

EXTENDED TO NOVEMBER 15, 2019

Form 990-T

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

OMB No 1545-0687

2018

For calendar year 2018 or other tax year beginning and ending

Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

Department of the Treasury Internal Revenue Service

Form 990-T header section including: A Check box if address changed; B Exempt under section 501(c)(3); C Book value of all assets at end of year; D Employer identification number; E Unrelated business activity code; F Group exemption number; G Check organization type.

H Enter the number of the organization's unrelated trades or businesses. Describe the only (or first) unrelated trade or business here. SEE STATEMENT 1. If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V.

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes No

J The books are in care of THE ORGANIZATION Telephone number 913-297-1804

Table for Part I: Unrelated Trade or Business Income. Columns: (A) Income, (B) Expenses, (C) Net. Rows 1a-13. Includes a RECEIVED stamp from BSOB, DEC 02 2019, OGDEN, UT.

Part II: Deductions Not Taken Elsewhere (See instructions for limitations on deductions) (Except for contributions, deductions must be directly connected with the unrelated business income)

Table for Part II: Deductions Not Taken Elsewhere. Rows 14-32. Includes SEE STATEMENT 2 for lines 28-30.

Part III Total Unrelated Business Taxable Income

Table with 2 columns: Line number and Amount. Rows 33-38 showing income calculation: 33 (8,139), 34, 35, 36 (8,139), 37 (1,000), 38 (7,139).

Part IV Tax Computation

Table with 2 columns: Line number and Amount. Rows 39-44 showing tax computation: 39, 40 (1,356), 41, 42, 43, 44 (1,356).

Part V Tax and Payments

Table with 2 columns: Line number and Amount. Rows 45a-45d, 46 (1,356), 47, 48 (1,356), 49 (0), 50a-50g, 51, 52 (58), 53 (1,414), 54, 55.

Part VI Statements Regarding Certain Activities and Other Information (see instructions)

Table with 3 columns: Question, Yes, No. Rows 56, 57, 58 regarding foreign interests and tax-exempt interest.

Sign Here section with signature of officer, date 11/15/19, title CIO, and Paid Preparer Use Only section with preparer Gregory D. Owens, firm name KELLER & OWENS, LLC, address 10955 LOWELL AVE, STE 800, OVERLAND PARK, KS 66210.

Schedule A - Cost of Goods Sold. Enter method of inventory valuation **N/A**

| | | | | | | | | | |
|----|---|----|--|---|---|--|--|--------------------------|--------------------------|
| 1 | Inventory at beginning of year | 1 | | 6 | Inventory at end of year | 6 | | | |
| 2 | Purchases | 2 | | 7 | Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2 | 7 | | | |
| 3 | Cost of labor | 3 | | | | | | Yes | No |
| 4a | Additional section 263A costs (attach schedule) | 4a | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| b | Other costs (attach schedule) | 4b | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 5 | Total. Add lines 1 through 4b | 5 | | | 8 | Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? | | <input type="checkbox"/> | <input type="checkbox"/> |

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions)

| | | |
|---|---|---|
| 1 Description of property | | |
| (1) | | |
| (2) | | |
| (3) | | |
| (4) | | |
| 2. Rent received or accrued | | |
| (a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) | (b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income) | 3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule) |
| (1) | | |
| (2) | | |
| (3) | | |
| (4) | | |
| Total | 0. | Total 0. |
| (c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) | | (b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) |
| 0. | | 0. |

Schedule E - Unrelated Debt-Financed Income (see instructions)

| | | | | |
|--|---|---|--|--|
| 1. Description of debt-financed property | | 2. Gross income from or allocable to debt-financed property | 3. Deductions directly connected with or allocable to debt-financed property | |
| | | | (a) Straight line depreciation (attach schedule) | (b) Other deductions (attach schedule) |
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| 4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) | 5. Average adjusted basis of or allocable to debt-financed property (attach schedule) | 6 Column 4 divided by column 5 | 7 Gross income reportable (column 2 x column 6) | 8 Allocable deductions (column 6 x total of columns 3(a) and 3(b)) |
| (1) | | % | | |
| (2) | | % | | |
| (3) | | % | | |
| (4) | | % | | |
| Totals | | | Enter here and on page 1, Part I, line 7, column (A) | Enter here and on page 1, Part I line 7 column (B) |
| Total dividends-received deductions included in column 8 | | | 0. | 0. |
| | | | 0. | 0. |

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

| 1. Name of controlled organization | 2. Employer identification number | Exempt Controlled Organizations | | | |
|------------------------------------|---|---|--|---|--|
| | | 3. Net unrelated income (loss) (see instructions) | 4. Total of specified payments made | 5. Part of column 4 that is included in the controlling organization's gross income | 6. Deductions directly connected with income in column 5 |
| (1) | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| Nonexempt Controlled Organizations | | | | | |
| 7. Taxable Income | 8. Net unrelated income (loss) (see instructions) | 9. Total of specified payments made | 10. Part of column 9 that is included in the controlling organization's gross income | 11. Deductions directly connected with income in column 10 | |
| (1) | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| | | | Add columns 5 and 10 Enter here and on page 1, Part I, line 8, column (A) | Add columns 6 and 11 Enter here and on page 1, Part I, line 8, column (B) | |
| Totals | | | 0. | 0. | |

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

| 1. Description of income | 2. Amount of income | 3. Deductions directly connected (attach schedule) | 4. Set-asides (attach schedule) | 5. Total deductions and set-asides (col 3 plus col 4) |
|--------------------------|---------------------|--|---------------------------------|---|
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| | | Enter here and on page 1, Part I, line 9, column (A) | | Enter here and on page 1, Part I, line 9, column (B) |
| Totals | | 0. | | 0. |

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

| 1. Description of exploited activity | 2. Gross unrelated business income from trade or business | 3. Expenses directly connected with production of unrelated business income | 4. Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7 | 5. Gross income from activity that is not unrelated business income | 6. Expenses attributable to column 5 | 7. Excess exempt expenses (column 6 minus column 5, but not more than column 4) |
|--------------------------------------|---|---|---|---|--------------------------------------|---|
| (1) | | | | | | |
| (2) | | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |
| | | Enter here and on page 1, Part I, line 10, col (A) | Enter here and on page 1, Part I, line 10, col (B) | | | Enter here and on page 1, Part II, line 26 |
| Totals | | 0. | 0. | | | 0. |

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

| 1. Name of periodical | 2. Gross advertising income | 3. Direct advertising costs | 4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7 | 5. Circulation income | 6. Readership costs | 7. Excess readership costs (column 6 minus column 5, but not more than column 4) |
|--|-----------------------------|-----------------------------|---|-----------------------|---------------------|--|
| (1) | | | | | | |
| (2) | | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |
| Totals (carry to Part II, line (5)) | | 0. | 0. | | | 0. |

Part II **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

| 1. Name of periodical | 2. Gross advertising income | 3. Direct advertising costs | 4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7 | 5. Circulation income | 6. Readership costs | 7. Excess readership costs (column 6 minus column 5, but not more than column 4) |
|------------------------------------|---|---|---|-----------------------|---------------------|--|
| (1) | | | | | | |
| (2) | | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |
| Totals from Part I | 0. | 0. | | | | 0. |
| Totals, Part II (lines 1-5) | 0. <small>Enter here and on page 1, Part I, line 11, col (A)</small> | 0. <small>Enter here and on page 1, Part I, line 11, col (B)</small> | | | | 0. <small>Enter here and on page 1, Part II, line 27</small> |

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

| 1. Name | 2. Title | 3. Percent of time devoted to business | 4. Compensation attributable to unrelated business |
|--|----------|--|--|
| (1) | | % | |
| (2) | | % | |
| (3) | | % | |
| (4) | | % | |
| Total. Enter here and on page 1, Part II, line 14 | | | 0. |

FORM 990-T DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED BUSINESS ACTIVITY STATEMENT 1

INVESTMENTS; FLOW-THROUGH UNRELATED INCOME

TO FORM 990-T, PAGE 1

| FORM 990-T | OTHER DEDUCTIONS | STATEMENT 2 |
|--------------------------------------|------------------|-------------|
| DESCRIPTION | | AMOUNT |
| QUALIFIED BUSINESS INCOME DEDUCTION | | 1,785. |
| TOTAL TO FORM 990-T, PAGE 1, LINE 28 | | 0. |

| FORM 990-T | INTEREST AND PENALTIES | STATEMENT 3 |
|------------------------------|------------------------|-------------|
| TAX FROM FORM 990-T, PART IV | | 1,356. |
| UNDERPAYMENT PENALTY | | 58. |
| LATE PAYMENT INTEREST | | 36. |
| LATE PAYMENT PENALTY | | 41. |
| TOTAL AMOUNT DUE | | 1,491. |

| FORM 990-T | LATE PAYMENT INTEREST | | | | | STATEMENT 4 |
|-----------------------------|-----------------------|--------|---------|-------|------|-------------|
| DESCRIPTION | DATE | AMOUNT | BALANCE | RATE | DAYS | INTEREST |
| TAX DUE | 05/15/19 | 1,356. | 1,356. | .0600 | 46 | 10. |
| INTEREST RATE CHANGE | 06/30/19 | 0. | 1,366. | .0500 | 138 | 26. |
| DATE FILED | 11/15/19 | | 1,392. | | | |
| TOTAL LATE PAYMENT INTEREST | | | | | | 36. |

FORM 990-T

LATE PAYMENT PENALTY

STATEMENT 5

| DESCRIPTION | DATE | AMOUNT | BALANCE | MONTHS | PENALTY |
|----------------------------|----------|--------|---------|--------|---------|
| TAX DUE | 05/15/19 | 1,356. | 1,356. | 6 | 41. |
| DATE FILED | 11/15/19 | | 1,356. | | |
| TOTAL LATE PAYMENT PENALTY | | | | | 41. |

**SCHEDULE M
(Form 990-T)**

**Unrelated Business Taxable Income for
Unrelated Trade or Business**

ENTITY 1

OMB No 1545-0687

2018

For calendar year 2018 or other tax year beginning _____, and ending _____

▶ Go to www.irs.gov/Form990T for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

Department of the Treasury
Internal Revenue Service (99)

Name of the organization **IMPACT INVESTING CHARITABLE TRUST** Employer identification number **81-2375745**

Unrelated business activity code (see instructions) ▶ **531120**

Describe the unrelated trade or business ▶ **INVESTMENTS; FLOW-THROUGH UNRELATED INCOME**

| Part I Unrelated Trade or Business Income | | (A) Income | (B) Expenses | (C) Net |
|--|---|------------|--------------|---------|
| 1 a | Gross receipts or sales | | | |
| b | Less returns and allowances | | | |
| c Balance ▶ | | 1c | | |
| 2 | Cost of goods sold (Schedule A, line 7) | 2 | | |
| 3 | Gross profit Subtract line 2 from line 1c | 3 | | |
| 4 a | Capital gain net income (attach Schedule D) | 4a | | |
| b | Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) | 4b | | |
| c | Capital loss deduction for trusts | 4c | | |
| 5 | Income (loss) from a partnership or an S corporation (attach statement) | 5 | | |
| 6 | Rent income (Schedule C) | 6 | | |
| 7 | Unrelated debt-financed income (Schedule E) | 7 | | |
| 8 | Interest, annuities, royalties, and rents from a controlled organization (Schedule F) | 8 | | |
| 9 | Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) | 9 | | |
| 10 | Exploited exempt activity income (Schedule I) | 10 | | |
| 11 | Advertising income (Schedule J) | 11 | | |
| 12 | Other income (See instructions; attach schedule) | 12 | | |
| 13 | Total. Combine lines 3 through 12 | 13 | 0. | |

Part III Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income)

| | | | | |
|----|--|-----|--|-----|
| 14 | Compensation of officers, directors, and trustees (Schedule K) | 14 | | |
| 15 | Salaries and wages | 15 | | |
| 16 | Repairs and maintenance | 16 | | |
| 17 | Bad debts | 17 | | |
| 18 | Interest (attach schedule) (see instructions) | 18 | | |
| 19 | Taxes and licenses | 19 | | |
| 20 | Charitable contributions (See instructions for limitation rules) STATEMENT 6 | 20 | | 0. |
| 21 | Depreciation (attach Form 4562) | 21 | | |
| 22 | Less depreciation claimed on Schedule A and elsewhere on return | 22a | | 22b |
| 23 | Depletion | 23 | | |
| 24 | Contributions to deferred compensation plans | 24 | | |
| 25 | Employee benefit programs | 25 | | |
| 26 | Excess exempt expenses (Schedule I) | 26 | | |
| 27 | Excess readership costs (Schedule J) | 27 | | |
| 28 | Other deductions (attach schedule) | 28 | | |
| 29 | Total deductions. Add lines 14 through 28 | 29 | | 0. |
| 30 | Unrelated business taxable income before net operating loss deduction Subtract line 29 from line 13 | 30 | | 0. |
| 31 | Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) | 31 | | |
| 32 | Unrelated business taxable income Subtract line 31 from line 30 | 32 | | |

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2018

FORM 990-T (M)

CONTRIBUTIONS

STATEMENT 6

| DESCRIPTION/KIND OF PROPERTY | METHOD USED TO DETERMINE FMV | AMOUNT |
|---------------------------------------|------------------------------|------------|
| CASH ONLY | N/A | 2,497,116. |
| INVESTMENTS | COST | 506,000. |
| CASH ONLY | N/A | 325,000. |
| TOTAL TO SCHEDULE M, PART II, LINE 20 | | 3,328,116. |

**SCHEDULE M
(Form 990-T)**

**Unrelated Business Taxable Income for
Unrelated Trade or Business**

ENTITY 2

OMB No 1545-0687

2018

Department of the Treasury
Internal Revenue Service (99)

For calendar year 2018 or other tax year beginning _____, and ending _____

▶ Go to www.irs.gov/Form990T for instructions and the latest information.
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Open to Public Inspection for
501(c)(3) Organizations Only

Name of the organization **IMPACT INVESTING CHARITABLE TRUST** Employer identification number **81-2375745**

Unrelated business activity code (see instructions) ▶ **523000**
Describe the unrelated trade or business ▶ **REAL ESTATE IN S CORPORATION**

| Part I Unrelated Trade or Business Income | | (A) Income | (B) Expenses | (C) Net |
|---|--|------------|--------------|---------|
| 1a | Gross receipts or sales | | | |
| b | Less returns and allowances | | | |
| c Balance ▶ | | 1c | | |
| 2 | Cost of goods sold (Schedule A, line 7) | 2 | | |
| 3 | Gross profit Subtract line 2 from line 1c | 3 | | |
| 4a | Capital gain net income (attach Schedule D) | 4a | | |
| b | Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) | 4b | | |
| c | Capital loss deduction for trusts | 4c | | |
| 5 | Income (loss) from a partnership or an S corporation (attach statement) STATEMENT 7 | 5 | 24,810. | 24,810. |
| 6 | Rent income (Schedule C) | 6 | | |
| 7 | Unrelated debt-financed income (Schedule E) | 7 | | |
| 8 | Interest, annuities, royalties, and rents from a controlled organization (Schedule F) | 8 | | |
| 9 | Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) | 9 | | |
| 10 | Exploited exempt activity income (Schedule I) | 10 | | |
| 11 | Advertising income (Schedule J) | 11 | | |
| 12 | Other income (See instructions, attach schedule) | 12 | | |
| 13 | Total. Combine lines 3 through 12 | 13 | 24,810. | 24,810. |

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)

| | | | |
|----|--|-----|---------|
| 14 | Compensation of officers, directors, and trustees (Schedule K) | 14 | |
| 15 | Salaries and wages | 15 | |
| 16 | Repairs and maintenance | 16 | |
| 17 | Bad debts | 17 | |
| 18 | Interest (attach schedule) (see instructions) | 18 | |
| 19 | Taxes and licenses | 19 | |
| 20 | Charitable contributions (See instructions for limitation rules) STATEMENT 8 | 20 | 14,886. |
| 21 | Depreciation (attach Form 4562) | 21 | |
| 22 | Less depreciation claimed on Schedule A and elsewhere on return | 22a | 22b |
| 23 | Depletion | 23 | |
| 24 | Contributions to deferred compensation plans | 24 | |
| 25 | Employee benefit programs | 25 | |
| 26 | Excess exempt expenses (Schedule I) | 26 | |
| 27 | Excess readership costs (Schedule J) | 27 | |
| 28 | Other deductions (attach schedule) SEE STATEMENT 9 | 28 | 1,785. |
| 29 | Total deductions. Add lines 14 through 28 | 29 | 16,671. |
| 30 | Unrelated business taxable income before net operating loss deduction Subtract line 29 from line 13 | 30 | 8,139. |
| 31 | Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) | 31 | |
| 32 | Unrelated business taxable income Subtract line 31 from line 30 | 32 | 8,139. |

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2018

| FORM 990-T (M) | INCOME (LOSS) FROM S CORPORATIONS | STATEMENT 7 |
|---|-----------------------------------|----------------------|
| DESCRIPTION | | NET INCOME OR (LOSS) |
| GREATER GOOD REAL ESTATE, LLC | | 0. |
| GREATER GOOD REAL ESTATE, LLC - NET RENTAL REAL ESTATE INCOME | | 24,810. |
| TOTAL INCLUDED ON SCHEDULE M, PART I, LINE 5 | | 24,810. |

| FORM 990-T (M) | CONTRIBUTIONS | STATEMENT 8 |
|---------------------------------------|------------------------------|-------------|
| DESCRIPTION/KIND OF PROPERTY | METHOD USED TO DETERMINE FMV | AMOUNT |
| CASH ONLY | N/A | 205,370. |
| TOTAL TO SCHEDULE M, PART II, LINE 20 | | 205,370. |

| FORM 990-T (M) | OTHER DEDUCTIONS | STATEMENT 9 |
|---------------------------------------|------------------|-------------|
| DESCRIPTION | | AMOUNT |
| QUALIFIED BUSINESS INCOME DEDUCTION | | 1,785. |
| TOTAL TO SCHEDULE M, PART II, LINE 28 | | 1,785. |

**SCHEDULE M
(Form 990-T)**

**Unrelated Business Taxable Income for
Unrelated Trade or Business**

ENTITY 3

OMB No 1545-0687

2018

Department of the Treasury
Internal Revenue Service (99)

For calendar year 2018 or other tax year beginning _____, and ending _____

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▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for
501(c)(3) Organizations Only

Name of the organization **IMPACT INVESTING CHARITABLE TRUST** Employer identification number **81-2375745**

Unrelated business activity code (see instructions) ▶ **523000**
Describe the unrelated trade or business ▶ **CASCADE WELLNESS**

| Part I Unrelated Trade or Business Income | | (A) Income | (B) Expenses | (C) Net |
|--|---|------------|--------------|---------|
| 1 a | Gross receipts or sales | | | |
| b | Less returns and allowances | | | |
| c Balance ▶ | | 1c | | |
| 2 | Cost of goods sold (Schedule A, line 7) | 2 | | |
| 3 | Gross profit Subtract line 2 from line 1c | 3 | | |
| 4 a | Capital gain net income (attach Schedule D) | 4a | | |
| b | Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) | 4b | | |
| c | Capital loss deduction for trusts | 4c | | |
| 5 | Income (loss) from a partnership or an S corporation (attach statement) | 5 | | |
| 6 | Rent income (Schedule C) | 6 | | |
| 7 | Unrelated debt-financed income (Schedule E) | 7 | | |
| 8 | Interest, annuities, royalties, and rents from a controlled organization (Schedule F) | 8 | | |
| 9 | Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) | 9 | | |
| 10 | Exploited exempt activity income (Schedule I) | 10 | | |
| 11 | Advertising income (Schedule J) | 11 | | |
| 12 | Other income (See instructions, attach schedule) | 12 | | |
| 13 | Total. Combine lines 3 through 12 | 13 | 0. | |

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income)

| | | | |
|----|--|------------|------------|
| 14 | Compensation of officers, directors, and trustees (Schedule K) | 14 | |
| 15 | Salaries and wages | 15 | |
| 16 | Repairs and maintenance | 16 | |
| 17 | Bad debts | 17 | |
| 18 | Interest (attach schedule) (see instructions) | 18 | |
| 19 | Taxes and licenses | 19 | |
| 20 | Charitable contributions (See instructions for limitation rules) STATEMENT 10 | 20 | 0. |
| 21 | Depreciation (attach Form 4562) | 21 | |
| 22 | Less depreciation claimed on Schedule A and elsewhere on return | 22a | 22b |
| 23 | Depletion | 23 | |
| 24 | Contributions to deferred compensation plans | 24 | |
| 25 | Employee benefit programs | 25 | |
| 26 | Excess exempt expenses (Schedule I) | 26 | |
| 27 | Excess readership costs (Schedule J) | 27 | |
| 28 | Other deductions (attach schedule) | 28 | |
| 29 | Total deductions. Add lines 14 through 28 | 29 | 0. |
| 30 | Unrelated business taxable income before net operating loss deduction Subtract line 29 from line 13 | 30 | 0. |
| 31 | Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) | 31 | |
| 32 | Unrelated business taxable income Subtract line 31 from line 30 | 32 | |

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2018

FORM 990-T (M)

CONTRIBUTIONS

STATEMENT 10

| DESCRIPTION/KIND OF PROPERTY | METHOD USED TO DETERMINE FMV | AMOUNT |
|---------------------------------------|------------------------------|---------|
| CASH ONLY | N/A | 36,570. |
| TOTAL TO SCHEDULE M, PART II, LINE 20 | | 36,570. |

**SCHEDULE M
(Form 990-T)**

**Unrelated Business Taxable Income for
Unrelated Trade or Business**

ENTITY 4

OMB No 1545-0687

2018

Department of the Treasury
Internal Revenue Service (99)

For calendar year 2018 or other tax year beginning _____, and ending _____

▶ Go to www.irs.gov/Form990T for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for
501(c)(3) Organizations Only

Name of the organization **IMPACT INVESTING CHARITABLE TRUST** Employer identification number **81-2375745**

Unrelated business activity code (see instructions) ▶ **230000**

Describe the unrelated trade or business ▶ **FLOORING SURFACES**

| Part I Unrelated Trade or Business Income | | (A) Income | (B) Expenses | (C) Net |
|--|---|------------|--------------|---------|
| 1 a | Gross receipts or sales | | | |
| b | Less returns and allowances | | | |
| c Balance ▶ | | 1c | | |
| 2 | Cost of goods sold (Schedule A, line 7) | 2 | | |
| 3 | Gross profit Subtract line 2 from line 1c | 3 | | |
| 4 a | Capital gain net income (attach Schedule D) | 4a | | |
| b | Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) | 4b | | |
| c | Capital loss deduction for trusts | 4c | | |
| 5 | Income (loss) from a partnership or an S corporation (attach statement) | 5 | | |
| 6 | Rent income (Schedule C) | 6 | | |
| 7 | Unrelated debt-financed income (Schedule E) | 7 | | |
| 8 | Interest, annuities, royalties, and rents from a controlled organization (Schedule F) | 8 | | |
| 9 | Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) | 9 | | |
| 10 | Exploited exempt activity income (Schedule I) | 10 | | |
| 11 | Advertising income (Schedule J) | 11 | | |
| 12 | Other income (See instructions, attach schedule) | 12 | | |
| 13 | Total. Combine lines 3 through 12 | 13 | 0. | |

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)

| | | | |
|----|--|------------|------------|
| 14 | Compensation of officers, directors, and trustees (Schedule K) | 14 | |
| 15 | Salaries and wages | 15 | |
| 16 | Repairs and maintenance | 16 | |
| 17 | Bad debts | 17 | |
| 18 | Interest (attach schedule) (see instructions) | 18 | |
| 19 | Taxes and licenses | 19 | |
| 20 | Charitable contributions (See instructions for limitation rules) STATEMENT 11 | 20 | 0. |
| 21 | Depreciation (attach Form 4562) | 21 | |
| 22 | Less depreciation claimed on Schedule A and elsewhere on return | 22a | 22b |
| 23 | Depletion | 23 | |
| 24 | Contributions to deferred compensation plans | 24 | |
| 25 | Employee benefit programs | 25 | |
| 26 | Excess exempt expenses (Schedule I) | 26 | |
| 27 | Excess readership costs (Schedule J) | 27 | |
| 28 | Other deductions (attach schedule) | 28 | |
| 29 | Total deductions. Add lines 14 through 28 | 29 | 0. |
| 30 | Unrelated business taxable income before net operating loss deduction Subtract line 29 from line 13 | 30 | 0. |
| 31 | Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) | 31 | |
| 32 | Unrelated business taxable income. Subtract line 31 from line 30 | 32 | |

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2018

FORM 990-T (M)

CONTRIBUTIONS

STATEMENT 11

| DESCRIPTION/KIND OF PROPERTY | METHOD USED TO DETERMINE FMV | AMOUNT |
|---------------------------------------|------------------------------|----------|
| CASH ONLY | N/A | 245,405. |
| TOTAL TO SCHEDULE M, PART II, LINE 20 | | 245,405. |