

Form **990**

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

2012

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

A For the 2012 calendar year, or tax year beginning and ending

B Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization		D Employer identification number	
	IMPACTASSETS, INC.		26-2048480	
	Doing Business As			
	Number and street (or P.O. box if mail is not delivered to street address)		Room/suite	E Telephone number
7315 WISCONSIN AVE		1000W	855-482-2946	
City, town, or post office, state, and ZIP code		G Gross receipts \$		
BETHESDA, MD 20814		64,467,108.		
F Name and address of principal officer: TIM FREUNDLICH SAME AS C ABOVE		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
		H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No		
		If "No," attach a list. (see instructions)		
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number ▶		
J Website: WWW.IMPACTASSETS.ORG				
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 2008		M State of legal domicile: MD

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>SEE SCHEDULE O</u>			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3	Number of voting members of the governing body (Part VI, line 1a) 7		
	4	Number of independent voting members of the governing body (Part VI, line 1b) 7		
	5	Total number of individuals employed in calendar year 2012 (Part V, line 2a) 7		
	6	Total number of volunteers (estimate if necessary) 0		
	7a	Total unrelated business revenue from Part VIII, column (C), line 12 -4,808.		
	7b	Net unrelated business taxable income from Form 990-T, line 34 -5,308.		
Revenue	8	Contributions and grants (Part VIII, line 1h) 14,925,267.	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g) 0.	14,925,267.	34,498,042.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d) 445,845.	0.	122,007.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 53,816.	445,845.	773,152.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 15,424,928.	53,816.	0.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3) 3,116,581.	15,424,928.	35,393,201.
	14	Benefits paid to or for members (Part IX, column (A), line 4) 0.	3,116,581.	6,351,803.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 335,882.	0.	0.
	16a	Professional fundraising fees (Part IX, column (A), line 11e) 0.	335,882.	476,428.
		b Total fundraising expenses (Part IX, column (D), line 25) ▶ 46,154.	0.	0.
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,284,548.	46,154.	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 4,737,011.	1,284,548.	1,769,699.
19	Revenue less expenses. Subtract line 18 from line 12 10,687,917.	4,737,011.	8,597,930.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16) 49,526,483.	10,687,917.	26,795,271.
	21	Total liabilities (Part X, line 26) 891,823.	49,526,483.	80,867,661.
	22	Net assets or fund balances. Subtract line 21 from line 20 48,634,660.	891,823.	3,089,685.
			48,634,660.	77,777,976.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	▶ Signature of officer		Date		
	TIM FREUNDLICH, PRESIDENT				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	JOHN HUSKINS		08/08/13		P01081531
Firm's name ▶ JOHNSON LAMBERT LLP		Firm's EIN ▶ 52-1446779			
Firm's address ▶ 700 SPRING FOREST RD., STE. 115 RALEIGH, NC 27609		Phone no. 919-719-6400			

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

Exempt Organization Declaration and Signature for Electronic Filing

For calendar year 2012, or tax year beginning _____, 2012, and ending _____, 20____

2012

Department of the Treasury
Internal Revenue Service

For use with Forms 990, 990-EZ, 990-PF, 1120-POL, and 8868

Name of exempt organization

IMPACTASSETS, INC.

Employer identification number

26-2048480

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the type of return being filed with Form 8453 EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a below and the amount on that line of the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). If you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

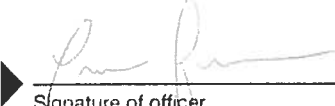
1a Form 990 check here	<input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	<u>35393201</u>
2a Form 990-EZ check here	<input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	_____
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	_____
4a Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	_____
5a Form 8868 check here	<input type="checkbox"/>	b Balance due (Form 8868, Part I, line 3c or Part II, line 8c)	5b	_____

Part II Declaration of Officer

6 I authorize the U.S. Treasury and its designated Financial Agent to initiate an Automated Clearing House (ACH) electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.


If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/990-PF (as specifically identified in Part I above) to the selected state agency(ies).

Under penalties of perjury, I declare that I am an officer of the above named organization and that I have examined a copy of the organization's 2012 electronic return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund.

Sign Here  Date 8/8/13 Title **PRESIDENT**

Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions)

I declare that I have reviewed the above organization's return and that the entries on Form 8453-EO are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The organization officer will have signed this form before I submit the return. I will give the officer a copy of all forms and information to be filed with the IRS, and have followed all other requirements in Pub. 4163, Modernized e-file (MeF) Information for Authorized IRS e-file Providers for Business Returns. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

ERO's Use Only	ERO's signature 	Date <u>8/8/13</u>	Check if also paid preparer <input checked="" type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's SSN or PTIN <u>P01081531</u>
	Firm's name (or yours if self-employed) address, and ZIP code	JOHNSON LAMBERT LLP 700 SPRING FOREST ROAD, STE 115 RALEIGH, NC 27609			EIN <u>52-1446779</u> Phone no. <u>919-719-6400</u>

Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than the taxpayer) is based on all information of which the preparer has any knowledge.

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name	Firm's EIN			
	Firm's address	Phone no.			

Product: Exempt

Category:

Name: ImpactAssets,Inc.

IRS Center: Ogden

e-Postmark: 8/8/2013 8:46:21 AM

FEIN: 26-2048480

Notification:

Fiscal Year 1/1/2012

Fiscal Year 12/31/2012

Begin Date:

End Date:

DCN	Date	Type Of Activity	Submission ID	Refund/(Due)	Updated By
	8/8/2013	Upload Started			
	8/8/2013	Released for Transmission - Validation in Progress			System
	8/8/2013	Ready to transmit - Validation Complete			
	8/8/2013	Transmitted to FD	563708201322007d9e44		
	8/8/2013	Accepted by FD on 8/8/2013			

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 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.

4a (Code:) (Expenses \$ 6,428,803. including grants of \$ 6,351,803.) (Revenue \$ 122,007.) IMPACTASSETS, INC. GIVING FUND IS A UNIQUE PHILANTHROPIC PRODUCT PROVIDING A 100% SOCIALLY RESPONSIBLE DONOR ADVISED FUND THAT GOES TO WORK IMMEDIATELY BUILDING COMMUNITIES, EVEN BEFORE ASSETS ARE GRANTED OUT TO CHARITIES. THE PHILANTHROPIC POWER OF DONATED FUNDS INCREASES OVER TIME AS GIVING FUND ASSETS APPRECIATE TAX-FREE IN COMMUNITY INVESTMENTS AND SOCIALLY RESPONSIBLE FUNDS.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 6,428,803.

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
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>	X	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part IV</i>		X
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>		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	X	
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
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? <i>If "Yes," complete Schedule F, Parts I and IV</i>	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>	X	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules (continued)

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

Note. All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Input box for Schedule O response

Table with columns for question number, description, and Yes/No response. Includes questions 1a through 14b regarding Form 1096, Form W-2G, backup withholding, Form W-3, unrelated business gross income, foreign accounts, prohibited tax shelter transactions, and 501(c)(7), (12), and (29) organizations.

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

Check if Schedule O contains a response to any question in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (7), 1b (7), 2 (X), 3 (X), 4 (X), 5 (X), 6 (X), 7a (X), 7b (X), 8a (X), 8b (X), 9 (X).

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a (X), 10b, 11a (X), 11b, 12a (X), 12b (X), 12c (X), 13 (X), 14 (X), 15a (X), 15b (X), 16a (X), 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed SEE SCHEDULE O
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Upon request
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, physical address, and telephone number of the person who possesses the books and records of the organization: GABE DICLERICO - 855-482-2946 7315 WISCONSIN AVE, SUITE 1000W, BETHESDA, MD 20814

Part VIII Statement of Revenue

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

		(A)	(B)	(C)	(D)	
		Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 34,498,042.				
	g Noncash contributions included in lines 1a-1f: \$	21,922,565.				
	h Total. Add lines 1a-1f	▶ 34,498,042.				
	Program Service Revenue	2 a FEE INCOME	Business Code 900099	122,007.	122,007.	
b						
c						
d						
e						
f All other program service revenue						
g Total. Add lines 2a-2f		▶ 122,007.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	▶▶▶	684,838.		689,646.	
	4 Income from investment of tax-exempt bond proceeds	▶▶▶				
	5 Royalties	▶▶▶				
	6 a Gross rents	(i) Real				
		(ii) Personal				
		b Less: rental expenses				
		c Rental income or (loss)				
	d Net rental income or (loss)	▶				
	7 a Gross amount from sales of assets other than inventory	(i) Securities	29,162,221.			
		(ii) Other				
		b Less: cost or other basis and sales expenses	29,073,907.			
		c Gain or (loss)	88,314.			
	d Net gain or (loss)	▶ 88,314.			88,314.	
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a				
		b Less: direct expenses	b			
c Net income or (loss) from fundraising events		▶				
9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities	▶				
10 a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold	b				
	c Net income or (loss) from sales of inventory	▶				
Miscellaneous Revenue		Business Code				
11 a						
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d	▶				
12 Total revenue. See instructions.	▶	35,393,201.	122,007.	-4,808.	777,960.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	6,309,280.	6,309,280.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	42,523.	42,523.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	171,269.		154,498.	16,771.
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	268,926.		242,034.	26,892.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	4,403.		4,403.	
9 Other employee benefits	395.		395.	
10 Payroll taxes	31,435.		31,435.	
11 Fees for services (non-employees):				
a Management	224,715.		224,715.	
b Legal	108,162.		108,162.	
c Accounting	35,175.		35,175.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	131,795.		131,795.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	599,531.	77,000.	522,531.	
12 Advertising and promotion				
13 Office expenses	30,289.		27,928.	2,361.
14 Information technology	29,653.		29,523.	130.
15 Royalties				
16 Occupancy	74,147.		74,147.	
17 Travel	57,670.		57,670.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	24,219.		24,219.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	4,646.		4,646.	
23 Insurance	5,278.		5,278.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a BAD DEBT EXPENSE	416,872.		416,872.	
b DUES & SUBSCRIPTIONS	22,552.		22,552.	
c COMMISSIONS	4,995.		4,995.	
d _____				
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	8,597,930.	6,428,803.	2,122,973.	46,154.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

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

		(A)		(B)	
		Beginning of year		End of year	
Assets	1	Cash - non-interest-bearing	2,375,572.	1	18,061,012.
	2	Savings and temporary cash investments	7,838,650.	2	9,655,163.
	3	Pledges and grants receivable, net	0.	3	1,000,000.
	4	Accounts receivable, net	18,357.	4	9,813.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7	Notes and loans receivable, net	2,590,000.	7	2,323,692.
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	4,038.	9	14,748.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	22,756.		
	10b	Less: accumulated depreciation	6,144.		
	10c		16,154.	10c	16,612.
	11	Investments - publicly traded securities	21,627,539.	11	26,962,976.
	12	Investments - other securities. See Part IV, line 11	15,056,173.	12	22,823,645.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
15	Other assets. See Part IV, line 11		15		
16	Total assets. Add lines 1 through 15 (must equal line 34)	49,526,483.	16	80,867,661.	
Liabilities	17	Accounts payable and accrued expenses	588,856.	17	2,051,772.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties	302,967.	24	1,037,913.
	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		25	
	26	Total liabilities. Add lines 17 through 25	891,823.	26	3,089,685.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	48,634,660.	27	77,777,976.
	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	48,634,660.	33	77,777,976.	
34	Total liabilities and net assets/fund balances	49,526,483.	34	80,867,661.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	35,393,201.
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,597,930.
3	Revenue less expenses. Subtract line 2 from line 1	3	26,795,271.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	48,634,660.
5	Net unrealized gains (losses) on investments	5	2,187,812.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	160,233.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	77,777,976.

Part XII Financial Statements and Reporting

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

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

SCHEDULE A
(Form 990 or 990-EZ)

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. ▶ See separate instructions.

OMB No. 1545-0047

2012

Open to Public Inspection

Name of the organization **IMPACTASSETS, INC.** Employer identification number **26-2048480**

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III - Functionally integrated d Type III - Non-functionally integrated
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)	
(ii) A family member of a person described in (i) above?	11g(ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
Total									

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")		255,000.	17577013.	14925267.	34498042.	67255322.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3		255,000.	17577013.	14925267.	34498042.	67255322.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						27893144.
6 Public support. Subtract line 5 from line 4.						39362178.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4		255,000.	17577013.	14925267.	34498042.	67255322.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources			750.	445,845.	684,838.	1131433.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)			2,445.	53,816.		56,261.
11 Total support. Add lines 7 through 10						68443016.
12 Gross receipts from related activities, etc. (see instructions)					12	122,007.
13 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						<input checked="" type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2011 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test - 2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2012. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

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

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

CONSULTING INCOME

2010 AMOUNT: \$ 2,445.

MISCELLANEOUS INCOME

2011 AMOUNT: \$ 19,865.

REIMBURSEMENTS

2011 AMOUNT: \$ 33,951.

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No. 1545-0047

2012

Name of the organization

Employer identification number

IMPACTASSETS, INC.

26-2048480

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

Name of organization IMPACTASSETS, INC.	Employer identification number 26-2048480
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>	_____ _____ _____	\$ <u>10,000,001.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>2</u>	_____ _____ _____	\$ <u>4,400,424.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>3</u>	_____ _____ _____	\$ <u>3,023,620.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>4</u>	_____ _____ _____	\$ <u>2,900,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>5</u>	_____ _____ _____	\$ <u>1,900,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>6</u>	_____ _____ _____	\$ <u>1,024,831.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization IMPACTASSETS, INC.	Employer identification number 26-2048480
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>7</u>	_____ _____ _____	\$ <u>1,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>8</u>	_____ _____ _____	\$ <u>1,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>9</u>	_____ _____ _____	\$ <u>932,015.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>10</u>	_____ _____ _____	\$ <u>906,250.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>11</u>	_____ _____ _____	\$ <u>689,612.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>12</u>	_____ _____ _____	\$ <u>503,228.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization IMPACTASSETS, INC.	Employer identification number 26-2048480
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>13</u>	_____ _____ _____	\$ <u>500,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>14</u>	_____ _____ _____	\$ <u>475,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>15</u>	_____ _____ _____	\$ <u>306,735.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>16</u>	_____ _____ _____	\$ <u>250,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>17</u>	_____ _____ _____	\$ <u>249,207.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>18</u>	_____ _____ _____	\$ <u>245,760.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization IMPACTASSETS, INC.	Employer identification number 26-2048480
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>19</u>	_____ _____ _____	\$ <u>244,878.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>20</u>	_____ _____ _____	\$ <u>200,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>21</u>	_____ _____ _____	\$ <u>150,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>22</u>	_____ _____ _____	\$ <u>148,810.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>23</u>	_____ _____ _____	\$ <u>125,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>24</u>	_____ _____ _____	\$ <u>125,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization IMPACTASSETS, INC.	Employer identification number 26-2048480
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25		\$ 125,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
26		\$ 124,254.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
27		\$ 122,143.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
28		\$ 151,790.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
29		\$ 151,790.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
30		\$ 113,336.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization IMPACTASSETS, INC.	Employer identification number 26-2048480
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31		\$ 110,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
32		\$ 108,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
33		\$ 102,605.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
34		\$ 100,363.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
35		\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
36		\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization IMPACTASSETS, INC.	Employer identification number 26-2048480
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>37</u>	_____ _____ _____	\$ <u>93,148.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>38</u>	_____ _____ _____	\$ <u>91,422.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>39</u>	_____ _____ _____	\$ <u>75,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>40</u>	_____ _____ _____	\$ <u>50,505.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>41</u>	_____ _____ _____	\$ <u>50,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>42</u>	_____ _____ _____	\$ <u>50,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization IMPACTASSETS, INC.	Employer identification number 26-2048480
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43		\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
44		\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
45		\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
46		\$ 49,303.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
47		\$ 43,210.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
48		\$ 41,550.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization IMPACTASSETS, INC.	Employer identification number 26-2048480
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
49		\$ 35,750.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
50		\$ 33,960.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
51		\$ 30,288.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
52		\$ 29,344.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
53		\$ 29,147.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
54		\$ 28,083.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization IMPACTASSETS, INC.	Employer identification number 26-2048480
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
55		\$ 26,485.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
56		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
57		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
58		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
59		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
60		\$ 23,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization IMPACTASSETS, INC.	Employer identification number 26-2048480
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
61		\$ 23,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
62		\$ 22,999.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
63		\$ 21,689.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
64		\$ 20,304.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
65		\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
66		\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization IMPACTASSETS, INC.	Employer identification number 26-2048480
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>67</u>	_____ _____ _____	\$ <u>19,703.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>68</u>	_____ _____ _____	\$ <u>18,182.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>69</u>	_____ _____ _____	\$ <u>18,100.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>70</u>	_____ _____ _____	\$ <u>16,117.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>71</u>	_____ _____ _____	\$ <u>15,717.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>72</u>	_____ _____ _____	\$ <u>15,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization IMPACTASSETS, INC.	Employer identification number 26-2048480
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
73		\$ 14,478.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
74		\$ 14,009.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
75		\$ 13,880.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
76		\$ 12,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
77		\$ 12,372.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
78		\$ 12,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization IMPACTASSETS, INC.	Employer identification number 26-2048480
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
79		\$ 12,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
80		\$ 10,754.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
81		\$ 10,696.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
82		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
83		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
84		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
85		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
86		\$ 9,919.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
87		\$ 9,600.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
88		\$ 8,666.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
89		\$ 8,544.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
90		\$ 7,865.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization IMPACTASSETS, INC.	Employer identification number 26-2048480
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
91		\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
92		\$ 6,924.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
93		\$ 6,579.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
94		\$ 6,076.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
95		\$ 5,926.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
96		\$ 5,527.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization IMPACTASSETS, INC.	Employer identification number 26-2048480
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
97		\$ 5,373.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
98		\$ 5,292.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
99		\$ 5,263.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
100		\$ 5,150.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
101		\$ 5,132.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
102		\$ 5,087.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization IMPACTASSETS, INC.	Employer identification number 26-2048480
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
103		\$ 5,032.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
104		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
105		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
106		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
107		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
108		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization IMPACTASSETS, INC.	Employer identification number 26-2048480
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
109		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
110		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
111		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
112		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
113		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
114		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization IMPACTASSETS, INC.	Employer identification number 26-2048480
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
115	_____ _____ _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
116	_____ _____ _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization IMPACTASSETS, INC.	Employer identification number 26-2048480
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
<u>1</u>	VARIOUS SECURITIES _____ _____ _____	\$ <u>10,000,001.</u>	<u>12/14/12</u>
<u>2</u>	VARIOUS SECURITIES _____ _____ _____	\$ <u>4,400,424.</u>	<u>10/08/12</u>
<u>3</u>	VARIOUS SECURITIES _____ _____ _____	\$ <u>1,023,620.</u>	<u>12/12/12</u>
<u>6</u>	VARIOUS SECURITIES _____ _____ _____	\$ <u>1,024,831.</u>	<u>02/17/12</u>
<u>9</u>	VARIOUS SECURITIES _____ _____ _____	\$ <u>932,015.</u>	<u>11/12/12</u>
<u>10</u>	VARIOUS SECURITIES _____ _____ _____	\$ <u>906,250.</u>	<u>01/06/12</u>

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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
11	VARIOUS SECURITIES	\$ 689,612.	12/31/12
12	VARIOUS SECURITIES	\$ 503,228.	12/07/12
15	VARIOUS SECURITIES	\$ 306,735.	11/30/12
17	VARIOUS SECURITIES	\$ 249,207.	12/27/12
18	VARIOUS SECURITIES	\$ 245,760.	01/25/12
22	VARIOUS SECURITIES	\$ 148,210.	09/26/12

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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
26	VARIOUS SECURITIES _____ _____ _____	\$ 124,254.	10/08/12
27	VARIOUS SECURITIES _____ _____ _____	\$ 102,143.	11/02/12
28	VARIOUS SECURITIES _____ _____ _____	\$ 151,790.	12/31/12
29	VARIOUS SECURITIES _____ _____ _____	\$ 151,790.	12/31/12
33	VARIOUS SECURITIES _____ _____ _____	\$ 102,605.	12/13/12
34	VARIOUS SECURITIES _____ _____ _____	\$ 100,363.	12/20/12

Name of organization IMPACTASSETS, INC.	Employer identification number 26-2048480
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
37	VARIOUS SECURITIES	\$ 93,148.	04/23/12
38	VARIOUS SECURITIES	\$ 91,422.	01/01/12
40	VARIOUS SECURITIES	\$ 50,505.	12/20/12
46	VARIOUS SECURITIES	\$ 49,303.	12/21/12
48	VARIOUS SECURITIES	\$ 41,550.	11/23/12
50	VARIOUS SECURITIES	\$ 33,960.	05/11/12

Name of organization IMPACTASSETS, INC.	Employer identification number 26-2048480
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
51	VARIOUS SECURITIES	\$ 30,288.	12/26/12
52	VARIOUS SECURITIES	\$ 29,344.	12/31/12
53	VARIOUS SECURITIES	\$ 29,147.	01/01/12
54	VARIOUS SECURITIES	\$ 28,083.	07/30/12
55	VARIOUS SECURITIES	\$ 26,485.	12/13/12
62	VARIOUS SECURITIES	\$ 22,999.	09/12/12

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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
63	VARIOUS SECURITIES	\$ 2,614.	02/06/12
64	VARIOUS SECURITIES	\$ 20,304.	12/31/12
67	VARIOUS SECURITIES	\$ 19,703.	11/29/12
70	VARIOUS SECURITIES	\$ 16,117.	09/12/12
71	VARIOUS SECURITIES	\$ 15,717.	05/04/12
73	VARIOUS SECURITIES	\$ 14,478.	09/04/12

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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
74	VARIOUS SECURITIES _____ _____ _____	\$ 14,009.	12/05/12
75	VARIOUS SECURITIES _____ _____ _____	\$ 13,880.	09/14/12
77	VARIOUS SECURITIES _____ _____ _____	\$ 12,372.	12/14/12
80	VARIOUS SECURITIES _____ _____ _____	\$ 10,754.	12/24/12
81	VARIOUS SECURITIES _____ _____ _____	\$ 10,696.	12/26/12
86	VARIOUS SECURITIES _____ _____ _____	\$ 9,919.	12/10/12

Name of organization IMPACTASSETS, INC.	Employer identification number 26-2048480
---	---

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
88	VARIOUS SECURITIES	\$ 8,666.	06/05/12
89	VARIOUS SECURITIES	\$ 8,544.	05/01/12
92	VARIOUS SECURITIES	\$ 5,725.	05/23/12
93	VARIOUS SECURITIES	\$ 6,579.	12/06/12
94	VARIOUS SECURITIES	\$ 6,076.	01/01/12
95	VARIOUS SECURITIES	\$ 5,926.	12/13/12

Name of organization IMPACTASSETS, INC.	Employer identification number 26-2048480
---	---

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
96	VARIOUS SECURITIES _____ _____ _____	\$ 5,527.	12/19/12
97	VARIOUS SECURITIES _____ _____ _____	\$ 5,373.	12/26/12
99	VARIOUS SECURITIES _____ _____ _____	\$ 5,263.	12/19/12
101	VARIOUS SECURITIES _____ _____ _____	\$ 5,132.	07/18/12
102	VARIOUS SECURITIES _____ _____ _____	\$ 5,087.	12/31/12
103	VARIOUS SECURITIES _____ _____ _____	\$ 5,032.	12/26/12

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2012

Open to Public Inspection

Name of the organization

IMPACTASSETS, INC.

Employer identification number

26-2048480

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the

organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	280	3
2 Aggregate contributions to (during year)	34,285,143.	267,458.
3 Aggregate grants from (during year)	6,428,803.	196,523.
4 Aggregate value at end of year	78,928,847.	86,781.
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

- 1 Purpose(s) of conservation easements held by the organization (check all that apply).
- | | |
|--|--|
| <input type="checkbox"/> Preservation of land for public use (e.g., recreation or education) | <input type="checkbox"/> Preservation of an historically important land area |
| <input type="checkbox"/> Protection of natural habitat | <input type="checkbox"/> Preservation of a certified historic structure |
| <input type="checkbox"/> Preservation of open space | |
- 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.
- | | Held at the End of the Tax Year |
|--|---------------------------------|
| a Total number of conservation easements | 2a |
| b Total acreage restricted by conservation easements | 2b |
| c Number of conservation easements on a certified historic structure included in (a) | 2c |
| d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register | 2d |
- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____
- 4 Number of states where property subject to conservation easement is located ▶ _____
- 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
- Yes No
- 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____
- 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____
- 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?
- Yes No
- 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
- (i) Revenues included in Form 990, Part VIII, line 1
- (ii) Assets included in Form 990, Part X
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:
- a Revenues included in Form 990, Part VIII, line 1
- b Assets included in Form 990, Part X

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____ %
 - b Permanent endowment _____ %
 - c Temporarily restricted endowment _____ %
- The percentages in lines 2a, 2b, and 2c should equal 100%.

- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|--------|----|
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |

4 Describe in Part XIII the intended uses of the organization's endowment funds.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		22,756.	6,144.	16,612.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				16,612.

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) INVESTMENT IN PARTNERSHIP	8,082,113.	END-OF-YEAR MARKET VALUE
(B) INVESTMENT IN PRIVATE		
(C) EQUITY	304,999.	COST
(D) COMMUNITY INVESTMENT		
(E) NOTES	14,436,533.	END-OF-YEAR MARKET VALUE
(F)		
(G)		
(H)		
(I)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	22,823,645.	

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	37,741,246.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	2,187,812.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	160,233.
e	Add lines 2a through 2d	2e	2,348,045.
3	Subtract line 2e from line 1	3	35,393,201.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	35,393,201.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	8,597,930.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	8,597,930.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	8,597,930.

Part XIII Supplemental Information

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

PART X, LINE 2: MANAGEMENT HAS CONCLUDED THAT IMPACTASSETS HAS

PROPERLY MAINTAINED ITS EXEMPT STATUS AND THERE ARE NO UNCERTAIN TAX

POSITIONS AS OF DECEMBER 31, 2012.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

TRANSFER FROM CALVERT FOUNDATION

160,233.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990,
Part IV, line 14b, 15, or 16.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2012

Open to Public
Inspection

Name of the organization **IMPACTASSETS, INC.** Employer identification number **26-2048480**

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
CENTRAL AMERICA AND THE CARIBBEAN	0	0	GRANTMAKING	GRANTMAKING	36,523.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	GRANTMAKING	GRANTMAKING	6,000.
EAST ASIA AND THE PACIFIC	0	0	INVESTMENT		10,000.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	INVESTMENT		134,375.
NORTH AMERICA	0	0	INVESTMENT		925,476.
SOUTH AMERICA	0	0	INVESTMENT		500,000.
SUB-SAHARAN AFRICA	0	0	INVESTMENT		28,500.
NORTH AMERICA	0	0	SOCIAL ENTERPRISE INCUBATION		108,077.
3 a Sub-total	0	0			1,748,951.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			1,748,951.

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

Schedule F (Form 990) 2012

Part IV Foreign Forms

- 1** Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No
- 2** Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)* Yes No
- 3** Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471)* Yes No
- 4** Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* Yes No
- 5** Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865)* Yes No
- 6** Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report. (see Instructions for Form 5713)* Yes No

Schedule F (Form 990) 2012

Part V Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information.

SCHEDULE F, PART I, LINE 2: FOR INTERNATIONAL GRANTMAKING DONE THROUGH THE DONOR-ADVISED FUND PROGRAM IMPACTASSETS, INC. CONTRACTS WITH GLOBAL GIVING (ITSELF A 501(C)(3) PUBLIC CHARITY) TO ENSURE THAT ALL EQUIVALENCY DETERMINATION REQUIREMENTS ARE MET AND CURRENT. FOR A FEE, THEY CONDUCT THE DUE DILIGENCE NECESSARY (INCLUDING A REVIEW OF ANNUAL REPORTS, AUDITED FINANCIALS, CURRENT AND PAST PROGRAM BUDGETS, PROGRAM DESCRIPTIONS AND MATERIALS, AND A LIST OF REFERENCES) TO ENSURE THAT THE RECIPIENT IS A 501(C)(3) EQUIVALENT ORGANIZATION AND THAT ALL OUR INTERNATIONAL GRANTS ARE BEING USED FOR THEIR INTENDED CHARITABLE PURPOSES. AS NEEDED, EXPENDITURE RESPONSIBILITY IS EXERCISED TO ENSURE THAT GRANTS ARE BEING USED FOR INTENDED CHARITABLE PURPOSES.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047

2012

**Open to Public
Inspection**

Name of the organization

IMPACTASSETS, INC.

**Employer identification number
26-2048480**

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE LEARNING FOR LIVING INSTITUTE 325 CANYON BLVD. BOULDER, CO 80302	84-1495904	501(C)(3)	720,000.	0.			GENERAL SUPPORT
SOLIDAGO FOUNDATION 150 MAIN STREET, SUITE 24 NORTHAMPTON, MA 01060	20-2963670	501(C)(3)	500,000.	0.			GENERAL SUPPORT
RSF SOCIAL FINANCE 1002 O'REILLY AVENUE SAN FRANCISCO, CA 94129	13-6082763	501(C)(3)	500,000.	0.			GENERAL SUPPORT
EPISCOPAL DIOCESE OF MASSACHUSETTS 138 TREMONT ST. BOSTON, MA 02111	04-2104156	501(C)(3)	250,000.	0.			GENERAL SUPPORT
NEW HAMPSHIRE CHARITABLE FOUNDATION - 37 PLEASANT STREET - CONCORD, NH 03301	02-6005625	501(C)(3)	150,000.	0.			GENERAL SUPPORT
AID FOR KIDS 18 MARKET SQUARE HOULTON, ME 04730	20-3918985	501(C)(3)	149,696.	0.			GENERAL SUPPORT

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **▶ 179.**
- 3** Enter total number of other organizations listed in the line 1 table **▶ 0.**

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

Schedule I (Form 990) (2012)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BETHLEHEM CHRISTIAN FELLOWSHIP PO BOX 831 KAMIAH, ID 83536	94-3123136	501(C)(3)	123,500.	0.			GENERAL SUPPORT
KENNEBEC VALLEY OF GOVERNMENTS 17 MAIN ST. FAIRFIELD, ME 04939	01-0488478	501(C)(3)	100,000.	0.			GENERAL SUPPORT
VALLEY VERDE 1530 MERIDIAN AVE., STE 104 SAN JOSE, CA 95125	45-3084814	501(C)(3)	100,000.	0.			GENERAL SUPPORT
SAINT SETON'S ORPHANED ANIMALS 560 CELEBRATE VIRGINIA PKWY. #103 P FREDERICKSBURG, VA 22406	20-8419405	501(C)(3)	79,223.	0.			GENERAL SUPPORT
WESLEYAN UNIVERSITY 318 HIGH ST. MIDDLETOWN, CT 06459	06-0646959	501(C)(3)	60,000.	0.			GENERAL SUPPORT
BANDIT'S ADOPTION AND RESCUE OF K-9'S - PO BOX 1682 - GLEN ALLEN, VA 23060	90-0195675	501(C)(3)	55,300.	0.			GENERAL SUPPORT
GRACE UNITED METHODIST CHURCH 555 RUSSELL AVENUE WYCKOFF, NJ 07446	22-6033193	501(C)(3)	52,000.	0.			GENERAL SUPPORT
ST JAMES'S EPISCOPAL CHURCH 1991 MASSACHUSETTS AVE CAMBRIDGE, MA 02140	04-2104156	501(C)(3)	50,000.	0.			GENERAL SUPPORT
MAINE FARMLAND TRUST 97 MAIN STREET BELFAST, ME 04915	01-0528014	501(C)(3)	50,000.	0.			GENERAL SUPPORT

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DIGITAL DIVIDE DATA 115 W. 30TH STREET STE 400 NEW YORK, NY 10001	20-1148452	501(C)(3)	50,000.	0.			GENERAL SUPPORT
B LAB 8 WALNUT AVENUE BERWYN, PA 19312	20-5958773	501(C)(3)	50,000.	0.			GENERAL SUPPORT
ASBURY THEOLOGICAL SEMINARY 204 NORTH LEXINGTON AVE WILMORE, KY 40390	61-0445823	501(C)(3)	50,000.	0.			GENERAL SUPPORT
FAN FREE CLINIC INC ATTN KAREN LEGATO 1010 N. THOMPSON RICHMOND, VA 23230	54-0927792	501(C)(3)	42,587.	0.			GENERAL SUPPORT
SOUTHSIDE SPCA PO BOX 66 MEHERRIN, VA 23954	35-1341327	501(C)(3)	41,700.	0.			GENERAL SUPPORT
NATURAL RESOURCES COUNCIL OF MAINE 3 WADE ST. AUGUSTA, ME 04330	01-0270690	501(C)(3)	40,000.	0.			GENERAL SUPPORT
KEBZEH FOUNDATION (US) INC. 125 WHITESTICK RD. BECKLEY, WV 25801	52-2081707	501(C)(3)	40,000.	0.			GENERAL SUPPORT
STUDENT EXPEDITION PROGRAM INC 6336 N. ORACLE ROAD, #326-326 TUCSON, AZ 85704	22-3879050	501(C)(3)	40,000.	0.			GENERAL SUPPORT
COASTAL ENTERPRISES, INC. 36 WATER ST - P.O.BOX 268 WISCASSET, ME 04578	01-0347504	501(C)(3)	35,000.	0.			GENERAL SUPPORT

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JOHNSON & WALES UNIVERSITY 8 ABBOTT PARK PLACE ATTN: TRACY FOR PROVIDENCE, RI 02903	05-0306206	501(C)(3)	33,750.	0.			GENERAL SUPPORT
ECOPRAXIS 1501 W ST. PORT TOWNSEND, WA 98368	20-1620957	501(C)(3)	32,500.	0.			GENERAL SUPPORT
THE RECTORY SCHOOL 528 POMFRET ST. POMFRET, CT 06258	06-0646805	501(C)(3)	31,500.	0.			GENERAL SUPPORT
FOSTER PARROTS, LTD PO BOX 650 ROCKLAND, MA 02370	04-3458267	501(C)(3)	31,000.	0.			GENERAL SUPPORT
SOCIAL VENTURE PARTNERS SEATTLE 1601 2ND AVE., SUITE 615 SEATTLE, WA 98101	91-1894424	501(C)(3)	31,000.	0.			GENERAL SUPPORT
MAINE RURAL PARTNERS 4 YORK VILLAGE ATTN: MARY ANN HAYES ORONO, ME 04469	20-0427337	501(C)(3)	30,000.	0.			GENERAL SUPPORT
CENTER FOR TRANSFORMATIVE ACTION 119 ANABEL TAYLOR HALL ITHACA, NY 14853	16-0990318	501(C)(3)	30,000.	0.			GENERAL SUPPORT
SHADHILIYYA SUFI CENTER EAST / FARM OF PEACE - 1212 HAVEN LANE - WARFORDSBURG, PA 17267	31-1580879	501(C)(3)	30,000.	0.			GENERAL SUPPORT
ANACOSTIA COMMUNITY OUTREACH CENTER - 711 24TH ST NE - WASHINGTON, DC 20002	52-1729564	501(C)(3)	30,000.	0.			GENERAL SUPPORT

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PEER HEALTH EXCHANGE 70 GOLD STREET SAN FRANCISCO, CA 94133	56-2374305	501(C)(3)	30,000.	0.			GENERAL SUPPORT
PROGRESS WASHINGTON 1402 3RD AVE. SUITE 201 SEATTLE, WA 98101	26-2868934	501(C)(3)	30,000.	0.			GENERAL SUPPORT
HORIZONS, INC. PO BOX 323 SOUTH WINDHAM, CT 06266	06-1013833	501(C)(3)	27,000.	0.			GENERAL SUPPORT
GOODWEAVE 2001 S STREET NW, SUITE 510 WASHINGTON, DC 20009	52-2042014	501(C)(3)	25,000.	0.			GENERAL SUPPORT
ISLAND PRESS-CENTER FOR RESOURCE ECONOMICS - 2000 M ST. NW, SUITE 650 - WASHINGTON, DC 20036	94-2578166	501(C)(3)	25,000.	0.			GENERAL SUPPORT
THE OUTREACH CENTER PO BOX 1003 MORGANTOWN, NC 28680	56-2221575	501(C)(3)	25,000.	0.			GENERAL SUPPORT
VILCAP INC. 2200 CENTURY PARKWAY NE SUITE 100 ATLANTA, GA 30345	27-4059343	501(C)(3)	25,000.	0.			GENERAL SUPPORT
WILDEARTH GUARDIANS 516 ALTO STREET SANTA FE, NM 87501	85-0406306	501(C)(3)	25,000.	0.			GENERAL SUPPORT
POP'S FOUNDATION 3536 ARDEN ROAD HAYWARD, CA 94545	94-3218648	501(C)(3)	25,000.	0.			GENERAL SUPPORT

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YOUTH FOR ENVIRONMENTAL SANITY 400 BRONCO ROAD SOQUEL, CA 95073	77-0467495	501(C)(3)	25,000.	0.			GENERAL SUPPORT
INTERVARSITY CHRISTIAN FELLOWSHIP USA - PO BOX 7895 - MADISON, WI 53707	36-2171714	501(C)(3)	24,000.	0.			GENERAL SUPPORT
THE SIERRA CLUB FOUNDATION 85 SECOND ST., SUITE 750 SAN FRANCISCO, CA 94105	94-6069890	501(C)(3)	22,500.	0.			GENERAL SUPPORT
BARK C/O THE JESSICA BEATH CLINIC 12300 FARRINGTON RD. ASHLAND, VA 23005	90-0195675	501(C)(3)	22,000.	0.			GENERAL SUPPORT
CENTER FOR BIOLOGICAL DIVERSITY INC. - PO BOX 710 - TUCSON, AZ 85702	85-0420285	501(C)(3)	21,000.	0.			GENERAL SUPPORT
NEW YORK UNIVERSITY 25 WEST FOURTH STREET, 4TH FLOOR NEW YORK, NY 10012	13-5562308	501(C)(3)	20,005.	0.			GENERAL SUPPORT
UNITED REPUBLIC PO BOX 60008 FLORENCE, MA 01062	26-3088283	501(C)(3)	20,000.	0.			GENERAL SUPPORT
THE CATHEDRAL CHURCH OF ST PAUL 138 TREMONT STREET BOSTON, MA 02111	04-2104156	501(C)(3)	20,000.	0.			GENERAL SUPPORT
ANDROSCOGGIN VALLEY COUNCIL OF GOVERNMENTS - 125 MANLEY RD. ATTN: BOB THOMPSON - AUBURN, ME 04210	01-0278623	501(C)(3)	20,000.	0.			GENERAL SUPPORT

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FRACTURED ATLAS 248 W. 35TH STREET, 10TH FL. NEW YORK, NY 10001	11-3451703	501(C)(3)	20,000.	0.			GENERAL SUPPORT
THEATER FOR THE NEW CITY 155 FIRST AVE NEW YORK, NY 10003	13-2694851	501(C)(3)	20,000.	0.			GENERAL SUPPORT
TECH INTERNATIONAL CHARTER SCHOOL OFFICE ADDRESS 300 E 85TH ST APT 3 NEW YORK, NY 10028	45-3061980	501(C)(3)	20,000.	0.			GENERAL SUPPORT
UNIVERSITY OF DELAWARE - HALOPHYTE BIOTECHNOLOGY CENTER - 111 ROBINSON HALL - NEWARK, DE 19716	51-6000297	501(C)(3)	20,000.	0.			GENERAL SUPPORT
EMERGENCY SHELTER C/O HOME AGAIN PO BOX 5222 RICHMOND, VA 23220	54-1159513	501(C)(3)	20,000.	0.			GENERAL SUPPORT
THE SHADDULI CENTER 130 CRANE DRIVE SAN ANSELMO, CA 94960	85-0413007	501(C)(3)	20,000.	0.			GENERAL SUPPORT
CAMP MOKULEIA 68-729 FARRINGTON HIGHWAY WAIALUA, HI 96791	99-0275250	501(C)(3)	20,000.	0.			GENERAL SUPPORT
SOLID GROUND WASHINGTON 1501 NORTH 45TH STREET SEATTLE, WA 98103	23-7421892	501(C)(3)	20,000.	0.			GENERAL SUPPORT
A TERRITORY RESOURCE / SOCIAL JUSTICE FUND NORTHWEST - 1904 3RD AVE., SUITE 806 - SEATTLE, WA 98101	91-1036971	501(C)(3)	18,500.	0.			GENERAL SUPPORT

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EPISCOPAL CITY MISSION 138 TREMONT ST. BOSTON, MA 02111	66-6002639	501(C)(3)	18,000.	0.			GENERAL SUPPORT
GASOLINE ALLEY FOUNDATION 250 ALBANY ST. SPRINGFIELD, MA 01105	04-3497449	501(C)(3)	15,000.	0.			GENERAL SUPPORT
THE JAMES BEARD FOUNDATION 167 WEST 12TH STREET NEW YORK, NY 10011	13-2752108	501(C)(3)	15,000.	0.			GENERAL SUPPORT
APEX UNITED METHODIST CHURCH 101 S. HUGHES STREET APEX, NC 27502	36-2167731	501(C)(3)	15,000.	0.			GENERAL SUPPORT
AFRICAN LIAISON GROUP C/O AMAHORO US - 108 WEST HIGH STREET - LEXINGTON, KY 40507	20-0346454	501(C)(3)	15,000.	0.			GENERAL SUPPORT
HARVEST TIME 846 PORTOLA ROAD, UNIT F PORTOLA VALLEY, CA 94028	52-2222974	501(C)(3)	15,000.	0.			GENERAL SUPPORT
LA COCINA INC. 2948 FOLSOM STREET SAN FRANCISCO, CA 94110	59-3838549	501(C)(3)	15,000.	0.			GENERAL SUPPORT
BLACK PINE CIRCLE SCHOOL 2027 SEVENTH STREET BERKELEY, CA 94710	94-1700228	501(C)(3)	15,000.	0.			GENERAL SUPPORT
DOCTORS WITHOUT BORDERS PO BOX 5030 HAGERSTOWN, MD 21741	13-3433452	501(C)(3)	14,850.	0.			GENERAL SUPPORT

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SEACOLOGY 1623 SOLANO AVE. BERKELEY, CA 94707	87-0495235	501(C)(3)	13,600.	0.			GENERAL SUPPORT
AARF OF RICHMOND, VIRGINIA PO BOX 15262 RICHMOND, VA 23227	54-1669898	501(C)(3)	13,507.	0.			GENERAL SUPPORT
OBERLIN COLLEGE BOSWORTH HALL, 50 WEST LORAIN STREET OBERLIN, OH 44074	34-0714363	501(C)(3)	13,200.	0.			GENERAL SUPPORT
CHESAPEAKE PROVINCE SISTERS OF NOTRE DAME DE NAMUR - 305 CABLE STREET - BALTIMORE, MD 21210	52-6052925	501(C)(3)	13,043.	0.			GENERAL SUPPORT
UNIVERSITY OF NORTH CAROLINA 104 AIRPORT DR., SUITE 3200 CHAPEL HILL, NC 27599	59-1711424	501(C)(3)	12,500.	0.			GENERAL SUPPORT
UNIVERSITY OF NORTH CAROLINA AT WILMINGTON - 601 S. COLLEGE RD. - WILMINGTON, NC 28403	56-6050338	501(C)(3)	12,500.	0.			GENERAL SUPPORT
CONSERVATION NORTHWEST 1208 BAY STREET SUITE 201 BELLINGHAM, WA 98225	94-3091547	501(C)(3)	12,500.	0.			GENERAL SUPPORT
SOUTH CENTRAL SPAY NEUTER CLINIC 29 MORTIMER DRIVE EVINGTON, VA 24550	26-3842124	501(C)(3)	12,000.	0.			GENERAL SUPPORT
PEARL CHURCH PO BOX 3202 PORTLAND, OR 97208	93-1307755	501(C)(3)	11,500.	0.			GENERAL SUPPORT

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NATURAL RESOURCES DEFENSE COUNCIL PO BOX 1830 MERRIFIELD, VA 22116	13-2654926	501(C)(3)	11,000.	0.			GENERAL SUPPORT
ST AGNES CATHOLIC CHURCH 106 SOUTH DUKE ST PO BOX 1603 SHEPHERDSTOWN, WV 25443	55-0357023	501(C)(3)	10,463.	0.			GENERAL SUPPORT
KA ULUKOA VOLLEYBALL INSTITUTE 628 AUAHI ST. HONOLULU, HI 96813	26-0542078	501(C)(3)	10,370.	0.			GENERAL SUPPORT
HAYMARKET PEOPLE'S FUND 42 SEAVERNS AVE BOSTON, MA 02130	04-2586725	501(C)(3)	10,000.	0.			GENERAL SUPPORT
SOCIETY OF ST JOHN THE EVANGELIST 980 MEMORIAL DR CAMBRIDGE, MA 02138	04-6040093	501(C)(3)	10,000.	0.			GENERAL SUPPORT
NESKAYA, INC. PO BOX 634 FRANCONIA, NH 03580	74-3043760	501(C)(3)	10,000.	0.			GENERAL SUPPORT
WASHINGTON HANCOCK COMMUNITY AGENCY - PO BOX 299 - ELLSWORTH, ME 04605	23-7226828	501(C)(3)	10,000.	0.			GENERAL SUPPORT
MCCOURT MEMORIAL GARDEN PO BOX 1102 NEW LONDON, CT 06320	61-1441335	501(C)(3)	10,000.	0.			GENERAL SUPPORT
CONNECTICUT FOOD BANK, INC. PO BOX 8686 NEW HAVEN, CT 06531	06-1063025	501(C)(3)	10,000.	0.			GENERAL SUPPORT

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AUTISM SPEAKS 1 EAST 33RD ST 4TH FLOOR NEW YORK, NY 10016	20-2329938	501(C)(3)	10,000.	0.			GENERAL SUPPORT
REPAIR THE WORLD 555 8TH AVENUE SUITE 1703 NEW YORK, NY 10018	36-4524686	501(C)(3)	10,000.	0.			GENERAL SUPPORT
SHARE OUR STRENGTH 1730 M STREET NW, SUITE 700 WASHINGTON, DC 20036	52-1367538	501(C)(3)	10,000.	0.			GENERAL SUPPORT
SUM OF US / MOI EDUCATION FUND 1850 M STREET NW #1100 WASHINGTON, DC 20036	56-2633160	501(C)(3)	10,000.	0.			GENERAL SUPPORT
BETHESDA GREEN 4825 CORDELL AVE SUITE #200 BETHESDA, MD 20814	26-1825747	501(C)(3)	10,000.	0.			GENERAL SUPPORT
COLLEGETRACKS 5126 MANNING DRIVE BETHESDA, MD 20814	20-4499806	501(C)(3)	10,000.	0.			GENERAL SUPPORT
JUSTICE THROUGH MUSIC 8100 BEECH TREE RD BETHESDA, MD 20817	27-0051467	501(C)(3)	10,000.	0.			GENERAL SUPPORT
B-CC HIGH SCHOOL EDUCATIONAL FOUNDATION, INC. - PO BOX 31209 - BETHESDA, MD 20824	52-1948149	501(C)(3)	10,000.	0.			GENERAL SUPPORT
THE CONSERVATION FUND 1655 NORTH FORT MYER DRIVE, SUITE 1 ARLINGTON, VA 22209	52-1388917	501(C)(3)	10,000.	0.			GENERAL SUPPORT

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RICHMOND ANIMAL LEAGUE 11401 INTERNATIONAL DRIVE RICHMOND, VA 23236	51-0240493	501(C)(3)	10,000.	0.			GENERAL SUPPORT
CVAHS-SPCA PO BOX 429 DILLWYN, VA 23936	54-1479068	501(C)(3)	10,000.	0.			GENERAL SUPPORT
THE NATIONAL CHRISTIAN FOUNDATION 3700 COMPUTER DRIVE SUITE 2330 RALEIGH, NC 27609	58-1493949	501(C)(3)	10,000.	0.			GENERAL SUPPORT
UPPER CHATTAHOOCHEE RIVERKEEPER 3 PURITAN MILL 916 JOSEPH E. LOWERY BOULEVARD - ATLANTA, GA 30318	58-2095413	501(C)(3)	10,000.	0.			GENERAL SUPPORT
GEORGIA FORESTWATCH, INC. 15 TOWER ROAD ELLIJAY, GA 30540	58-2188475	501(C)(3)	10,000.	0.			GENERAL SUPPORT
SATILLA RIVERKEEPER PO BOX 697 WOODBINE, GA 31569	90-0246302	501(C)(3)	10,000.	0.			GENERAL SUPPORT
TINY HANDS INTERNATIONAL PO BOX 67195 LINCOLN, NE 68506	71-0982808	501(C)(3)	10,000.	0.			GENERAL SUPPORT
GREATER NEW ORLEANS FOUNDATION/ TRANSFORM NEW ORLEANS FUND - 1055 ST. CHARLES AVE ATTN: DR. ALBERT RUESGA - NEW ORLEANS, LA 70130	72-0408921	501(C)(3)	10,000.	0.			GENERAL SUPPORT
CARINO'S FOUNDATION 13420 GALLERIA CIRCLE BUILDING A, SUITE 250 ATTN: CHRIS HANSON - AUSTIN, TX	32-0182850	501(C)(3)	10,000.	0.			GENERAL SUPPORT

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WOMEN'S HEALTH 2855 VALMONT ROAD SUITE 200 BOULDER, CO 80301	84-0645786	501(C)(3)	10,000.	0.			GENERAL SUPPORT
TELACU COMMUNITY CAPITAL 5400 E. OLYMPIC BLVD, SUITE 300 LOS ANGELES, CA 90022	95-4738172	501(C)(3)	10,000.	0.			GENERAL SUPPORT
VALLEY ECONOMIC DEVELOPMENT CENTER 5121 VAN NUYS BLVD., 3RD FL. VAN NUYS, CA 91403	95-3139419	501(C)(3)	10,000.	0.			GENERAL SUPPORT
MISSION ASSET FUND 1470 VALENCIA ST. SAN FRANCISCO, CA 94110	20-8993652	501(C)(3)	10,000.	0.			GENERAL SUPPORT
JOLKONA FOUNDATION 1904 THIRD AVE SUITE 417 SEATTLE, WA 98101	87-0799891	501(C)(3)	10,000.	0.			GENERAL SUPPORT
ACLU OF WASHINGTON FOUNDATION 901 5TH AVENUE SUITE 630 SEATTLE, WA 98164	91-1272364	501(C)(3)	10,000.	0.			GENERAL SUPPORT
CHORAL ARTS SOCIETY OF WASHINGTON 5225 WISCONSIN AVENUE, NW SUITE 603 WASHINGTON, DC 20015	52-0895826	501(C)(3)	9,500.	0.			GENERAL SUPPORT
PRAXIS PEACE INSTITUTE, INC. PO BOX 523 SONOMA, CA 95476	68-0450856	501(C)(3)	8,500.	0.			GENERAL SUPPORT
CATS CRADLE OF THE SHENANDOAH VALLEY INC. - PO BOX 2128 - HARRISONBURG, VA 22801	20-3269224	501(C)(3)	8,250.	0.			GENERAL SUPPORT

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PARTNERS IN HEALTH PO BOX 845578 BOSTON, MA 02284	04-3567502	501(C)(3)	7,600.	0.			GENERAL SUPPORT
JOBS WITH JUSTICE EDUCATION FUND 1325 MASSACHUSETTS AVE NW STE 200 WASHINGTON, DC 20005	52-1865575	501(C)(3)	7,500.	0.			GENERAL SUPPORT
HOUSE OF RUTH 5 THOMAS CIRCLE NW WASHINGTON, DC 20005	52-1054102	501(C)(3)	7,500.	0.			GENERAL SUPPORT
THE WOMEN'S FOUNDATION OF CALIFORNIA - 340 PINE ST. #302 - SAN FRANCISCO, CA 94104	94-2752421	501(C)(3)	7,500.	0.			GENERAL SUPPORT
MOVEMENT STRATEGY CENTER 436 14TH STREET, 5TH FLOOR OAKLAND, CA 94612	20-1037643	501(C)(3)	7,500.	0.			GENERAL SUPPORT
UNITED STATES EQUINE RESCUE LEAGUE 9660 FALLS OF NEUSE ROAD SUITE 138 RALEIGH, NC 27615	56-2069469	501(C)(3)	7,150.	0.			GENERAL SUPPORT
WASHINGTON CASH (COMMUNITY ALLIANCE FOR SELF HELP) - 2100 24TH AVE S STE 380 - SEATTLE, WA 98144	91-1704028	501(C)(3)	7,070.	0.			GENERAL SUPPORT
AMERICAN RED CROSS PO BOX 37295 WASHINGTON, DC 20013	53-0196605	501(C)(3)	6,250.	0.			GENERAL SUPPORT
FOUNDRY UNITED METHODIST CHURCH 1500 16TH STREET, NW WASHINGTON, DC 20036	36-2167731	501(C)(3)	6,200.	0.			GENERAL SUPPORT

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THIRD SECTOR NEW ENGLAND LINCOLN PLAZA 89 SOUTH STREET, SUITE BOSTON, MA 02111	04-2261109	501(C)(3)	6,000.	0.			GENERAL SUPPORT
GRASSROOTS INTERNATIONAL 179 BOYLSTON STREET, 4TH FLOOR BOSTON, MA 02130	04-2791159	501(C)(3)	6,000.	0.			GENERAL SUPPORT
PLANNED PARENTHOOD FEDERATION OF AMERICA - 434 WEST 33RD STREET - NEW YORK, NY 10001	13-1644147	501(C)(3)	6,000.	0.			GENERAL SUPPORT
CITY HARVEST, INC. 575 EIGHTH AVENUE 4TH FLOOR NEW YORK, NY 10018	13-3170676	501(C)(3)	6,000.	0.			GENERAL SUPPORT
UNITED STATES HOLOCAUST MEMORIAL MUSEUM - 100 RAOUL WALLENBERG PLACE, SW ATT: CELESTE MAIER - WASHINGTON, DC 20024	52-1309391	501(C)(3)	6,000.	0.			GENERAL SUPPORT
NET IMPACT 150 SPEAR STREET, SUITE 500 SAN FRANCISCO, CA 94105	03-0552976	501(C)(3)	6,000.	0.			GENERAL SUPPORT
INSIGHT PRISON PROJECT PO BOX 151642 SAN RAFAEL, CA 94915	94-3370665	501(C)(3)	6,000.	0.			GENERAL SUPPORT
ST. JOHN'S EPISCOPAL CHURCH 3427 OLNEY-LAYTONSVILLE ROAD OLNEY, MD 20830	22-3357539	501(C)(3)	5,673.	0.			GENERAL SUPPORT
THE TIDES FOUNDATION PO BOX 29903 SAN FRANCISCO, CA 94129	51-0198509	501(C)(3)	5,618.	0.			GENERAL SUPPORT

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LYME LAND CONSERVATION TRUST, INC. PO BOX 1002 LYME, CT 06371	06-6085183	501(C)(3)	5,500.	0.			GENERAL SUPPORT
THE POETRY PROJECT 131 EAST 10TH STREET NEW YORK, NY 10003	13-3317229	501(C)(3)	5,500.	0.			GENERAL SUPPORT
UNITY SCHOOL OF CHRISTIANITY 1901 NW BLUE PARKWAY LESS SUMMIT, MO 64065	44-0546000	501(C)(3)	5,500.	0.			GENERAL SUPPORT
CHURCH WORLD SERVICE, INC. PO BOX 968 ELKHART, IN 46515	13-4080201	501(C)(3)	5,400.	0.			GENERAL SUPPORT
INTERNATIONAL RESCUE COMMITTEE INC 122 E. 42ND ST., 11TH FLOOR NEW YORK, NY 10168	13-5660870	501(C)(3)	5,050.	0.			GENERAL SUPPORT
LIBRARY OF AMERICAN LANDSCAPE HISTORY, INC. - 205 E PLEASANT STREET - AMHERST, MA 01002	22-3222087	501(C)(3)	5,000.	0.			GENERAL SUPPORT
BOSTON MICROTONAL SOCIETY 55 BEACON STREET NORTH ADAMS, MA 01247	04-3086937	501(C)(3)	5,000.	0.			GENERAL SUPPORT
UNITED FOR A FAIR ECONOMY C/O RESPONSIBLE WEALTH - 29 WINTER STREET - BOSTON, MA 02108	04-3286118	501(C)(3)	5,000.	0.			GENERAL SUPPORT
TEMPLE BETH SHALOM 670 HIGHLAND AVE NEEDHAM, MA 02494	66-6002849	501(C)(3)	5,000.	0.			GENERAL SUPPORT

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WORLD LEARNING 1 KIPLING ROAD P.O. BOX 676 BRATTLEBORO, VT 05302	03-0179592	501(C)(3)	5,000.	0.			GENERAL SUPPORT
WILLIMANTIC WHITEWATER PARTNERSHIP, INC. - 41 HIGH ST. - WILLIMANTIC, CT 06226	20-0905978	501(C)(3)	5,000.	0.			GENERAL SUPPORT
OAK GROVE MONTESSORI SCHOOL 132 PLEASANT VALLEY ROAD MANSFIELD, CT 06259	06-1045034	501(C)(3)	5,000.	0.			GENERAL SUPPORT
LIVING TRADITIONS INC 207 W. 25TH STREET, 4TH FLOOR NEW YORK CITY, NY 10001	11-3193909	501(C)(3)	5,000.	0.			GENERAL SUPPORT
ALI FORNEY CENTER 224 WEST 35TH STREET 15TH FLOOR NEW YORK, NY 10001	30-0104507	501(C)(3)	5,000.	0.			GENERAL SUPPORT
SPONSORS FOR EDUCATIONAL OPPORTUNITY - 55 EXCHANGE PLACE - NEW YORK, NY 10005	13-2578670	501(C)(3)	5,000.	0.			GENERAL SUPPORT
ORPHEUS CHAMBER ORCHESTRA 490 RIVERSIDE DRIVE NEW YORK, NY 10027	23-7362572	501(C)(3)	5,000.	0.			GENERAL SUPPORT
CITIZENS FOR RESPONSIBILITY AND ETHICS IN WASHINGTON - 1400 EYE STREET, N.W. SUITE: 450 - WASHINGTON, DC 20005	03-0445391	501(C)(3)	5,000.	0.			GENERAL SUPPORT
USACTION EDUCATION FUND 1825 K STREET, NW ROOM 210 WASHINGTON, DC 20006	52-2214307	501(C)(3)	5,000.	0.			GENERAL SUPPORT

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN UNIVERSITY IN BULGARIA 910 17TH ST N W WASHINGTON, DC 20006	01-0466768	501(C)(3)	5,000.	0.			GENERAL SUPPORT
OPERATION UNDERSTANDING DC 3000 CONNECTICUT AVE NW, SUITE 335 WASHINGTON, DC 20008	52-1822488	501(C)(3)	5,000.	0.			GENERAL SUPPORT
ART AND REMEMBRANCE, INC. 5505 CONNECTICUT AVENUE, NW BOX 131 WASHINGTON, DC 20015	20-0467888	501(C)(3)	5,000.	0.			GENERAL SUPPORT
INSTITUTE FOR POLICY STUDIES 1112 16TH STREET NW SUITE 600 WASHINGTON, DC 20036	52-0788947	501(C)(3)	5,000.	0.			GENERAL SUPPORT
COMMON CAUSE EDUCATION FUND 1133 19TH STREET WASHINGTON, DC 20036	31-1705371	501(C)(3)	5,000.	0.			GENERAL SUPPORT
FREE THE SLAVES 1320 19TH STREET NW, SUITE 600 WASHINGTON, DC 20036	56-2189635	501(C)(3)	5,000.	0.			GENERAL SUPPORT
ADVOCATES FOR YOUTH 2000 M. ST. SUITE 750 WASHINGTON, DC 20036	52-1173590	501(C)(3)	5,000.	0.			GENERAL SUPPORT
MIDDLEBURG HUMANE FOUNDATION PO BOX 1238 MIDDLEBURG, VA 20118	54-1694317	501(C)(3)	5,000.	0.			GENERAL SUPPORT
A WIDER CIRCLE 4808 MOORLAND LANE, STE. 802 BETHESDA, MD 20814	52-2345144	501(C)(3)	5,000.	0.			GENERAL SUPPORT

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
STONE CIRCLES AT STONE HOUSE 6602 NICKS RD MEBANE, NC 27302	56-2122586	501(C)(3)	5,000.	0.			GENERAL SUPPORT
CROSSROADS CHURCH 8203 BEARDSLEY ST. NORWALK, IA 50211	42-6097791	501(C)(3)	5,000.	0.			GENERAL SUPPORT
FELLOWSHIP OF CHRISTIAN ATHLETES 8701 LEEDS ROAD KANSAS CITY, MO 64129	44-0610626	501(C)(3)	5,000.	0.			GENERAL SUPPORT
ACCION TEXAS 2014 S. HACKBERRY ST. SAN ANTONIO, TX 78210	74-2712770	501(C)(3)	5,000.	0.			GENERAL SUPPORT
CASA OF TRAVIS COUNTY 7701 N LAMAR BLVD., SUITE 301 AUSTIN, TX 78752	74-2369123	501(C)(3)	5,000.	0.			GENERAL SUPPORT
MILITARY RELIGIOUS FREEDOM FOUNDATION - 13170-B CENTRAL AVENUE, SE SUITE 255 - ALBUQUERQUE, NM 87123	20-3967302	501(C)(3)	5,000.	0.			GENERAL SUPPORT
CENTRO CULTURAL DE LA RAZA: INSTITUTO DE ANAHUAC - PO BOX 386 - TAOS, NM 87571	81-0658195	501(C)(3)	5,000.	0.			GENERAL SUPPORT
OPERATION HOPE 707 WILSHIRE BLVD., STE. 3030 LOS ANGELES, CA 90017	95-4378084	501(C)(3)	5,000.	0.			GENERAL SUPPORT
HARTNELL COLLEGE FOUNDATION 411 CENTRAL AVE. SALINA, CA 93901	94-2781664	501(C)(3)	5,000.	0.			GENERAL SUPPORT

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAN FRANCISCO ZEN CENTER 300 PAGE STREET SAN FRANCISCO, CA 94102	94-3143976	501(C)(3)	5,000.	0.			GENERAL SUPPORT
TIDES CENTER PO BOX 29907 BLDG. 1014 SAN FRANCISCO, CA 94129	94-3213100	501(C)(3)	5,000.	0.			GENERAL SUPPORT
OPPORTUNITY FUND OF NORTHERN CALIFORNIA - 111 WEST ST. JOHN STREET, SUITE 800 - SAN JOSE, CA 95113	31-1719434	501(C)(3)	5,000.	0.			GENERAL SUPPORT
OPPORTUNITY FUND OF NORTHERN CALIFORNIA - 111 WEST ST. JOHN STREET, SUITE 800, - SAN JOSE, CA 95113	31-1719434	501(C)(3)	5,000.	0.			GENERAL SUPPORT
IONPOVERTY 1227 KAWANA TERRACE SANTA ROSA, CA 95404	75-3066439	501(C)(3)	5,000.	0.			GENERAL SUPPORT
FRIENDS OF THE EEL RIVER PO BOX 4945 ARCATA, CA 95518	68-0423026	501(C)(3)	5,000.	0.			GENERAL SUPPORT
MOMS RISING EDUCATION FUND 12011 BEL RED RD., STE. 206B BELLEVUE, WA 98005	45-2499952	501(C)(3)	5,000.	0.			GENERAL SUPPORT
BUSINESSES ENDING SLAVERY AND TRAFFICKING - 2015 E. NEWTON STREET - SEATTLE, WA 98112	45-5046786	501(C)(3)	5,000.	0.			GENERAL SUPPORT
WATER 1ST INTERNATIONAL PO BOX 17974 SEATTLE, WA 98127	20-2601035	501(C)(3)	5,000.	0.			GENERAL SUPPORT

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EXPRESS ADVANTAGE 1741 4TH AVENUE SOUTH, SUITE A SEATTLE, WA 98134	61-1575044	501(C)(3)	5,000.	0.			GENERAL SUPPORT
UNIVERSITY OF WASHINGTON FOUNDATION - PO BOX 359505 - SEATTLE, WA 98195	94-3079432	501(C)(3)	5,000.	0.			GENERAL SUPPORT

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

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

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

SCHEDULE I, PART I, LINE 2: DOMESTIC GRANTMAKING DONE THROUGH THE DONOR ADVISED FUND PROGRAM SERVICE IS LIMITED TO CHARITABLE ORGANIZATIONS THAT ARE TAX-EXEMPT UNDER IRS CODE SECTION 501(C)(3) AND ARE PUBLIC CHARITIES UNDER CODE SECTION 509(A). DUE DILIGENCE IS PERFORMED PRIOR TO ANY GRANT DISTRIBUTION TO VERIFY THE ELIGIBILITY STATUS OF THE RECIPIENT ORGANIZATION. AS NEEDED, EXPENDITURE RESPONSIBILITY IS EXERCISED TO ENSURE THAT GRANTS ARE BEING USED FOR INTENDED CHARITABLE PURPOSES.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2012

Open to Public Inspection

Name of the organization

IMPACTASSETS, INC.

Employer identification number

26-2048480

Part I Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input type="checkbox"/> Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
a	Receive a severance payment or change-of-control payment?	4a	X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	X
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a	The organization?	5a	X
b	Any related organization?	5b	X
If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a	The organization?	6a	X
b	Any related organization?	6b	X
If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) TIMOTHY FREUNDLICH PRESIDENT	(i)	146,197.	0.	21,512.	3,560.	0.	171,269.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2012

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
▶ **Attach to Form 990.**

Name of the organization **IMPACTASSETS, INC.** Employer identification number **26-2048480**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	52	21,861,837.	FAIR MARKET VALUE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests	X	3	4,628,225.	FAIR MARKET VALUE
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ()				
26 Other ()				
27 Other ()				
28 Other ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29** **3**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2012

Open to Public
Inspection

Name of the organization

IMPACTASSETS, INC.

Employer identification number

26-2048480

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

IMPACTASSETS, INC. ENCOURAGES THE INVESTMENT OF CHARITABLE ASSETS IN,
AND GRANT MAKING TO, PROJECTS AND ENTERPRISES THAT IMPACT SOCIETY IN A
POSITIVE MANNER THROUGH ACTIVITIES INCLUDING, BUT NOT LIMITED TO,
MAINTAINING EDUCATIONAL, INVESTOR, DONOR, AND ADMINISTRATIVE PROGRAMS
THAT ENABLE A BROAD BASE OF SOCIETY TO PARTICIPATE IN SUCH ACTIVITIES.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

IMPACTASSETS, INC. ENCOURAGES THE INVESTMENT OF CHARITABLE ASSETS IN,
AND GRANT MAKING TO, PROJECTS AND ENTERPRISES THAT IMPACT SOCIETY IN A
POSITIVE MANNER THROUGH ACTIVITIES INCLUDING, BUT NOT LIMITED TO,
MAINTAINING EDUCATIONAL, INVESTOR, DONOR AND ADMINISTRATIVE PROGRAMS
THAT ENABLE A BROAD BASE OF SOCIETY TO PARTICIPATE IN SUCH ACTIVITIES.

FORM 990, PART VI, SECTION B, LINE 11: THE FORM 990 WILL BE REVIEWED BY
THE FILING ORGANIZATION'S PRESIDENT ALONG WITH CALVERT FOUNDATION'S VICE
PRESIDENT/DEPUTY CHIEF FINANCIAL OFFICER AND DIRECTOR OF GIVING FUND PRIOR
TO FILING WITH THE INTERNAL REVENUE SERVICE.

FORM 990, PART VI, SECTION B, LINE 12C: IMPACTASSETS, INC. MONITORS THE
CONFLICT OF INTEREST POLICY BY ANNUALLY REVIEWING ALL WRITTEN CONFLICT OF
INTEREST DISCLOSURE STATEMENTS.

FORM 990, PART VI, SECTION B, LINE 15: TO SET THE COMPENSATION OF TOP
MANAGEMENT AND THE PRESIDENT, IMPACTASSETS, INC. HAS RELIED ON COMPENSATION
SURVEYS THAT HAVE BEEN PERFORMED BY SIMILAR ORGANIZATIONS. ALSO, WE REVIEW

Name of the organization IMPACTASSETS, INC.	Employer identification number 26-2048480
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THE 990S AS POSTED BY GUIDESTAR TO REVIEW WHAT OTHERS ARE EARNING IN SIMILAR POSITIONS. THIS COMPENSATION IS SET BY THE EXECUTIVE COMMITTEE AND WAS LAST REVIEWED IN DECEMBER 2012.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:
AK, AL, AZ, AR, CA, CT, CO, FL, GA, HI, IL, KS, KY, ME, MD, MI, MN, MS, NH, NJ, NM, NY, NC, ND, OH
OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI

FORM 990, PART VI, SECTION C, LINE 19: THE FOUNDATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:
TRANSFER FROM CALVERT FOUNDATION 160,233.