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DLN: 93493320137515

Form 990

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public

► Information about Form 990 and its instructions is at <u>www.IRS.gov/form990</u>

OMB No 1545-0047

2014

Open to Public Inspection

A Fo	r the	2014 ca		ng 01-01-2014 , and ending 12-31	2014			
		pplicable	C Name of organization Impact Foundation			D Employ	er iden	tification number
Add	ress cl	hange				20-05	20386	
Na	me cha	inge	Doing business as					
Init	ıal retu	ım				E Telephor	ne numb	er
Fin		mınated	Number and street (or P O box if 4141 28th Avenue S	mail is not delivered to street address) Roo	om/suite	· ·		
Γ Am						(701)2	2/1-0.	203
		n pending	Fargo, ND 58104	untry, and ZIP or foreign postal code		G Gross re	ceipts \$	1,334,091
			F Name and address of pr	ıncıpal officer	H(a)	Is this a group i	eturn '	for
			J Patrick Traynor		(=)	subordinates?	Ccuiii	┌ Yes ┌ No
			4141 28th Avenue S Fargo, ND 58104		п/ь)	A		┌ Yes ┌ No
						Are all subordin included?	ates	i resi No
		npt status		(insert no) 4947(a)(1) or 527		If "No," attach a	alıst (see instructions)
J W	ebsite	e:► ww	w ımpactfdn org		H(c)	Group exemption	on num	ber 🟲
K For	n of or	ganızatıor	Corporation Trust Associat	on Cother ►	L Ye	ar of formation 200	3 M 9	State of legal domicile ND
Pa	rt I	Sun	nmary					
	1	Briefly o	lescribe the organization's miss	ion or most significant activities				
		Build ca	pacity of nonprofits, businesses	& individuals to maximize their co	mmunity imp	act		
ပ္								
듄								
Ε	,	Check t	his hoy 🛏 if the organization o	liscontinued its operations or dispo	sed of more	than 25% of its i	net ass	ets
Governance	-	CHECK	ins box F If the organization e	inscontinued its operations of dispo	Sca of more	than 23 % of its i	ict as.	, (1)
್ರ 20	3	Number	of voting members of the gover	ning body (Part VI, line 1a)			з	3
Activities &	4	Number	of independent voting members	of the governing body (Part VI, lin	e 1 b)		4	3
Ě	5	Total nu	ımber of ındıvıduals employed ır	ı calendar year 2014 (Part V, line 2	2a)		5	11
Ę	6	Total nu	ımber of volunteers (estimate if	necessary)			6	120
Q.	7a	Total ur	nrelated business revenue from	Part VIII, column (C), line 12 .			7a	0
	Ь	Net unr	elated business taxable income	from Form 990-T, line 34			7b	0
						Prior Year		Current Year
	8	Contr	ubutions and grants (Part VIII,	line 1 h)	🗀	819,1	90	1,084,687
를	9		am service revenue (Part VIII,		119,5	58	223,970	
Revenue	10		tment income (Part VIII, colum	25,5	73	25,434		
ä	11	Other	revenue (Part VIII, column (A)		0	0		
	12			1 (must equal Part VIII, column (A				
					964,3		1,334,091	
	13			t IX, column (A), lines 1-3)		172,3		191,272
	14			IX, column (A), line 4)			0	0
ø	15	Saları 5–10		vee benefits (Part IX, column (A), li	nes	327,6	75	439,049
Expenses	16a		•	(, column (A), line 11e)			0	0
<u></u>			undraising expenses (Part IX, column (· · ·			
Д	b							
	17			, lines 11a-11d, 11f-24e)		378,3		508,426
	18			ust equal Part IX, column (A), line 2		878,4	_	1,138,747
	19	Revei	nue less expenses Subtract line	e 18 from line 12		85,9	_	195,344
Net Assets or Fund Balances					Beg	inning of Curren Year	t	End of Year
9 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	20	Total	assets (Part X. line 16)		. —	2,131,4	18	2,524,233
AS dB	21					1,192,7	_	1,390,242
<u>₩</u>	22			t line 21 from line 20		938,6	_	1,133,991
Pa	ŧΠ		nature Block			, -	<u> </u>	, -,
Unde my k	r pena nowle	alties of dge and		kamined this return, including accor mplete Declaration of preparer (otl				
		***	***			2015 11 16		
Sigr		IB	*** ature of officer			2015-11-16 Date		
Her		'	trick Traynor Executive Director					
			e or print name and title					
			Print/Type preparer's name	Preparer's signature	Date		PTIN	
Paid	t	-	LISA CHAFFEE CPA	LISA CHAFFEE CPA	2015-11-1	6 self-employed	P001934	
	- pare		Firm's name 🕨 EIDE BAILLY LLP			Firm's EIN 🟲 45-	υ25095	ช
	On		Firm's address 🟲 4310 17TH AVE S PO	BOX 2545		Phone no (701)	239-85	00
	J 11	·	FARGO, ND 5810825	45				

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Part III	Statement of	f Program	Service	Accomplishments
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Briefly describe the organization's mission

The mission of Impact Foundation (Impact) 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 operates exclusively for charitable, scientific, and educational purposes. To meet its primary purpose, Impact receives and administers donations, makes contributions to, and provides assistance to other nonprofit organizations. Impact 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

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☑ No If "Yes," describe these new services on Schedule O

Did the organization cease conducting, or make significant changes in how it conducts, any program ☐ Yes ☑ No If "Yes," describe these changes on Schedule O

Describe the organization's program service accomplishments for each of its three largest program services, as measured by 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

171,986 including grants of \$) (Expenses \$) (Revenue \$

ORGANIZATIONAL EFFECTIVENESSImpact and its supporting organization, Achievements Unlimited Foundation, (the "Foundations") recognize that many nonprofit organizations often lack expertise and financial resources to invest in organizational assessments, strategic planning and highly effective fundraising training which will ensure their organization's effectiveness and long-term sustainability. The Foundations partnered with Dakota Medical Foundation through the Impact Institute (Institute) to provide support, education, training, and coaching sessions for nonprofit partner organizations. Since inception in 2005, nearly 5,000 nonprofit executives and directors from over 400 nonprofit organizations have learned effective leadership and fundraising concepts through the Institute programs. 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 education and training programs A review of Form 990s for 24 nonprofit organizations that previously participated in fundraising training showed that their public support increased over a four year period from \$32 million in donations in 2007 to \$63 million in public support in 2011. In 2014, the Institute expanded the ability of charity organizations to solve complex community challenges through its training and coaching. The Institute trained nearly 100 organizations particularly in fundraising. Many continued their professional development in the fundraising curriculum called Funding Logic through coaching programs conducted by the creators to build a mastery of fundraising and leadership Grant Writing Services Since 2005, the Foundations have supported grant writing assistance for health-related nonprofit organizations to generate additional financial resources for their programs. Since the formal addition of grant writing assistance, the Foundations and other regional nonprofit. organizations have secured over \$17.1 million in grant funding

169,146 including grants of \$) (Expenses \$ 4b) (Revenue \$

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. In 2006, Impact in partnership with Dakota Certified Development Corporation (DCDC) established a procurement assistance center (PAC) 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. In 2012, Impact renamed the PAC as a Procurement Technical Assistance Center (PTAC) and was provided funding by the Defense Logistics Agency (DLA), the North Dakota Department of Commerce (NDDC) and DCDC. In 2014, PTAC funding was continued with dultional grants from DLA and NDDC Technical assistance was provided to over 120 North Dakota businesses in 2014 bringing the total businesses assisted to over 470 Since inception, Impact's clients have obtained contracts totaling over \$229 million of which approximately \$120 million were Native American business contract dollars. Over 900 North Dakota jobs have been retained and/or created through the efforts of the Impact PTAC. In 2007, Impact entered into a 30-year \$750,000 loan commitment with the USDA Office of Rural Development under its Intermediary Relending Loan Program (IRP). Impact committed an equity contribution of \$187,500 creating a total loan pool of \$937,500 available to qualifying North Dakota businesses at low interest rates. Dakota Certified Development Corporation (DCDC) provided a grant to Impact to meet the equity requirement under the terms of the USDA loan. DCDC manages the day-to-day operations of the loan program under an agreement with Impact. Since inception, Impact has provided eight (8) loans to small businesses in rural communities totaling over \$816,942. As of December 31, 2014 seven (7) loans remain outstanding with balances totaling over \$513,686 as represented in Part X, Line 13 program related investment of \$485,561 shown pet of the allowance for doubtful accounts. \$485,561 shown net of the allowance for doubtful accounts

533,431 191,272) (Revenue \$ (Code) (Expenses \$ including grants of \$ 73,962)

COMMUNITY SUPPORTImpact provides grants to support community events, statewide nonprofit organizations and other societal improvement initiatives. Grants were provided for these purposes from established Impact charitable funds and from other grants and donor contributions received by the Foundations Impact provided funding to restock the food shelter of the Great Plains Food Bank through support of the local Fill-the-Dome program The Foundations have given back to North Dakota communities impacted by natural disasters. Impact stands ready to provide financial support in the event of future natural disasters by helping to coordinate fundraising efforts in North Dakota. Impact established and maintains a Clubs Fore Kids Initiative that promotes community youth golf programs by coordinate fundraising efforts in North Dakota. Impact established and maintains a Clubs Fore Kids Initiative that promotes community youth golf programs by providing clubs, practice and play opportunities to those unable to afford the cost of participation. Fiscal Sponsorships. When aligned with Impact's mission, the 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 contributors through the sponsor. Sponsorship arrangements may range from a project or organization being included completely under Impact Foundation's 501(c)(3) umbrella to assistance to an organization establishing their own separate 501(c)(3) organization. TEDxFargo is a program of local, self-organized events that bring people together to share entrepreneurial ideas, discussions, and experiences and was planned by a committee of 15 volunteer members and assisted by over 60 community volunteer members TEDxFargo connects leaders and influencers that are curious about their world, the communities, and their futures. The two-day event was held on July 24-25, 2014 in downtown Fargo and was attended by a diverse adultators, artists, physicians, attorneys, business owners, engineers, students, and other professionals. TEDxFargo had more than 800 attendees. audience including educators, artists, physicians, attorneys, business owners, engineers, students, and other professionals TEDxFargo had more than 800 attendees partake in 22 individual presentations. Funding for the event was provided by contributions (\$69,574) and ticket sales. The total cost for the TEDxFargo event was partake in 22 individual presentations. Funding for the event was provided by contributions (\$69,574) and ticket sales. The total cost for the TEDxFargo event was \$111,998 and is included in applicable expense categories under program services expenses in Section IX, Statement of Functional Expenses Longspur Prairie Fund (Longspur) Longspur facilitates three types of projects in western Minnesota including (1) prairie and wetland restoration involving the planting of marginal farmland with native grasses, forbs, and aquascapes in and around the Red River Valley, (2) support scholarship, education, and research in the arts and sciences directly connected to the area's wildlife, ecology, and agriculture, and (3) develop voluntary habitat adoption strategies in partnership with local farms, businesses, churches, and industries that are passionate about preserving the natural legacy of the region. Longspur is under contract with the Natural Resources Conservation Service (NRCS) to implement specific conservation practices. These practice costs are reimbursable on a cost share basis from the NRCS (75%) and the State of Minnesota's Re-invest in Minnesota (RIM) program (25%). During 2014, Longspur incurred \$14,928 in land reclamation and other costs which are included in applicable expense categories under program services expense in Section IX, Statement of Functional Expenses Women's Impact. works to create opportunities for women to connect and empower each other to make a positive impact in their lives, families and communities. The website (www womensimpact org) is developed as an inspiring and supportive online community for women to connect and make an impact in each other's lives. Women's Impact celebrated International Women's Day with an annual event held in March 2014. Women's Impact incurred \$14,700 of costs which are included in applicable expense categories under program services expense in Section IX, Statement of Functional Expenses. Women's Impact was funded by contributions and registrations income d under program services expense in Section IX, Statement of Functional Expenses Women's Impact was funded by contributions and registrations income during 2014 Venture Youth Alliance (VYA) Impact, 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 serves as the fiscal host for the VYA Initiative. The initiative was launched in the spring of 2009 strategies to achieve a greater impact in the community. Impact serves as the fiscal host for the VYA Initiative. The initiative was launched in the spring of 2009 with support from the Otto Bremer Foundation, Bush Foundation, Dakota Medical Foundation and other contributors. The goals of the VYA Initiative are 1. Convene community partners and facilitate youth and community involvement to increase collective effectiveness 2. Collaborate to establish outcomes, indicators, and strategies to increase joint accountability 3. Collect and distribute data in an efficient and effective manner for strategic decision-making 4. Communicate community blueprint progress, gap areas to be addressed, and resource availability 5. Connect youth to quality learning opportunities in school and in the broader community. In 2014 and 2013, financial support was provided by the Alex Stern Family Foundation, Bush Foundation, FM Area Foundation, Otto Bremer Foundation, United Way of Cass/Clay, Youthprise Foundation, and other corporate and individual contributors. Red River Children's Advocacy Center (RRCAC). During 2014, Impact 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.

See Additional Data

Other program services (Describe in Schedule O)

206,133 including grants of \$) (Revenue \$ 134,274)

Total program service expenses ► 1.080.696 4e

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)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🕏	2	Yes	<u> </u>
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? <i>If "Yes," complete Schedule D, Part I</i>	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? 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 2	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? <i>If "Yes," complete Schedule D, Part V</i>	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? 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		No
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		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, 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 other assistance to or for any foreign organization? 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 other assistance to or for foreign individuals? 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 "Yes," complete Schedule G, Part II</i>	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 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		No
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 or other assistance to any domestic organization or domestic government 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 or other assistance to or for domestic individuals 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? <i>If "Yes," complete Schedule J.</i>	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	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		
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), 501(c)(4), and 501(c)(29) 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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? 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? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			1
		28a		No
	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? <i>If "Yes," complete Schedule L, Part IV</i>	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? <i>If "Yes," complete Schedule M</i>	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?	38	Yes	

Form 990 (2014)

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V			
1-	Enter the number reported in Box 2 of Form 1006 Fatan 0 if not applicable 1 4- 1		Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 13 Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1 c	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	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Νo
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			No
		5b		
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		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	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		N o
	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		N
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit	7e		N
F	contract?	7f		N
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as			14 (
9	required?	7g		
	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. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
)a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring 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			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Section 501(c)(12) organizations. Enter			
a	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)			
а	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.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
_	Note. See the instructions for additional information the organization must report on Schedule O	138		
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			
c	Enter the amount of reserves on hand			
a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI														.[고
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A Enter the number of voting members of the governing body at the end of the tax year. 1	ye Ifi bo	1 1a 3		Yes	No
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body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule of the instance of 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? 3. Did the organization delegate control over management duties customanly performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? 4. Did the organization make any significant changes to its governing documents since the prior Form 990 was filled? 5. Did the organization have members or stockholders? 6. Did the organization have members or stockholders? 7. Did the organization have members or stockholders? 7. Did the organization have members or stockholders, or other persons who had the power to election appoint one or more members of the governing body? 7. 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? 8. Did the organization have members, or stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 8. Did the organization of the organization reserved to (or subject to approval by) members, stockholders, or by a fill any appropriate organization of the organization have members or stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 8. Did the organization have local chapters, branches, or affiliates? 8. Did the organization have local 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 pu	bo				
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rise to conflicts?	12a Di	d the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
In Schedule O how this was done		·	12b	Yes	
Did the organization have a written document retention and destruction policy?			12c	Yes	
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Independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official	14 Die	d the organization have a written document retention and destruction policy?	14	Yes	
b Other officers or key employees of the organization					
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	a Th	ne organization's CEO, Executive Director, or top management official	15a	Yes	
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	b 0 t	ther officers or key employees of the organization	15b		Νo
taxable entity during the year?	If'	"Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
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?			16a		No
	16a Die	xable entity during the year?			
Section C. Disclosure	16a Dio tax b If '	"Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its rticipation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	16b		

- 17 List the States with which a copy of this Form 990 is required to be filed►MN
- 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
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records ►Michael Schumacher

<u>Part VIII</u> 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 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, 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) A verage hours per week (list any hours for related organizations	more pers and	than on is a dii	one bot	not box h ar or/tr	check, unle n office ustee	ess er	(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization
	below dotted line)	Individual trustee or director	Institutional Trustee	ICEI	. employee	Highest compensated employee	Former		·	and related organizations
(1) Dan Carey Chaır	3 00 1 00	х		х				0	0	0
(2) Susan Mathison MD Vice Chair	2 00	Х		х				0	0	0
(3) Phil Hansen Secretary/Treasurer	2 00 1 00	Х		х				0	0	0
(4) J Patrick Traynor Executive Director	8 50 8 00			х				57,633	0	0

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	more t perso	han d n is	ne l both	oox, an d	heck unless officer stee)	i	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	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)	organization and related organizations

1b	Sub-Total	Þ			
c	Total from continuation sheets to Part VII, Section A	F			
d	Total (add lines 1b and 1c)	Þ	57,633	0	0

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

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
	\\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.	

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 ►0

Part V	111	Statement of Revenue Check if Schedule O contains a response o	r note to any lin	oun this Bart VIII			
		Check if Schedule O Contains a response o	n note to any mi	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts nts	1a b	Federated campaigns 1a Membership dues 1b					312 311
on Jou		· —					
S. E	С	Fundraising events 1c					
<u> </u>	d	Related organizations 1d	29,400				
ا <u>با</u> ي	е	Government grants (contributions) 1e	151,742				
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contributions, gifts, grants, and similar amounts not included above	903,545				
<u>₽</u> ₽	g	Noncash contributions included in lines 1a-1f \$ ——	_				
and Co	h	Total. Add lines 1a-1f		1,084,687			
		Bu	ısıness Code				
au l	2a	Give Back Membership d	900099	98,708	98,708		
£8.	b	TEDx Ticket Sales	900099	63,350	63,350		
93	c	Registration fees - fu	611430	15,534	15,534		
E.	d	Management services in	900099	10,612	10,612		
ေ	е	PTAC Dodge Report reim	611430	200	200		
Program Serwoe Revenue	f	All other program service revenue		35,566	35,566		
ጅ	g	Total. Add lines 2a-2f		223,970			
	3	Investment income (including dividends, in					25.42
	_	and other similar amounts)	<u> </u>	25,434			25,43
	4		eas . F				
	5	Royalties	ıı) Personal				
	6a	Gross rents (1) Kedi (1)	ii) reisoliai				
	Ь	Less rental					
	c	expenses Rental income					
	_	or (loss)	_				
	d	Net rental income or (loss)	(II) Other				
	7a	Gross amount from sales of assets other	(II) Other				
	b	than inventory Less cost or other basis and					
	С	sales expenses Gain or (loss)					
	d	Net gain or (loss)					
une	8a	Gross income from fundraising events (not including					
Other Kevenue		of contributions reported on line 1c) See Part IV, line 18					
<u> </u>	b	Less direct expenses b					
5		Net income or (loss) from fundraising even	ts -				
	9a	Gross income from gaming activities See Part IV, line 19					
	ь	Less direct expenses b					
		Net income or (loss) from gaming activities	s				
	10a	Gross sales of inventory, less					
		returns and allowances .					
	h	Less cost of goods sold b					
		Net income or (loss) from sales of inventor	-y b -				
}			isiness Code				
	11a						
	b						
	c						
	d	All other revenue		+			
	e	Total. Add lines 11a-11d	🕨				
			-				
- 1	12	Total revenue. See Instructions	🖦	I			Ī

	IX Statement of Functional Expenses				
ectio	on $501(c)(3)$ and $501(c)(4)$ organizations must complete all columns. All	Ī	•	lete column (A)	
	Check if Schedule O contains a response or note to any line in this	Part IX			<u></u>
	ot include amounts reported on lines 6b, o, 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 domestic organizations and domestic governments See Part IV, line 21	191,272	191,272		
2	Grants and other assistance to domestic individuals See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	57,663	28,832	23,065	5,766
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	295,603	295,418	185	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	27,065	27,577	-512	
9	Other employee benefits	31,888	31,888		
10	Payroll taxes	26,830	24,599	1,785	446
11	Fees for services (non-employees)				
а	Management	34,812	31,312	3,500	
ь	Legal	2,920		2,920	
c	Accounting	7,700		7,700	
d	Lobbying				
e	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)	164,441	164,361	80	
12	Advertising and promotion	70,594	70,594		
13	Office expenses	40,517	36,212	4,305	
14	Information technology	52,089	52,089		
15	Royalties				
16	Occupancy	30,512	30,512		
17	Travel	22,557	22,523	34	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	67,975	66,734	1,241	·
20	Interest	4,825	4,825		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	4,422	1,005	3,417	
23	Insurance	4,129	943	3,186	
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)				
а					
b					
С					
d					
е	All other expenses	933		933	
25	Total functional expenses. Add lines 1 through 24e	1,138,747	1,080,696	51,839	6,212
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

Par	't X	Balance Sheet Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing		1	
	2	Savings and temporary cash investments	919,584	2	1,269,021
	3	Pledges and grants receivable, net	137,813	3	230,112
	4	Accounts receivable, net	12,556	4	22,019
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		F	
×	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		5	
9				6	
Assets	7	Notes and loans receivable, net		7	
-	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	2,539	9	5,607
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 461,321			
	Ь	Less accumulated depreciation	· ·	10 c	254,602
	11	Investments—publicly traded securities	210,404	11	219,399
	12	Investments—other securities See Part IV, line 11		12	_
	13	Investments—program-related See Part IV, line 11	455,643	13	485,561
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	251,960	15	37,912
	16	Total assets. Add lines 1 through 15 (must equal line 34)	2,131,418	16	2,524,233
	17	Accounts payable and accrued expenses	132,562	17	254,701
	18	Grants payable		18	
	19	Deferred revenue	554,923	19	657,122
	20	Tax-exempt bond liabilities		20	
ø.	21	Escrow or custodial account liability $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$		21	
Liabilitie	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
æ		persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	505,286	23	478,419
	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			
		D	1 100 771	25	1 000 0 10
	26	Total liabilities. Add lines 17 through 25	1,192,771	26	1,390,242
on do		Organizations that follow SFAS 117 (ASC 958), check here ▶ 🔽 and complete lines 27 through 29, and lines 33 and 34.			
Š	27	Unrestricted net assets	236,365	27	367,398
<u>න</u>	28	Temporarily restricted net assets	563,282	28	623,593
s or Fund Balance	29	Permanently restricted net assets	139,000	29	143,000
	25	Organizations that do not follow SFAS 117 (ASC 958), check here ► □ and	100,000		140,000
		complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
ě	31	Paid-in or capital surplus, or land, building or equipment fund		31	
Assets	32	Retained earnings, endowment, accumulated income, or other funds		32	
Šet	33	Total net assets or fund balances	938,647	33	1,133,991
Z	34	Total liabilities and net assets/fund balances	2,131,418	34	2,524,233
	1		1		

Par	t XI	Reconcilliati	ion of Net Assets					
				note to any line in this Part XI				
1	Total	revenue (must e	qual Part VIII, column (A), lıı	ne 12)	1		1,3	334,091
2	Total	expenses (must	equal Part IX, column (A), lin	ne 25)	2		1,1	138,747
3	Reven	ue less expense	s Subtract line 2 from line 1		3		1	195,344
4	Net as	ssets or fund bala	ances at beginning of year (m	nust equal Part X, line 33, column (A))	4		ġ	38,647
5	Net ur	nrealized gains (l	losses) on investments .		5			
6	Donat	ed services and	use of facilities		6			
7	Inves	tment expenses			7			
8	Prior	period adjustmen	nts		8			
9	Other	changes in net a	assets or fund balances (expl	laın ın Schedule O)	9			0
10	Net as colum		ances at end of year Combin	ne lines 3 through 9 (must equal Part X, line 33,	10		1,1	133,991
Par	t XII	Financial St	tatements and Reporti	ng				
		Check If Sched	dule O contains a response or	r note to any line in this Part XII				. 🔽
							Yes	No
1		organızatıon cha		Cash Accrual Otherng from a prior year or checked "Other," explain in				
2a	Were	the organization's	s financial statements compil	led or reviewed by an independent accountant?		2a		No
			elow to indicate whether the fi solidated basis, or both	inancial statements for the year were compiled or revie	wed or	1		
	Γs	eparate basıs	Consolidated basis	Both consolidated and separate basis				
ь	Were	the organization's	s financial statements audite	ed by an independent accountant?		2b	Yes	
		,' check a box be consolidated ba		inancial statements for the year were audited on a sepa	arate			
	Γs	eparate basıs	✓ Consolidated basis	☐ Both consolidated and separate basis				
c				ve a committee that assumes responsibility for oversighents and selection of an independent accountant?	ht of th	e 2c		No
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O							
За				required to undergo an audit or audits as set forth in th	е	За		No
b				audit or audits? If the organization did not undergo the and describe any steps taken to undergo such audits		3b		

Software ID: Software Version:

EIN: 20-0520386

Name: Impact Foundation

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

(Code) (Expenses \$ 206.133 including grants of \$) (Revenue \$ 134,274) GIVEBACK INITIATIVEI mpact launched its 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. Grants from Dakota Medical Foundation, Alex Stern Family Foundation and various individual and corporate contributions provided the initial funding for this Initiative Initiative strategies have focused on education and training for nonprofit organizations to become highly proficient fundraisers and to be more operationally efficient and effective. North Dakota Wealth Transfer. The Foundations initially 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 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. Another North Dakota Wealth Transfer Report was commissioned by the Foundation in 2011, "Endless Possibilities on the Prairie Unleashing North Dakota's Great Potential" 2007-2061, and associated data entitled "Communities with Possibilities". 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 www.impactgiveback.org. In December 2014, Impact commissioned with the Center on Wealth and Philanthropy at Boston College, Boston Massachusetts, for an update to selected estimates in the 2011 report. 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 500 nonprofit organizations in the region Qualified 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. Nonprofit organizations are able to utilize the website to receive contributions, and process event registrations. Significant efforts and commitments have been made by Impact to enhance the website in order to better connect donors with nonprofit organizations that fit the donor's charitable goals. Since its 2007 implementation, the online giving website has processed over \$15 0 million for its partner nonprofits. Impact implemented a Volunteer Initiative in 2007 designed to help nonprofit organizations more effectively recruit, train, manage and retain volunteers. The GiveBack website www.impactgiveback.org.includes a Volunteer page that provides the capability for nonprofit organizations to list their volunteer opportunities. The Foundations partnered with FirstLink, an unrelated 501(c)(3) organization, to connect volunteers with opportunities to serve Giving Hearts Day Initiative (GHD)Initiative Impact partnered with Dakota Medical Foundation (DMF) to establish the GHD Initiative to build the fundraising capabilities of nonprofit organizations and promote charitable giving in the region. The online giving environment improves efficiency to raise funds for nonprofit programs serving the region. The online giving website at www.impactgiveback.org.is.used.to.promote.the.annual.DMF.Giving.Hearts.Day.each.February.and.provides.donors.with.an.easy-to-use website to make online contributions to over 230 of their favorite North Dakota and Minnesota charitable organizations. Since implementation in 2008, the GHD Initiative has generated over 70,000 contributions for community nonprofit organizations totaling over \$15.7 million DMF provided over \$2.2 million in matching funds and incentive grants for participating organizations since inception of this initiative. The Giving Hearts Day event held in February 2014 generated 24,407 donations for 239 charitable causes totaling over \$5.7 million in a 24-hour period. The participating nonprofit organizations obtained additional matching funds prior to the event. During 2014, Dakota Medical Foundation provided \$480,000 in matching fund and incentive award grants to participating nonprofit organizations Veteran Emergency Charitable Fund The Veterans Fund was established at Impact 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 Impact 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 \$106,093 in contributions and provided assistance to 31 qualified veteran families

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OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2014

Open to Public Inspection

	e of that	ne organization					Employer identification number		
шірас	.t i ounc	adion					20-0520386		
Pa	rt I	Reason for Publi	c Charity S	Status (All organiza	itions must co	mplete this p		ons.	
		zation is not a private fo		, 2			•		
1	Г	A church, convention	of churches, o	r association of churc	hes described i	n section 170(o)(1)(A)(i).		
2	Г	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)							
3	Ē	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).							
4	Ė	A medical research or		_				i). Enter the	
	_	hospital's name, city, and stateAn or substruction of a college or university owned or operated by a governmental unit described in							
5	ı				versity owned o	or operated by a	a governmental unit d	escribed in	
		section 170(b)(1)(A)	(iv). (Complet	e Part II)					
6	Г	A federal, state, or loc	al governmen	t or governmental unit	described in se	ection 170(b)(1	.)(A)(v).		
7	<u>~</u>	An organization that n described in section 1	•		• •	om a governme	ntal unit or from the o	general public	
8	Г	A community trust de				tII)			
9	Ė	An organization that n					butions membership	fees, and gross	
_	,	receipts from activitie							
		its support from gross							
		acquired by the organi						i businesses	
10	_	An organization organ							
	<u>'</u> _		•	•	•	•			
11	ı	An organization organ							
one or more publicly supported organizations described in section 509 the box in lines 11a through 11d that describes the type of supporting									
а	Γ	Type I. A supporting of	-	• • •		•		, -	
		supported organization				ty of the direct	ors or trustees of the	supporting	
_	_	organization You mus							
b	ı	Type II. A supporting	=	•			• ' ' '	•	
		management of the su must complete Part IV			same persons t	nat control or n	nanage the supported	organization(s) You	
c	Г	Type III functionally	•		n operated in c	onnection with.	and functionally inte	grated with, its	
_	,	supported organization	_		•		•	9 ,	
d	Γ	Type III non-function	ally integrate	d. A supporting organi	zatıon operated	ın connection	with its supported org	janization(s) that is	
		not functionally integr					ement and an attentiv	eness requirement	
_	(see instructions) You must complete Part IV, Sections A and D, and Part V.					una III funationallu			
е	'	Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization					ype III functionally		
f	Enter the number of supported organizations								
g	Down do the fellows a section that a support of the second section (s)								
•				p.p y -	,				
(i)Name of supported			(ii) EIN	(iii) Type of	(iv) Is the org	ganızatıon	(v) A mount of	(vi) A mount of	
organızatı		organızatıon		organization	listed in your	governing	monetary support	other support (see	
				(described on lines	docume	ent?	(see instructions)	ınstructions)	
			1 - 9 above or IRC section (see instructions))						
				mscractions))	Yes	No			
Tota									

Schedule A (Form 990 or 990-EZ) 2014 Page 2 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) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total in) 🟲 1 Gifts, grants, contributions, and membership fees received (Do not 2,018,134 1,006,031 684,323 819,190 1,084,687 5,612,365 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 2,018,134 1,006,031 684,323 819,190 1,084,687 5,612,365 Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly 622,145 supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column Public support. Subtract line 5 from 4,990,220 line 4 Section B. Total Support Calendar year (or fiscal year (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 **(e)** 2014 (f) Total beginning in) 🟲 2,018,134 1,006,031 684,323 819,190 1,084,687 5,612,365 Amounts from line 4 Gross income from interest, dividends, payments received on 34,391 31,285 25,573 25,434 securities loans, rents, royalties 26,206 142,889 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 VI) 11 Total support Add lines 7 through 5,755,254 10 Gross receipts from related activities, etc (see instructions) 12 12 563,936 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) 13 ... Section C. Computation of Public Support Percentage 14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)) 14 86 710 % Public support percentage for 2013 Schedule A, Part II, line 14 15 15 88 290 % 16a 33 1/3% support test - 2014. 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—2013. 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 - 2014. 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 VI 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—2013. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

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

supported organization

instructions

Schedule A (Form 990 or 990-EZ) 2014 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) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (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 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the 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 organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total in) 🟲 Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include 12 gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11. and 12) 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 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f)) 15

15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))

16 Public support percentage from 2013 Schedule A, Part III, line 15

Section D. Computation of Investment Income Percentage

17 Investment income percentage from 2014 (line 10c, column (f) divided by line 13, column (f))

18 Investment income percentage from 2013 Schedule A, Part III, line 17

18

19a 33 1/3% support tests—2014. 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%, check this box and stop here. The organization qualifies as a publicly supported organization

18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V $\,)$

Section A. All Supporting Organizations

Se	ection A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section $509(a)(1)$ or (2) ? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section $509(a)(1)$ or (2) .	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	За		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections $501(c)(3)$ and $509(a)(1)$ or $(2)^7$ If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section $170(c)(2)(B)$ purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If</i> "Yes," provide detail in Part VI .	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c		
L0a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).	10b		
l1	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below,			
	the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		

c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.

11c

Pa	rt IV Supporting Organizations (continued)			
S	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.	2		
S	ection C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
S	ection D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
S	ection E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see The organization satisfied the Activities Test Complete line 2 below The organization is the parent of each of its supported organizations. Complete line 3 below The organization supported a governmental entity. Describe in Part VI how you supported a government entity instructions.			
2	Activities Test Answer (a) and (b) below.		Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3				
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.	3a		
	b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each		1 1	

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

3b

Part V - Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1	_	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 See instructions. All other
ype	[]	II non-functionally integrated supporting organizations must complete Sections A through E

	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		

	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
0	Minimum Assat Amount (add line 7 to line 6)	Q		

Section C - Distributable Amount

- **1** Adjusted net income for prior year (from Section A, line 8, Column A)
- 2 Enter 85% of line 1
- **3** Minimum asset amount for prior year (from Section B, line 8, Column A)
- 4 Enter greater of line 2 or line 3
- 5 Income tax imposed in prior year
- **6 Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)
- 7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

	Current Year
1	
2	
3	
4	
5	
6	

Section D - Distributions	Current Year		
1 Amounts paid to supported organizations to accom			
2 A mounts paid to perform activity that directly furthe excess of income from activity	orted organizations, in		
3 Administrative expenses paid to accomplish exemp	anızatıons		
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval rec	nured)		
6 Other distributions (describe in Part VI) See instru	ICTIONS		
7 Total annual distributions. Add lines 1 through 6			
8 Distributions to attentive supported organizations t details in Part VI) See instructions	o which the organization is re	esponsive (provide	
9 Distributable amount for 2014 from Section C, line	6		
10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdist ribut ions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause requiredsee instructions)			
3 Excess distributions carryover, if any, to 2014			
a From 2009			
b From 2010			
c From 2011			
d From 2012			
e From 2013			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
 h Applied to 2014 distributable amount i Carryover from 2009 not applied (see instructions) 			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section D, line 7 \$			
Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			1
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2015. Add lines 31 and 4c			
8 Breakdown of line 7			
a From 2010			
b From 2011			
c From 2012			
d From 2013			

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference Explanation

Schedule A (Form 990 or 990-EZ) 2014

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493320137515

OMB No 1545-0047

SCHEDULE D

(Form 990)

Department of the Treasury

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.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public

lame	of the organization Foundation		Employer identific	ation number
Part	Organizations Maintaining Donor Advorganization answered "Yes" to Form 990,		20-0520386 unds or Account	s. Complete if the
	organization anomereu res terenin sse	(a) Donor advised funds	(b) Funds and	other accounts
Т	otal number at end of year			
Α	ggregate value of contributions to (during year)			
Α	ggregate value of grants from (during year)			
Α	ggregate value at end of year			
	ا old the organization inform all donors and donor adviso unds are the organization's property, subject to the org	5	or advised	┌ Yes ┌ No
u	old the organization inform all grantees, donors, and do sed only for charitable purposes and not for the benefi onferring impermissible private benefit?			┌ Yes ┌ No
	Conservation Easements. Complete if	the organization answered "Yes" to	o Form 990. Part I	V. line 7.
	urpose(s) of conservation easements held by the orga			
_	Preservation of land for public use (e g , recreation	<u> </u>	historically importai	nt land area
Γ	Protection of natural habitat	Preservation of a c	certified historic stru	cture
Γ	Preservation of open space			
	omplete lines 2a through 2d if the organization held a asement on the last day of the tax year	qualified conservation contribution in t	the form of a conserv	ation
			Held at th	e End of the Year
Т	otal number of conservation easements		2a	
Т	otal acreage restricted by conservation easements		2b	
Ν	lumber of conservation easements on a certified histo	rıc structure ıncluded ın (a)	2c	
	lumber of conservation easements included in (c) acquistoric structure listed in the National Register	uired after 8/17/06, and not on a	2d	
	lumber of conservation easements modified, transferrente the tax year 🗠	ed, released, extinguished, or terminate	ed by the organization	n during
N	lumber of states where property subject to conservation	on easement is located 🕨		
D	oes the organization have a written policy regarding the nforcement of the conservation easements it holds?		—— dling of violations, an	d Yes No
S ▶	taff and volunteer hours devoted to monitoring, inspec	cting, and enforcing conservation easen	ments during the year	-
	mount of expenses incurred in monitoring, inspecting,	, and enforcing conservation easements	s during the year	
D	ooes each conservation easement reported on line 2(d nd section 170(h)(4)(B)(ii)?	I) above satisfy the requirements of sec	ction 170(h)(4)(B)(ı)	┌ Yes ┌ No
b	n Part XIII, describe how the organization reports con alance sheet, and include, if applicable, the text of the he organization's accounting for conservation easeme	e footnote to the organization's financial		
rt I	Organizations Maintaining Collections Complete if the organization answered "Yes		or Other Similar	Assets.
W	f the organization elected, as permitted under SFAS 1: orks of art, historical treasures, or other similar asset ervice, provide, in Part XIII, the text of the footnote to	ts held for public exhibition, education,	or research in furthei	
W	f the organization elected, as permitted under SFAS 1: orks of art, historical treasures, or other similar asset ervice, provide the following amounts relating to these	ts held for public exhibition, education,		
(i) Revenue included in Form 990, Part VIII, line 1		► \$	
(1	ii) Assets included in Form 990, Part X			
Ιſ	f the organization received or held works of art, histori ollowing amounts required to be reported under SFAS:		or financial gain, prov	
R	evenue included in Form 990, Part VIII, line 1		► \$	
٨	scats included in Form 990. Part V		► ¢	

Part	Organizations Maintaining Co	llections of Art,	, His	tori	cal Tr	easu	res, or Ot	<u>her</u>	Similar Ass	ets (continued)
3	Using the organization's acquisition, access collection items (check all that apply)	on, and other record	ds, ch	neck	any of t	he follo	owing that ar	e a	significant use	of its	
а	Public exhibition		d	Γ	Loan	or exch	nange progra	ms			
b	Scholarly research		e	Γ	Other	-					
c	Preservation for future generations										
4	Provide a description of the organization's co Part XIII	llections and explai	ın hov	w the	y furthe	r the o	rganızatıon's	s ex	empt purpose ır	1	
5	During the year, did the organization solicit									- Yes	□ No
Par	assets to be sold to raise funds rather than to the sold to raise funds rather than to the sold to the								<u>'</u>		1 140
	Part IV, line 9, or reported an an										
1a 	Is the organization an agent, trustee, custod included on Form 990, Part X?					itions o	r other asse	ts n		Yes	┌ No
b	If "Yes," explain the arrangement in Part XII	1 and complete the	TOITOV	wing t	abie			Т	Δm	ount	
С	Beginning balance							lc	A	June	
d	Additions during the year							ld			
e	Distributions during the year						-	le			
f	Ending balance						<u> </u>	Lf			
2a	Did the organization include an amount on Fo	orm 990, Part X. line	21.	for e	scrow o	rcusto			bility? F	Yes	
ь	If "Yes," explain the arrangement in Part XII										Ė
Pa	rt V Endowment Funds. Complete										<u> </u>
		(a)Current year) Prior						(e) Four	years back
1 a	Beginning of year balance	1,000									
b	Contributions	4,000			1,000						
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	5,000			1,000						
2	Provide the estimated percentage of the curi	ent year end balanc	e (lın	ie 1g	, colum	n (a)) h	neld as				
а	Board designated or quasi-endowment ►										
b	Permanent endowment ► 100 000 %										
C	Temporarily restricted endowment ► The percentages in lines 2a, 2b, and 2c show	uld equal 100%									
3a	Are there endowment funds not in the posses	ssion of the organiza	ation	that	are held	d and a	dmınıstered	for t	:he		
	organization by (i) unrelated organizations								3a(i	Yes	No No
	(ii) related organizations		٠. ٠					٠.	3a(ii		No
b	If "Yes" to 3a(II), are the related organization		on S	ched	lule R?	٠			3b		
4	Describe in Part XIII the intended uses of th										
Par	t VI Land, Buildings, and Equipme 11a. See Form 990, Part X, line :		he o	rgar	ızatıor	n answ	vered 'Yes'	to I	Form 990, Pai	t IV,	line
	Description of property				o) Cost o		(b)Cost or ot basis (other		(c) Accumulated depreciation	(d)	Book value
	Land						138,0	000		+	138,000
	Buildings							\dashv			· ·
	Leasehold improvements										
	Equipment						323,:	321	206,71	9	116,602
	Other	aual Form 990 Part V	· (col:	lmr /	R) line	10(c)	<u> </u>		▶	+	254,602
TOCA	. Add illes ta tillough te (Column (a) must e	quai ruiii 330, Päít X	, coru	(ו, ווחe	10(C).)				/Ear	
									Schedule D	(Form	99U) 2014

See Form 990, Part X, line 12. (a) Description of security or category	(b)Book value	(c) Method of valuation
(including name of security)	(5)200000000	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)	•	
Part VIII Investments—Program Related. Co	mplete if the organization	answered 'Yes' to Form 990, Part IV, line 11c.
See Form 990, Part X, line 13. (a) Description of investment	(b) Book value	(c) Method of valuation
		Cost or end-of-year market value
(1) IRP Loans Receivable	485,561	F F
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	485,561	
Part IX Other Assets. Complete if the organization	answered 'Yes' to Form 990,	
20 0000 (20 0000 0000 0000 0000 0000 00	answered 'Yes' to Form 990,	Part IV, line 11d See Form 990, Part X, line 15 (b) Book value
Part IX Other Assets. Complete if the organization	answered 'Yes' to Form 990,	
Part IX Other Assets. Complete if the organization	answered 'Yes' to Form 990,	
Part IX Other Assets. Complete if the organization	answered 'Yes' to Form 990,	
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Part IX Other Assets. Complete if the organization	answered 'Yes' to Form 990,	
Part IX Other Assets. Complete if the organization	answered 'Yes' to Form 990,	
Part IX Other Assets. Complete if the organization	answered 'Yes' to Form 990,	
Part IX Other Assets. Complete if the organization	answered 'Yes' to Form 990,	
Part IX Other Assets. Complete if the organization (a) Description (a) Description Total. (Column (b) must equal Form 990, Part X, col.(B) line 15	answered 'Yes' to Form 990, otion	(b) Book value
Part IX Other Assets. Complete if the organization (a) Description (b) Description (a) Description (a) Description (b) Description (c) Description (d) Description (e) Description (a) Description (b) Description (c) Description (d) Description (e) Description (a) Description (b) Description (c) Description (d) Description (e) Description (a) Description (b) Description (c) Description (d) Description (e) Description (a) Description (b) Description (c) Description (d) Description (e) Description (a) Description (b) Description (c) Description (d) Description (e) Description (a) Description (d) Description (e) Description (d) Description (e) D	answered 'Yes' to Form 990, otion	(b) Book value
Part IX Other Assets. Complete if the organization (a) Description (a) Description Total. (Column (b) must equal Form 990, Part X, col.(B) line 15	answered 'Yes' to Form 990, otion	(b) Book value
Part IX Other Assets. Complete if the organization (a) Description (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. Complete if the organization Other Liabilities. Complete if the organization Part X Other Liabilities. Complete if the organization Other Liabilities.	answered 'Yes' to Form 990, otion	(b) Book value
Part IX Other Assets. Complete if the organization (a) Description Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. Complete if the organization Form 990, Part X, line 25. (a) Description of liability	answered 'Yes' to Form 990, otion	(b) Book value
Part IX Other Assets. Complete if the organization (a) Description Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. Complete if the organization Form 990, Part X, line 25. (a) Description of liability	answered 'Yes' to Form 990, otion	(b) Book value
Part IX Other Assets. Complete if the organization (a) Description Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. Complete if the organization Form 990, Part X, line 25. (a) Description of liability	answered 'Yes' to Form 990, otion	(b) Book value
Part IX Other Assets. Complete if the organization (a) Description Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. Complete if the organization Form 990, Part X, line 25. (a) Description of liability	answered 'Yes' to Form 990, otion	(b) Book value
Part IX Other Assets. Complete if the organization (a) Description Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. Complete if the organization Form 990, Part X, line 25. (a) Description of liability	answered 'Yes' to Form 990, otion	(b) Book value
Part IX Other Assets. Complete if the organization (a) Description Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. Complete if the organization Form 990, Part X, line 25. (a) Description of liability	answered 'Yes' to Form 990, otion	(b) Book value
Part IX Other Assets. Complete if the organization (a) Description Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. Complete if the organization Form 990, Part X, line 25. (a) Description of liability	answered 'Yes' to Form 990, otion	(b) Book value
Part IX Other Assets. Complete if the organization (a) Description Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. Complete if the organization Form 990, Part X, line 25. (a) Description of liability	answered 'Yes' to Form 990, otion	(b) Book value
Part IX Other Assets. Complete if the organization (a) Description Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. Complete if the organization Form 990, Part X, line 25. (a) Description of liability	answered 'Yes' to Form 990, otion	(b) Book value
Part IX Other Assets. Complete if the organization (a) Description Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. Complete if the organization Form 990, Part X, line 25. (a) Description of liability	answered 'Yes' to Form 990, otion	(b) Book value
Part IX Other Assets. Complete if the organization (a) Description Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. Complete if the organization Form 990, Part X, line 25. (a) Description of liability	answered 'Yes' to Form 990, otion	(b) Book value
Part IX Other Assets. Complete if the organization (a) Description Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. Complete if the organization Form 990, Part X, line 25. (a) Description of liability	answered 'Yes' to Form 990, otion	(b) Book value

Part XI, Line 4b - Other

Adjustments

Par	the organization answered 'Ye			ts Wit	h Rever	nue p	er R	eturn Complete If
1	Total revenue, gains, and other support						1	1,269,780
2	Amounts included on line 1 but not on F	orm 990, Part VIII, line 12						
a	Net unrealized gains (losses) on investi	ments	2a					
b	Donated services and use of facilities		2b					
С	Recoveries of prior year grants		2c					
d Other (Describe in Part XIII)		2d						
e	Add lines 2a through 2d		· · ·				2e	0
3	Subtract line 2e from line 1					. [3	1,269,780
4	Amounts included on Form 990, Part V	III, line 12, but not on line 1						
а	Investment expenses not included on F		4a					
b	Other (Describe in Part XIII)		4b		64	,311		
c	Add lines 4a and 4b		·				4c	64,311
5	Total revenue Add lines 3 and 4c. (This	must equal Form 990, Part I, line	e 12)			. [5	1,334,091
Part	XII Reconciliation of Expenses			nts Wi	th Expe	nses	per	Return. Complete
	ıf the organization answered '							Т
1	Total expenses and losses per audited t					· -	1	1,138,747
2	Amounts included on line 1 but not on F			ı				
а	Donated services and use of facilities		2a	<u> </u>				
b	Prior year adjustments		2b					
С	Other losses		2c	ļ				
d	Other (Describe in Part XIII)		2d					
е	Add lines 2a through 2d					·	2e	0
3	Subtract line 2e from line 1					·	3	1,138,747
4	Amounts included on Form 990, Part IX	, line 25, but not on line 1:						
а	Investment expenses not included on F	orm 990, Part VIII, line 7b	4a	ļ				
b	Other (Describe in Part XIII)		4b					
С	Add lines 4a and 4b					·	4 c	0
5	Total expenses Add lines 3 and 4c. (Th		ne 18)		<u></u>		5	1,138,747
	t XIII Supplemental Information							
Part	vide the descriptions required for Part II, li V, line 4, Part X, line 2, Part XI, lines 2d rmation							de any additional
	Return Reference	Explanation						
Part \	program	d is established by the Foundation s, and projects designed to make c development, and other charital	a sıgnıfı	cant ımp	oact in he	alth an	d hea	Ilthcare, education,
Part)	income i annual a upon ex principle Decemb recogniz expense	Foundation has been recognized becames under Internal Revenue Coc nalysis of its various tax position amination with relevant tax author as Impact Foundation believes the er 31, 2014 and 2013 has not re- ter future accrued interest and pen- infincurred Impact Foundation is contract for years before 2011	de Sections, assessations, ass	on 501(d ssing the defined are comp labilities lated to	c)(3) Imp likelihoo by the ge bliant with for incor unrecogn	oact Fo d of the enerally all IR: ne taxe uzed ta	undat ese p / acc S tax es Th x liab	tion undergoes an ositions being upheld epted accounting regulations and as of the Foundation will bilities in income tax

Contributions reported in fund balance on financial statements 64,311

Jenedale 2 (1 31111 33 3) 23 13		r age 5		
Part XIII Supplemental Information	on (continued)			
Return Reference	Explanation			
l				
-				

Schedule D (Form 990) 2014

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Schedule I (Form 990)

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

DLN: 93493320137515 OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public **Inspection**

Name of the organization Impact Foundation

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Employer identification number

20-0520386

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and

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

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to 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) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal,	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
					other)		
(1) ND Department of Veteran's Affairs 4201 38th Street S Suite 104 Fargo, ND 58104	45-0434375	Government	23,466				City program support
(2) Great Plains Food Bank 1720 3 Avenue N Fargo, ND 58102	45-0226421	501(c)(3)	62,974				General operating and program support
(3) Up with Downs 366 Edgewater Drive West Fargo, ND 58078	46-3379327	501(c)(3)	9,552				General operating and program support
(4) YWCA Cass Clay 3100 12 Avenue N Fargo,ND 58102	45-0226435	501(c)(3)	6,484				General operating and program support

2	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	4
3	Enter total number of other organizations listed in the line 1 table	0

Schedule I (Form 990) 2014						
Part III	Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 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 I	Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.											
Return Reference	Explanation											
	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) 2014

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As Filed Data -

DLN: 93493320137515

OMB No 1545-0047

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 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization Impact Foundation	Employer identification number
Impact roundation	20-0520386

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, line 8b	There are no committees with the authority to act on behalf of the Board
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 minute s 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 conflict to annually. In addition the Administrative Assistant notifies the Executive Director of a ny 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 s alary 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 ab staining from voting
Form 990, Part VI, Section C, line 19	Impact's governing documents, conflict of interest policy, and financial statements are made available to the public upon request
Form 990, Part IX, line 11g	Professional fees/Consultants Program service expenses 164,361 Management and general ex penses 80 Fundraising expenses 0 Total expenses 164,441
Form 990, Part XII, Line 2c	Impact does not have a specifically appointed audit committee, however, the Board of Direc tors does assume responsibility for oversight of the audit of its financial statements and selection of an independent accountant

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DLN: 93493320137515

2014

OMB No 1545-0047

Open to Public Inspection

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ► Attach to Form 990.

► Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization Impact Foundation

Department of the Treasury

Internal Revenue Service

Employer identification number

20-0520386

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

(a) Name, address, and EIN (ıf applıcable) of dısregarded entıty	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
					_

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))		(g) Section 512(b) (13) controlled entity?		
						Yes	No	
(1) Achievements Unlimited Foundation 4141 28th Avenue S	Support mission of Impact Foundation	ND	501(c)(3)	Line 11a, I	Impact Foundation	Yes		
Fargo, ND 58104 20-2052288								

Yes No

Yes

No

Part III	Identification of Related Organizations Taxable a because it had one or more related organizations treated.				atıon ansv	vered "Yes	s" on Form	990, Part I	V, line 34	4
	(a) Name, address, and EIN of related organization	(c) Legal domicile (state or foreign country)	,	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income		allocations?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	I	(k) Percentage ownership
				,						

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	
Name, address, and EIN of	Primary activity	Legal	Direct controlling	Type of entity	Share of total	Share of end-	Percentage	Section 512	
related organization		domicile	entity	(C corp, S	ıncome	of-year	ownership	(b)(13)	
		(state or foreign		corp,		assets		controlled	
		country)		or trust)				entity?	
								Yes	No

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.			
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		No
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
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1 g		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)	1j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
I Performance of services or membership or fundraising solicitations for related organization(s)	11		No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	
• Sharing of paid employees with related organization(s)	10	Yes	
p Reimbursement paid to related organization(s) for expenses	1p	Yes	\vdash
q Reimbursement paid by related organization(s) for expenses	1 q	Yes	
r Other transfer of cash or property to related organization(s)	1r		No
s Other transfer of cash or property from related organization(s)	1s		No
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thres	nolds		
(a) Name of related organization (b) Transaction Transaction type (a-s) (c) Method of determin	i) ing amount i	involved	d

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on 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 regarding exclusion for certain investment partnerships

1 <u> </u>													
(a) Name, address, and EIN of entity	(b) Primary activity	domicile (state or foreign	(d) Predominant income (related, unrelated, excluded from tax under sections 512-	so 50 organ	(e) all partners section 01(c)(3) anizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionat allocations?	7	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
	<u> </u>	<u> </u>	514)	Yes	No	1	<u> </u>	Yes	No		Yes	No	
								<u>, </u>	\Box	1			

Schedule R (Form 990) 2014

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference Explanation

Schedule R (Form 990) 2014

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