divided by line 13, column (f)) 17 § Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2011 Schedule A, Part III, line 17 18 Investment income percentage for 2011 Schedule A, Part III, line 17 19 a 33-1/3%, support tests – 2012. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization be 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%, 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%, support tests as a publicly supported organization be 33-1/3%, support tests – 2011. If the organization did not check a box on line 14, 19a, or 19b, check this box and stop here. The organization qualifies as a publicly supported organization or private foundation. If the organization did not check a box on line 14, 19a, or 19b, check t	С	Add lines 7a and 7b						
Calendar year (or fiscal yr beginning in) > (a) 2008 (b) 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total 9 Amounts from line 6 10 a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income (less section 511 taxes) from businesses activities not included in line 10b, whether or not the business is regularly carried on 120 Other income Do not include gain or loss from the sale of Capital assets (Explain in Part IV) 13 Total support. (Add Im.9, 10c. 11, and 12) 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. Section C. Computation of Public Support Percentage 15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f)) 15 % 16 % Section D. Computation of Investment Income Percentage 17 Investment income percentage from 2011 Schedule A, Part III, line 15 18 % 19 a 33-1/3% support tests — 2012. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization of organization o	8		The state of	1 12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		i
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Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f)) Investment income percentage from 2011 Schedule A, Part III, line 17 Investment income percentage from 2011 Schedule A, Part III, line 17 Is a 33-1/3% support tests — 2012. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33-1/3% support tests — 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							16	8
Investment income percentage from 2011 Schedule A, Part III, line 17 19 a 33-1/3% support tests — 2012. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33-1/3% support tests — 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 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions							· · · · · · · · · · · · · · · · · · ·	
19 a 33-1/3% support tests — 2012. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33-1/3% support tests — 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 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions		•			=	ın (f))		
b 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 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 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions		, =					ـــــــا	J
line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions		is not more than 33-1/3%, check	this box and stop	here. The organi	zation qualifies as	a publicly suppor	ted organization	> [_]
	Ь	33-1/3% support tests $-$ 2011. If line 18 is not more than 33-1/3%	the organization of the check this box a	did not check a bond and stop here. The	ox on line 14 or lin organization qua	ie 19a, and line 16 lifies as a publicly	is more than 33 supported organ	-1/3%, and eization ► ☐
	20	Private foundation. If the organiz	zation did not ched	ck a box on line 1	4, 19a, or 19b, ch	eck this box and s	ee instructions	<u> </u>

Schedule A	(Form 990 or 990	1-EZ) 2012 II	1PACT100	PHILADEL:	PHIA, INC.		80-0177821	Page 4
Part IV	Supplementa Part II, line 17 (See instruction	I Information 7a or 17b; and ons).	. Complete d Part III, I	e this part to ine 12. Also	provide the o complete this	explanations is part for any	equired by Part II, line additional information.	10;
								
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SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047 2012

Open to Public Inspection
Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

IMPACT100 PHILADELPHIA, INC		80-0177821
	Donor Advised Funds or Other Similar F	unds or Accounts. Complete if
the organization answered	'Yes' to Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year))	<u> </u>
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		<u> </u>
5 Did the organization inform all donors a are the organization's property, subject	and donor advisors in writing that the assets held in do to the organization's exclusive legal control?	onor advised funds Yes No
	o, donors, and donor advisors in writing that grant fund benefit of the donor or donor advisor, or for any other	
Part II Conservation Easements.	Complete if the organization answered 'Ye	es' to Form 990, Part IV, line 7.
	held by the organization (check all that apply)	
Preservation of land for public use	(e.g., recreation or education) Preservation	n of an historically important land area
Protection of natural habitat	Preservation	n of a certified historic structure
Preservation of open space	_	
Complete lines 2a through 2d if the orgalist day of the tax year	anization held a qualified conservation contribution in	the form of a conservation easement on the
		Held at the End of the Tax Year
a Total number of conservation easement	ts	2 a
b Total acreage restricted by conservation	n easements	2b
c Number of conservation easements on	a certified historic structure included in (a)	2 c
d Number of conservation easements inc structure listed in the National Register	luded in (c) acquired after 8/17/06, and not on a histo	oric 2 d
3 Number of conservation easements mo tax year ►	dified, transferred, released, extinguished, or termina	ited by the organization during the
	ct to conservation easement is located ►	
5 Does the organization have a written po and enforcement of the conservation ea	olicy regarding the periodic monitoring, inspection, ha	indling of violations,
6 Staff and volunteer hours devoted to m	onitoring, inspecting, and enforcing conservation ease	ements during the year
7 Amount of expenses incurred in monito	ring, inspecting, and enforcing conservation easemer	nts during the year
8 Does each conservation easement report and section 170(h)(4)(B)(ii)?	orted on line 2(d) above satisfy the requirements of se	ection 170(h)(4)(B)(i) Yes No
9 In Part XIII, describe how the organizat include, if applicable, the text of the focconservation easements	ion reports conservation easements in its revenue an otnote to the organization's financial statements that c	d expense statement, and balance sheet, and describes the organization's accounting for
Part III Organizations Maintaining Complete if the organization	Collections of Art, Historical Treasures, on answered 'Yes' to Form 990, Part IV, lin	or Other Similar Assets. e 8.
art, historical treasures, or other similar	d under SFAS 116 (ASC 958), not to report in its rever r assets held for public exhibition, education, or resease is financial statements that describes these items	enue statement and balance sheet works of arch in furtherance of public service, provide,
b If the organization elected, as permitted historical treasures, or other similar ass following amounts relating to these iten	d under SFAS 116 (ASC 958), to report in its revenue sets held for public exhibition, education, or research ns	statement and balance sheet works of art, in furtherance of public service, provide the
(i) Revenues included in Form 990, Pa	art VIII, line 1	► \$
(ii) Assets included in Form 990, Part	X	►\$ ►\$
2 If the organization received or held wor amounts required to be reported under	ks of art, historical treasures, or other similar assets SFAS 116 (ASC 958) relating to these items	for financial gain, provide the following
a Revenues included in Form 990, Part V	, , ,	► \$
b Assets included in Form 990, Part X		► \$

Schedule D (Form 990) 2012 IMPA	CT100 PHI	LADELPHIA,	INC.		80-01		Page 2
Part III Organizations Mainta	ining Colle	ctions of Art,	Historica	l Treasures, o	r Other Similar As	sets (conti	ınued)
3 Using the organization's acquisiting (check all that apply)	on, accession,	and other record	ls, check ar	ny of the following	that are a significant us	e of its collec	ction
a Public exhibition		d 🗌	Loan or ex	change programs			
b Scholarly research		е 🗌	Other				
c Preservation for future gener							
4 Provide a description of the orga Part XIII		•				; in	
5 During the year, did the organiza to be sold to raise funds rather the	nan to be main	tained as part of	the organiz	ation's collection?		Yes	No
Part IV Escrow and Custodial reported an amount of	Arrangemer on Form 990	its. Complete i , Part X, line	f the orgar 21.	nization answei	red 'Yes' to Form 990	I, Part IV, Ii	ne 9, or
1 a Is the organization an agent, trus on Form 990, Part X?	stee, custodian	, or other interme	diary for co	ontributions or other	er assets not included	Yes	□No
b If 'Yes,' explain the arrangement	ın Part XIII an	d complete the fo	llowing tab	le [.]			
						Amount	
c Beginning balance					1 c		
d Additions during the year					1 d		
e Distributions during the year					1 e	·	
f Ending balance		- 000 D. IV I	- 013		1 f		
2 a Did the organization include an a				as book provided	in Part VIII	Yes	No
b If 'Yes,' explain the arrangement	III Fart XIII C	neck here if the e	хріаннон н	as been provided	in Fait Aiii		
Part V Endowment Funds.	Complete if	the organizati	on answe	ered 'Yes' to Fo	orm 990. Part IV. lu	ne 10.	
p. a. C. T.	(a) Current		rior year	(c) Two years	(d) Three years	(e) Four	years
1 a Beginning of year balance			<u>*</u>	 		+	
b Contributions							
c Net investment earnings, gains, and losses							
d Grants or scholarships							
e Other expenditures for facilities and programs							
f Administrative expenses							
g End of year balance							
2 Provide the estimated percentag	e of the curren	t year end baland	e (line 1g,	column (a)) held a	as		
a Board designated or quasi-endov	wment 🕨	%					
b Permanent endowment	ક						
c Temporarily restricted endowmen	nt ►	%					
The percentages in lines 2a, 2b,	and 2c should	equal 100%					
3 a Are there endowment funds not a organization by	n the possessi	on of the organiz	ation that a	re held and admır	istered for the	Ye	s No
(i) unrelated organizations						3a(i)	
(ii) related organizations						3a(ii)	
b If 'Yes' to 3a(II), are the related of	_	•				3b	
4 Describe in Part XIII the intended							
Part VI Land, Buildings, and	Equipment				,, 	1	
Description of property		(a) Cost or other (investmen		b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book	< value
1 a Land	:					<u> </u>	
b Buildings						ļ	
c Leasehold improvements					ļ	<u> </u>	
d Equipment							
e Other			1 / / /	- (0) /- 10(-))	<u> </u>	 	
Total. Add lines 1a through 1e (Colum	nn (a) must eq	uai Form 990, Pa	rt X, columi	n (B), line IU(C))		1.1. 5 (5	000) 0010
BAA					Sche	dule D (Form	1 990) 2012

Part VII	Investments – Other Securities. See	Form 990, Part X,	line 12.	
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation end-of-year market	Cost or value
(1) Financ	cial derivatives			
(2) Closely	y-held equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
<u>_(G)</u>				
(H) 				
(I) 				
	mn (b) must equal Form 990, Part X, column (B) line 12)			
Part VIII	Investments - Program Related. See	Form 990, Part X,	line 13.	
	(a) Description of investment type	(b) Book value	(c) Method of valuation end-of-year market	value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				· · · · · · · · · · · · · · · · · · ·
(8)				
(9)				
(10)				
	mn (h) must equal Form 990 Part X column (B) line 13)			
	mn (b) must equal Form 990, Part X, column (B) line 13) Other Assets. See Form 990, Part X,			
Part IX	Other Assets. See Form 990, Fait A,	escription		(b) Book value
	(a) De	Scription		(3) 2001. 101
(1)				
(2)				
(3)				
(4)				
(5)	···			
(6)				
(7)				
(8)				
(9)				
(10)				
Total. (Co	olumn (b) must equal Form 990, Part X, column (b	B), line 15)	>	
Part X	Other Liabilities. See Form 990, Part	X. line 25.		
1 31371	(a) Description of liability	(b) Book value		
(1) Fed	eral income taxes		· ,	un.
(2)				* *
(3)			 ,	• •
	······································		- Kennya Caral Car	
(4)	· · · · · · · · · · · · · · · · · · ·			
(5)			<u> </u>	
(6)				
(7)				• • • •
(8)				
(9)				* = 3 = **
(10)				
(11)				•
	ımn (b) must equal Form 990, Part X, column (B) lıne 25)	>		<u> </u>
120,0				Commendate have applying

	80-0177821	Page
Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per	Return	
1 Total revenue, gains, and other support per audited financial statements	1	324,591
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a Net unrealized gains on investments		
b Donated services and use of facilities 2b 3,57	9.	
c Recoveries of prior year grants		
d Other (Describe in Part XIII)		
e Add lines 2a through 2d	2 e	3,579
3 Subtract line 2e from line 1	3	321,012
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	- 1	
a Investment expenses not included on Form 990, Part VIII, line 7b		
b Other (Describe in Part XIII)		
c Add lines 4a and 4b	4 c	
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	321,012
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses p	er Return	021,011
1 Total expenses and losses per audited financial statements	1	311,883
2 Amounts included on line 1 but not on Form 990, Part IX, line 25		311,003
a Donated services and use of facilities b Prior year adjustments 2a 3,57	3. '-'	
c Other losses 2c		
	<u>:</u>	
d Other (Describe in Part XIII)		2 570
e Add lines 2a through 2d	2 e	3,579
3 Subtract line 2e from line 1	3	308,304
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	1.	
a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII) 4b	 ``	
b Other (Describe in Part XIII) c Add lines 4a and 4b		
	4 c	308,304
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	1 3 1	300,304
Part XIII 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 II 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 an	ny additional inforr	mation
Pt X Line 2 Income Taxes - The Organization adopted the income standard relat	ed to the reco	gnition and
Pt X Line 2measurement of uncertain tax positions. The adoption of this standard	d had no financ	<u>lal statemen</u>
Pt X Line 2effect for the Organization. The Organization is no longer subjec	t to federal a	nd state tax
Pt_X_Line_2examinations for the years prior to 2010.		
RAA	Schedule D (F	orm 000\ 2010

.ocncaac b	(OIII 330) 2012 IMPACIIO PAI	.LAUDDDFRIA	LNC.		00-01//021	rage 3
Part XIII	Supplemental Information (con	tinued)				
		tinada)				
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SCHEDULE 1 (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

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

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

OMB No 1545-0047

2012

Openito Públic Employer identification number

80-0177821

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Partাশ General Information on Grants and Assistance IMPACT100 PHILADELPHIA,

X Yes

ջ □

Partill Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' to 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

	-		(h) Purpose of grant
	space is needed		(a) Description of
,	d if additional		Method of valuation
	ıcatec	-	€
-	Part II can be dupl		(e) Amount of non cash
	nore than \$5,000. F		Described (d) Amount of each grant (e) Amount of non each (f) Method of valuation (d) Describtion of (h) Purpose of grant
	that received n		(c) IDC coction
	for any recipient		(4)
	Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.		a ter blace and address of secondarion

1 0111 0,00, 1 at (14) into 2: 101 at (14) colpions and	and completing	200000000000000000000000000000000000000				-	
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) <u>Urban Tree Connection - 5125 Woodland Ave Phila PA 19131</u>	23-2889697		104,500.				Operating Gran
artnership St., Ste. 3	23-2308332		104,500.				Operating Gran
j.	23-3074341		25,000.				Operating Gran
er			25,000.				Operating Gran
(5) Rebuilding Together Phila - PO Box 42752 Philadelphia PA 19101			. 25, 000				Operating Gran
<u>a</u>							
(8)							
1	3) and government or	ganizations listed in	the line 1 table			A A	
3 Enter total number of other organizations listed in the line I table	ions listed in the line	r table				S. Parks	1 / F - 1 / 7 / 700 / 7012

Schedule I (Form 990) (2012)

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed. (f) Description of non-cash assistance Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non-cash assistance (c) Amount of cash grant IMPACT100 PHILADELPHIA, INC. (b) Number of recipients (a) Type of grant or assistance additional information Schedule I (Form 990) (2012) Part IV Part III

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Page 2

Schedule I (Form 990) (2012)

BAA

SCHEDULE 0 (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Employer identification number

Name of the organization	Employer identification number
IMPACT100 PHILADELPHIA, INC.	80-0177821
Pt_VI, Line 11b A copy of the federal form 990 is provided to all boar	d members prior to filing.
Pt VI, Line 12c Officers and directors are required to disclose	conflicts of interest
Pt_VI, Line 12cannually. This policy is monitored regularly	

Additional Information

STATEMENT 2

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

Additional Information

STATEMENT 1

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