ood T		EXTENDED TO				•		6.5	0MB No 1545-0047 -
Form 990-T	5	xempt Organization				ıax	_	╮ ŀ	ONIB NO 1545-0047
¢	l	• • •	ax uno	er se	ction 6033(e))		191	<u>'}_ </u>	2040
	For cat	endar year 2019 or other tax year beginning	00T 4 '-		, and ending _			-	2013
Department of the Treasury Internal Revenue Service	L►	► Go to www.irs gov/Form9 Do not enter SSN numbers on this form						5	Open to Public Inspection for 01(c)(3) Organizations Only
A Check box if		Name of organization (Check box	ıf name c	hanged	and see instructions.)		D Emplo (Emplo	yer identification number byees' trust, see
address changed									ctions)
B Exempt under section	Print	IMPACT INVESTING C							1-2375745
X 501(c)(3 03	or Type	Number, street, and room or suite no. If		c, see ir	structions.				ted business activity code structions)
408(e) 220(e)		8208 MELROSE DRIVE							
408A 530(a) 529(a)		City or town, state or province, country, a LENEXA, KS 66214	and ZIP o	r toreigi	n postal code			531:	120
Book value of all assets	l	F Group exemption number (See instruc	tions.)	<u> </u>				,,,	
at end of year 38,903,9	29.		01(c) corr		X 501(c) tru	st	401(a)	trust	Other trust
		tion's unrelated trades or businesses.		5			nly (or first) uni	elated	
trade or business here	► S	EE STATEMENT 1					olete Parts I-V. I		than one,
describe the first in the b	lank spa	ce at the end of the previous sentence, cor	mplete Pa	rts I an	d II, complete a Sche	dule M for	r each additiona	l trade	or
business, then complete									
• • •	•	oration a subsidiary in an affiliated group		ıt-subsı	diary controlled group),	▶ L	Yes	S X No
		ifying number of the parent corporation.	<u> </u>					12 '	207 1904
		THE ORGANIZATION le or Business Income		_	(A) Income	ephone n	(B) Expenses	T 3 - 7	297-1804 (C) Net
1a Gross receipts or sale		le of Educations income		Γ	(A) Illcome	+	(D) Expenses		(0) (10)
b Less returns and allow		c Balance	•	1c					
2 Cost of goods sold (S				2					
3 Gross profit. Subtract				3				7	,
4a Capital gain net incom				4a					
		art II, line 17) (attach Form 4797)		4b					
c Capital loss deduction	for trus	its		4c					
5 Income (loss) from a	partners	hip or an S corporation (attach statement))	5		_/_			
6 Rent income (Schedu	•			6		4			
7 Unrelated debt-finance		,		7		-			
- · · ·		nd rents from a controlled organization (Sch		8	/_	+-			
		n 501(c)(7), (9), or (17) organization (Sch	iedule G)	9 10					
10 Exploited exempt activ11 Advertising income (S	-	·		11/	/	+			
12 Other income (See ins		• *		/12					
13 Total. Combine lines				13).	<u> </u>		
Part II Deduction	ns No	t Taken Elsewhere (See instru	ctions fo	r limita	tions on deduction	s)			
(Deductions	must b	e directly connected with the unrelate	ed busin	ess inc	come)				
14 Compensation of offi	icers, dir	ectors, and trustees (Schedule K)	Γ	F	ECEIVED	1		14	
15 Salaries and wages			- 1	<u> </u>		ଅଥା		15	
16 Repairs and mainten	ance		1	:\ ,	40 V 2 3 2020	RS-OSC		16	
17 Bad debts	dulo) (oc	on unetrustiane)	3	3 '	40 4 2 9 5050	18		17 18	
18 Interest (attach sched19 Taxes and licenses	onie) (Se	e ilistructions)	- 1	سا	COEN LIT	-		19	
20 Depreciation (attach	Form 45	(62)	L		GDEN, UT				
· ·		Schedule A and elsewhere on return			21a			21b	
22 Depletion								22	· · · · · · · · · · · · · · · · · · ·
23 Contributions to defe	erred gøf	npensation plans						23	
24 Employee benefit pro								24	
25 Excess exempt exper								25	
26 Excess readership co								26	 .
27 Other deductions (att								27	
28 Total deductions. A			Cuktur	line CC	from line 40			28	0.
/		come before net operating loss deduction						29	
30 Deduction for net operations (see instructions)	erating i	oss arising in tax years beginning on or aff	iei Janual	y 1, 20	10			30	0.
	axable in	come. Subtract line 30 from line 29						31	0.

923701 01-27-20 LHA For Paperwork Reduction Act Notice, see instructions.

) IMPACT INVESTING CHARITABLE TRUST			81-	237574	D Page 2
Par	MII	Total Unrelated Business Taxable Income			1		
32	, Total c	of unrelated business taxable income computed from all unrelated trades or businesses (see in	istructions)		32	79,4	<u> 178.</u>
33	Amour	nts paid for disallowed fringes			33		
34		able contributions (see instructions for limitation rules)		4	1 34	42,8	<u>305.</u>
35	Total u	inrelated business taxable income before pre-2018 NOLs and specific deduction Subtract line 3	34 from the sum of I	ines 32 and 33	5 3 5 1	36,6	<u>573.</u>
36		tion for net operating loss arising in tax years beginning before January 1, 2018 (see instruction			36		
37	Total o	of unrelated business taxable income before specific deduction. Subtract line 36 from line 35		•	7 37	36,6	573.
38	Specifi	c deduction (Generally \$1,000, but see line 38 instructions for exceptions)	EE STATE	MENT (6 € 38	8,1	135.
39	Unrela	ted business taxable income Subtract line 38 from line 37. If line 38 is greater than line 37,			\Box	•	
	enter t	he smaller of zero or line 37			39	28,5	538.
Part	l IV	Tax Computation			1		
40	Organi	zations Taxable as Corporations. Multiply line 39 by 21% (0.21)	•	<u> </u>	► 40		
41	_	Taxable at Trust Rates See instructions for tax computation. Income tax on the amount on I	line 39 from:				
		ax rate schedule or Schedule D (Form 1041)		•	2 41	8,9	917.
42		tax. See instructions			42		
43		ative minimum tax (trusts only)			43		
44		Noncompliant Facility Income See Instructions			44		
45		Add lines 42, 43, and 44 to line 40 or 41, whichever applies		-	7 45	8,9	917.
Part		Tax and Payments			1	•	
46 a	Foreign	n tax credit (corporations attach Form 1118; trusts attach Form 1116)	46a				
	_	credits (see instructions)	46b		7 1		
C		Il business credit. Attach Form 3800	46c		T		
		for prior year minimum tax (attach Form 8801 or 8827)	46d		-		
		redits Add lines 46a through 46d			46e		
47		ct line 46e from line 45			47	8,9	17.
48		axes. Check if from: Form 4255 Form 8611 Form 8697 Form 886	6 Other (a	ttach schedule	- 4 1		
49		ax. Add lines 47 and 48 (see instructions)	о <u> </u>	l	1 49	8.9	17.
50		et 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3			50	- , -	0.
		nts: A 2018 overpayment credited to 2019	51a		- ''		
	-	stimated tax payments	51b		⊣ 1		
		posited with Form 8868	51c		-1		
		n organizations: Tax paid or withheld at source (see instructions)	51d				
	_	withholding (see instructions)	51e				
		for small employer health insurance premiums (attach Form 8941)	51f		_		
		redits, adjustments, and payments: Form 2439	311				
y		orm 4136 Other Total	51a				
52		ayments. Add lines 51a through 51g	O I g		<u> </u>		
53	•	ted tax penalty (see instructions). Check if Form 2220 is attached		9	8 53		53.
54			EMENT 3		9 54	8.0	70.
55		lyment If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	DIIDI(I)		55	0,3	701
56	•	ne amount of line 55 you want: Credited to 2020 estimated tax	Dof	ınded 🕨	56	_	
Part		Statements Regarding Certain Activities and Other Information			1 40		
57		time during the 2019 calendar year, did the organization have an interest in or a signature or o				Yes	No
31	-	financial account (bank, securities, or other) in a foreign country? If "Yes," the organization ma	-			163	 ""
		Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the fore	-				
	here	Total 114, hepoit of foleigh bank and financial Accounts. If ites, enter the hame of the fole	agii counti y				X
£0		the tax year, did the organization receive a distribution from, or was it the grantor of, or transf	foror to a foroign	s truct?			X
58	-	the tax year, and the organization receive a distribution from, or was it the grantor or, or transit see instructions for other forms the organization may have to file.	ieror to, a foreigi	i ii usi r			+
E0.		ne amount of tax-exempt interest received or accrued during the tax year \$					
59		ne amount of tax-exempt interest received of accrued during the tax year. p p p p p p	ments and to the h	est of my knov	vledge and help	ef it is true	
Sign	cc	orrect, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer h	nas any knowledge	-	ricage and bon	oi, it is a ac,	
Here		/\u \(\bar{\alpha}\)				iscuss this return	with
		Signature of officer Date CIO			the preparer s instructions)?	hown below (see	¬ " [
)b = =1:		A TES	No
		Print/Type preparer's name Preparet's signature Date		Check	if PTIN		
Paid	1		10 loke s	elf- employe		0040643	,
Prep	arer	GREGORY D. OWENS GREGORY D. OWENS				0048643	
Use	Only	Firm's name ► KELLER & OWENS, LLC		Firm's EIN	<u>48</u>	<u>-119522</u>	<u>ರ</u>
		10955 LOWELL AVE, STE 800			(010)	222	0.0
		Firm's address ► OVERLAND PARK, KS 66210		Phone no.		338-35	
923711 (1-27-20					Form 990-T	(2019)

Schedule A - Cost of Good	s Sold. Enter	method of inve	ntory va	luation N/A		-			
1 Inventory at beginning of year	1			Inventory at end of year	ar		6		
2 Purchases	2			Cost of goods sold S	ubtract	line 6			
3 Cost of labor	3			from line 5. Enter here	and in	Part I,]	
4a Additional section 263A costs				line 2			7		
(attach schedule)	4a		8	Do the rules of section	263A (with respect to		Yes	No
b Other costs (attach schedule)	4b		_	property produced or a	acquired	d for resale) apply to			
5 Total Add lines 1 through 4b	5			the organization?		·····		_,	
Schedule C - Rent Income (see instructions)	(From Real I	Property and	d Pers	onal Property L	.ease	d With Real Prop	erty)		
<u> </u>								-	
1 Description of property		··- <u>-</u>							
(1)									
(2)				<u> </u>					
(3)		·				<u>. </u>			
(4)									
		ed or accrued				2/a) Dadustiana dusath			
rent for personal property is more than			personal p	nal property (if the percenta property exceeds 50% or if d on profit or income)	ge	3(a) Deductions directly columns 2(a) ar	connec nd 2(b) (a	attach schedule)	1
(1)				<u></u> :					
(2)									
(3)									
(4)			-						
Total	0.	Total		-	0.				
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column		ter •			0.	(b) Total deductions Enter here and on page 1, Part I, line 6, column (B)	•		0.
Schedule E - Unrelated Deb	ot-Financed	Income (see	ınstruc	tions)				-	
			,	Gross income from		3 Deductions directly cont to debt-finance			
1. Description of debt-fir	anned property			or allocable to debt-	(a)	Straight line depreciation	T Prop	(b) Other deduction	
1. Description of dept-in	nanced property			financed property	` ′	(attach schedule)	İ	(attach schedule)	
(1)			+				+		
(2)			+				+		
(3)			+				+		
(4)			+						
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-finan	adjusted basis llocable to aced property schedule)	6.	Column 4 divided by column 5		7 Gross income reportable (column 2 x column 6)	(8 Allocable deduction of a total of column 6 x total of column 3(a) and 3(b))	
(1)			 	%					
(2)			 	% %			+		
(3)			1	%					
(4)			1	%					
			1			nter here and on page 1, Part I, line 7, column (A)		inter here and on page Part I, line 7, column (I	
Tatala				_	·	0		(
Totals Total dividends-received deductions in	ioliidad io ooliima	Ω		▶!		<u> </u>	+		0.
TOTAL CINCIPELLISTIES ELEVED DEDITCHOUS III	waaasa aa comiiliili	()							

Form **990-T** (2019)

Schedule F - Interest,	,	_, _,_,_,		pt Controlled ((see ins		-,	
1 Name of controlled organi	zation	2 Empl identifica numbi	ition (loss)	unrelated income (see instructions)	4. Tot payr	tal of specified ments made	5 Part of column 4 that is included in the controlling organization's gross income		olling	6. Deductions directly connected with income in column 5	
(1)											
_(2)											
(3)					ļ						
(4)											
Nonexempt Controlled Orga	inizations										
7. Taxable Income		nrelated income see instructions)	(loss) 9 . T	otal of specified pay made	rments	10 Part of colur in the controlli gross	mn 9 that is ing organiz s income	s included ation's	11. Der with	ductions directly connected income in column 10	
(1)											
(2)	_										
(3)											
(4)											
						Add colum Enter here and line 8, c		1	Enter h	d columns 6 and 11 ere and on page 1, Part I, line 8, column (B)	
Totals					▶			0.		0.	
Schedule G - Investm	ent Incon structions)	ne of a Se	ection 501(c)(7), (9), or	(17) Org	ganization	-				
1. De	escription of incor	me		2 Amount o	f income	 Deduction directly connected (attach sched) 	cted	4. Set-a (attach so		5 Total deductions and set-asides (col 3 plus col 4)	
(1)				_					-		
(2)		_									
(3)					-						
(4)				F-1 b						Take have and an area 1	
				Enter here and Part I, line 9, co						Enter here and on page 1, Part I, line 9, column (B)	
Takala					0.					0.	
Totals Schedule I - Exploited	d Exempt	Activity I	ncome, Oth	er Than Ad		g Income					
Description of exploited activity	2 G unrelated income trade or b	business e from	3. Expenses directly connected with production of unrelated business income	4 Net incol from unrelate business (c minus colum gain, compu- through	d trade or olumn 2 in 3) If a ie cols 5	5 Gross inco from activity the is not unrelate business income	hat ed	6 Expe attributal colum	ble to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1)			-							-	
(2)											
(3)											
(4)	Enter here page 1, line 10, c	Part I, col (A)	Enter here and on page 1, Part I, line 10, col (B)							Enter here and on page 1, Part II, line 25	
Totals	<u> </u>	0.								0.	
Schedule J - Advertis Part I Income From			tructions) ted on a Co	nsolidated	Basis					-	
			1	4 A etua	tising gain	T	Т			7 Excess readership	
1. Name of periodical		2. Gross advertising income	3 Direct advertising con	or (loss) (o sts col 3) If a g	tising gain of 2 minus ain, compute hrough 7	5. Circulati income		6 Reader costs		costs (column 6 minus column 5, but not more than column 4)	
(1)			1								
(2)			_		,						
(3)			 								
(4)			+			 					
Totals (carry to Part II, line (5))	•	0		0.						0. Form 990-T (2019)	

13

|Part||I|| 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) 4 Advertising gain or (loss) (col 2 minus 7. Excess readership 2. Gross advertising costs (column 6 minus column 5, but not more Direct 5 Circulation 6 Readership 1. Name of periodical col 3) If a gain, compute cols 5 through 7 advertising costs ıncome costs ıncome than column 4) (1) (2) (3) (4) 0. 0. 0. Totals from Part I Enter here and on page 1, Part I, line 11, col (B) Enter here and Enter here and on page 1, Part I, line 11, col (A) on page 1, Part II, fine 26 0 0. Totals, Part II (lines 1-5)

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 (2019)

SCHEDULE I

Department of the Treasury

Name of estate or trust

Alternative Minimum Tax - Estates and Trusts

► Attach to Form 1041.

► Go to www.irs.gov/Form1041 for instructions and the latest information.

OMB No 1545-0092

2019

Employer identification number

IM	IPACT INVESTING CHARITABLE TRUST	81-2375745	
Pa	artill Estate's or Trust's Share of Alternative Minimum Taxable Income		
1	Adjusted total income or (loss) (from Form 1041, line 17) ESBTs, see instructions	1 36,67	<u>3.</u>
2	Interest	2	
3	Taxes	3	
4	Refund of taxes	4 ()
5	Depletion (difference between regular tax and AMT)	5	
6	Net operating loss deduction. Enter as a positive amount	6	
7	Interest from specified private activity bonds exempt from the regular tax	7	
8	Qualified small business stock (see instructions)	8	
9	Exercise of incentive stock options (excess of AMT income over regular tax income)	9	
10	Other estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A)	10	
11	Disposition of property (difference between AMT and regular tax gain or loss)	11	
12	Depreciation on assets placed in service after 1986 (difference between regular tax and AMT)	12	
13	Passive activities (difference between AMT and regular tax income or loss)	13	
14	Loss limitations (difference between AMT and regular tax income or loss)	14	
15	Circulation costs (difference between regular tax and AMT)	15	
16	Long-term contracts (difference between AMT and regular tax income)	16	
17	Mining costs (difference between regular tax and AMT)	17	
18	Research and experimental costs (difference between regular tax and AMT)	18	
19	Income from certain installment sales before January 1, 1987	19 ()
20	Intangible drilling costs preference	20	
21	Other adjustments, including income-based related adjustments	21 -7,13	5.
22	Alternative tax net operating loss deduction (See the instructions for the limitation that applies)	22 ()
23	Adjusted alternative minimum taxable income Combine lines 1 through 22	23 29,53	<u>8.</u>
	Note: Complete Part II below before going to line 24		
24	, and the second of the second		
25	Estate tax deduction (from Form 1041, line 19) N/A 25		
26	Add lines 24 and 25	26	
27	Estate's or trust's share of alternative minimum taxable income. Subtract line 26 from line 23	27 29,53	<u>8.</u>
	If line 27 is		
	• \$25,000 or less, stop here and enter -0- on Form 1041, Schedule G, line 1c The estate or trust isn't		
	liable for the alternative minimum tax		
	 Over \$25,000, but less than \$183,500, go to line 43 		
	• \$183,500 or more, enter the amount from line 27 on line 49 and go to line 50		
	ESBTs, see instructions		
(Pa	artilli Income Distribution Deduction on a Minimum Tax Basis N/A	<u> </u>	
28	Adjusted alternative minimum taxable income (see instructions)	28	

Pa	Partill Income Distribution Deduction on a Minimum Tax Basis N/A								
28	Adjusted alternative minimum taxable income (see instructions)	28							
29	Adjusted tax-exempt interest (other than amounts included on line 7)	29	_						
30	Total net gain from Schedule D (Form 1041), line 19, column (1) If a loss, enter -0-	30							
31	Capital gains for the tax year allocated to corpus and paid or permanently set aside for charitable								
	purposes (from Form 1041, Schedule A, line 4)	31	<u>.</u>						
32	Capital gains paid or permanently set aside for charitable purposes from gross income (see instructions)	32							
33	Capital gains computed on a minimum tax basis included on line 23	33	(
34	Capital losses computed on a minimum tax basis included on line 23. Enter as a positive amount	34							
35	Distributable net alternative minimum taxable income (DNAMTI) Combine lines 28 through 34 If zero								
	or less, enter -0-	35							
36	Income required to be distributed currently (from Form 1041, Schedule B, line 9)	36							
37	Other amounts paid, credited, or otherwise required to be distributed (from Form 1041, Schedule B, line 10)	37							
38	Total distributions Add lines 36 and 37	38	·						
39	Tax-exempt income included on line 38 (other than amounts included on line 7)	39							
40	Tentative income distribution deduction on a minimum tax basis. Subtract line 39 from line 38	40							

Schedule I (Form 1041) (2019)

Sch	edule (Form 1041) (2019) IMPACT INVESTING CHARITABLE	81-2375745 Page 2			
Pa	nt II Income Distribution Deduction on a Minimum Tax Basis	(conti	nued)	N/A	
41	Tentative income distribution deduction on a minimum tax basis. Subtract line 29	from li	ne 35		
	If zero or less, enter -0			41	
42	Income distribution deduction on a minimum tax basis. Enter the smaller of line	e 40 o	r line 41		
	Enter here and on line 24			42	
Pá	rt III Alternative Minimum Tax			<u> </u>	·
43	Exemption amount			43	\$25,000
44	Enter the amount from line 27	44	29,538	<u>.</u>	
45	Phase-out of exemption amount	45	\$83,500	」 │	
46	Subtract line 45 from line 44 If zero or less, enter -0-	46			
47	Multiply line 46 by 25% (0 25)			47	0.
48	Subtract line 47 from line 43 If zero or less, enter -0-			48	25,000.
49	Subtract line 48 from line 44			49	4,538.
50	Go to Part IV of Schedule I to figure line 50 if the estate or trust has qualified dividends or has	s a gan	on lines 18a and 19		
	of column (2) of Schedule D (Form 1041) (as refigured for the AMT, if necessary). Otherwise	e, if line	: 49 is:		
	• \$194,800 or less, multiply line 49 by 26% (0 26)				4 400
	 Over \$194,800, multiply line 49 by 28% (0 28) and subtract \$3,896 from the resu 	lt		50	1,180.
51	Alternative minimum foreign tax credit (see instructions)			51	1 100
52	Tentative minimum tax Subtract line 51 from line 50			52	1,180.
53	Enter the tax from Form 1041, Schedule G, line 1a (minus any foreign tax credit from Form 1041).	53	8,917.		
54	Alternative minimum tax. Subtract line 53 from line 52 If zero or less, enter -0-	nter h	ere and on		^
D.	Form 1041, Schedule G, line 1c			54	0.
F	rt IV Line 50 Computation Using Maximum Capital Gains Rate		M1	т т	
	Caution: If you didn't complete Part V of Schedule D (Form 1041), the Schedule D		•		
	or the Qualified Dividends Tax Worksheet in the Instructions for Form 1041, see the	e msu	uctions		
55	before completing this part Enter the amount from line 49			55	
56	Enter the amount from line 26 of Schedule D (Form 1041), line 13 of the Schedule D Tax			35	
50	Worksheet, or line 4 of the Qualified Dividends Tax Worksheet in the Instructions for				
	Form 1041, whichever applies (as refigured for the AMT, if necessary)	56			
57	Enter the amount from Schedule D (Form 1041), line 18b, column (2)				
-	(as refigured for the AMT, if necessary) If you didn't complete				
	Schedule D for the regular tax or the AMT, enter -0-	57			
58	If you didn't complete a Schedule D Tax Worksheet for the regular tax or the				
	AMT, enter the amount from line 56 Otherwise, add lines 56 and 57 and enter				
	the smaller of that result or the amount from line 10 of the Schedule D Tax				
	Worksheet (as refigured for the AMT, if necessary)	58			
59	Enter the smaller of line 55 or line 58			59	
60	Subtract line 59 from line 55			60	
61	If line 60 is \$194,800 or less, multiply line 60 by 26% (0 26) Otherwise, multiply line	60 by	y		
	28% (0 28) and subtract \$3,896 from the result		•	61	
62	Maximum amount subject to the 0% rate	62	\$2,650	_	
63	Enter the amount from line 27 of Schedule D (Form 1041), line 14 of the Schedule D				
	Tax Worksheet, or line 5 of the Qualified Dividends Tax Worksheet in the Instructions				
	for Form 1041, whichever applies (as figured for the regular tax). If you didn't	,			
	complete Schedule D or either worksheet for the regular tax, enter the amount				
	from Form 1041, line 23; if zero or less, enter -0-	63		⊣ ∣	
64	Subtract line 63 from line 62 If zero or less, enter -0-	64		⊣	
65	Enter the smaller of line 55 or line 56	65		⊣	
66	Enter the smaller of line 64 or line 65. This amount is taxed at 0%	66		-	
<u>67</u>	Subtract line 66 from line 65	67			

919862 12-13-19

Schedule I (Form 1041) (2019)

82 If line 55 is \$194,800 or less, multiply line 55 by 26% (0 26) Otherwise, multiply line 55 by 28% (0 28)

81

82

81 Add lines 61, 74, 77, and 80

and subtract \$3,896 from the result

83 Enter the smaller of line 81 or line 82 here and on line 50

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

INVESTMENTS; FLOW-THROUGH UNRELATED INCOME

TO FORM 990-T, PAGE 1

FOOTNOTES

STATEMENT 2

CONTROLLED FOREIGN PARTNERSHIP REPORTING

THE TAXPAYER MAY BE REQUIRED TO FILE U.S. FORM 8865, BUT IS NOT DOING SO UNDER THE CONSTRUCTIVE OWNERSHIP EXCEPTION.

THE TAXPAYER HAS AN INTEREST IN MICROVEST SHORT DURATION FUND, LP, 7315 WISCONSIN AVENUE, SUITE 300W, BETHESDA, MD 20814. EIN: 27-2981077, WHICH FILED FORM 8865S OR WAS A PARTNER IN FUNDS THAT FILED FORM 8865S FOR THE YEAR ENDED 12/31/2019.

FORM 990-T	INTERES	T AND PENAL	TIES			STA	TEMENT	3
TAX FROM FORM 99 UNDERPAYMENT F LATE PAYMENT F LATE PAYMENT F	PENALTY INTEREST						9	17 53 91 23
TOTAL AMOUNT DUE	3						9,28	34
FORM 990-T	LAT	E PAYMENT I	NTERE	ST		STA	TEMENT 4	<u> </u>
DESCRIPTION	DATE	AMOUNT	BAL.	ANCE	RATE	DAYS	INTERES	3T
TAX DUE DATE FILED	07/15/20 11/16/20	8,917.		8,917. 9,008.	.0300	124	9	91.
TOTAL LATE PAYMEN	T INTEREST						9	91.
FORM 990-T	LATE	PAYMENT PEI	NALTY			STA	TEMENT !	<u></u> 5
DESCRIPTION	DATE	AMOUNT		BALANCE	M	ONTHS	PENALTY	<u> </u>
TAX DUE DATE FILED	07/15/2 11/16/2		17.	8,91 8,91		5	22	23.
TOTAL LATE PAYMEN	IT PENALTY					_	22	23.

FORM 990-T	OTHER DEDUCTIONS	STATEMENT 6
DESCRIPTION		AMOUNT
QUALIFIED BUSINESS INC	OME DEDUCTION	7,135.
TOTAL TO FORM 990-T, PA	AGE 2, LINE 38	7,135.

Unrelated Business Taxable Income from an

Unrelated Trade or Business

► 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).

For calendar year 2019 or other tax year beginning

OMB No 1545-0047

1

501(c)(3) Organizations Only

Department of the Treasury Internal Revenue Service Name of the organization

IMPACT INVESTING CHARITABLE TRUST

Employer identification number

ENTITY

81-2375745

Ĺ	Inrelated Business Activity Code (see instructions)	531120				
	Describe the unrelated trade or business NVI	STMENT	rs;	FLOW-THROUGH	UNRELATED	INCOME
Pa	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			
4 a	Capital gain net income (attach Schedule D)		4a			
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form	4797)	4b			
С	Capital loss deduction for trusts		4c			
5	Income (loss) from a partnership or an S corporation (at	tach				
	statement) STATEMENT 7		5	-186,425.		-186,425.
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	-186,425.		-186,425.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (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	Depreciation (attach Form 4562)	20			
21	Less depreciation claimed on Schedule A and elsewhere on return	21a		21b	
22	Depletion	·		22	
23	Contributions to deferred compensation plans			23	
24	Employee benefit programs			24	
25	Excess exempt expenses (Schedule I)			25	
26	Excess readership costs (Schedule J)			26	
27	Other deductions (attach schedule)			27	
28	Total deductions. Add lines 14 through 27			28	<u>0.</u>
29	Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13				-186,425.
30	Deduction for net operating loss arising in tax years beginning on or after January 1	2018 (see		
	instructions)			30	0.
31	Unrelated business taxable income Subtract line 30 from line 29			31	-186,425.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2019

FORM 990-T (M)	INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 7
DESCRIPTION		NET INCOME OR (LOSS)
VERDE BEEF - ORDINARY BUSINESS INCOME (LOSS) SUN MOUNTAIN RANCH LLC - ORDINARY BUSINESS INCOME (LOSS)		-151,550. -9,104.
(LOSS)	III, LLC - ORDINARY BUSINESS INCOME	-25,771.
TOTAL INCLUDED ON SC	HEDULE M, PART I, LINE 5	-186,425.

Department of the Treasury

Unrelated Business Taxable Income from an

Unrelated Trade or Business

For calendar year 2019 or other tax year beginning

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

OMB No 1545-0047

ENTITY

2

Open to Public Inspection for

Name	e of the organization	may D	e made public il your organi	Employer iden	tification	
	IMPACT INVESTING CHARITABLE TRUST 81-23			757 <u>4</u>	45	
ι	Unrelated Business Activity Code (see instructions) > 52300					
	Describe the unrelated trade or business RENTAL RE	AL :	ESTATE			
Pa	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) STATEMENT 8 STATEMENT 9	5	34,052.			34,052.
6	Rent income (Schedule C)	6			ĺ	
7	Unrelated debt-financed income (Schedule E)	7			Î	
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	34,052.			34,052.
	Deductions Not Taken Elsewhere (See instruction directly connected with the unrelated business income directly connected with the unrelated business in the unit of the unrelated business in the unit of the unit	ons f come	or limitations on ded e.)	luctions.) (Dedi		ns must be
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				-	18	
19	Taxes and licenses		1 00 1	-	19	
20	Depreciation (attach Form 4562)		20		21b	
21 22	_ `			22		
	Depletion Contributions to deferred companyation plans			-		
23 24	· · · · · · · · · · · · · · · · · · ·			23	-	
	Employee benefit programs			<u> </u>	24	
25 26	Excess exempt expenses (Schedule I)			}	25	
26 27	Excess readership costs (Schedule J) Other deductions (attach schedule)				26	
27 20	Other deductions (attach schedule)			-	27	0.
28 29	Total deductions. Add lines 14 through 27 Unrelated business taxable income before net operating loss deductions.	tion C	Subtract line 20 from line :	, <u>,</u> }	28 29	34,052.
2 9 30				'` -	23	<u> </u>
3 0	Deduction for net operating loss arising in tax years beginning on or	ומונפו	January 1, 2010 (See	L		

LHA For Paperwork Reduction Act Notice, see instructions.

Unrelated business taxable income Subtract line 30 from line 29

Schedule M (Form 990-T) 2019

30

instructions)

		
FORM 990-T (M)	INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 8
DESCRIPTION	1	NET INCOME OR (LOSS)
KNIGHTVEST ASHEVIL	LE - ORDINARY BUSINESS INCOME (LOSS)	-7,330
TOTAL INCLUDED ON	SCHEDULE M, PART I, LINE 5	-7,330.
FORM 990-T (M)	INCOME (LOSS) FROM S CORPORATIONS	STATEMENT 9
DESCRIPTION		NET INCOME OR (LOSS)
GREATER GOOD REAL INCOME	ESTATE, LLC - NET RENTAL REAL ESTATE	41,382
		,

Unrelated Business Taxable Income from an Unrelated Trade or Business

ап	d e	ndı	na	

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Department of the Treasury Internal Revenue Service

For calendar year 2019 or other tax year beginning ► 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).

ENTITY

OMB No 1545-0047

3

501(c)(3) Organizations Only

Name of the organization IMPACT INVESTING CHARITABLE TRUST		Employer identification number $81-2375745$		
Unrelated Business Activity Code (see instructions) > 5230		11(001	1 01 237373	
Describe the unrelated trade or business CASCADE		ESS		
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)	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 instrudent directly connected with the unrelated business		limitations on ded	uctions.) (Deduction	ns must be
14 Compensation of officers, directors, and trustees (Schedule K)	4 Compensation of officers, directors, and trustees (Schedule K)			
15 Salaries and wages			15	
16 Repairs and maintenance			16	
17 Bad debts			17	
18 Interest (attach schedule) (see instructions)			18	

LHA For Paperwork Reduction Act Notice, see instructions.

Unrelated business taxable income. Subtract line 30 from line 29

Less depreciation claimed on Schedule A and elsewhere on return

Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13

Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see

Schedule M (Form 990-T) 2019

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Taxes and licenses

Depletion

instructions)

Depreciation (attach Form 4562)

Employee benefit programs

Contributions to deferred compensation plans

Excess exempt expenses (Schedule I)

Excess readership costs (Schedule J)

Total deductions. Add lines 14 through 27

Other deductions (attach schedule)

Unrelated Business Taxable Income from an

Unrelated Trade or Business

For calendar year 2019 or other tax year beginning

OMB No 1545-0047

ENTITY

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

-	Triment of the Treasury al Revenue Service 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	
				nployer identification number 81-2375745		
	Unrelated Business Activity Code (see instructions) 23000 Describe the unrelated trade or business FLOORING		FACES			
=	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				
С	Capital loss deduction for trusts	4c				
5	Income (loss) from a partnership or an S corporation (attach statement) STATEMENT 10	5	45,426.		45,426.	
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	45,426.		45,426.	
Pa	directly connected with the unrelated business inc				ons must be	
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				
19	1					
20	Depreciation (attach Form 4562)			045	1	
21	Less depreciation claimed on Schedule A and elsewhere on return 21a			21b		
22	Depletion Contributions to deferred compensation plans			23		
23	Contributions to deferred compensation plans			23		
24 25	Employee benefit programs			25	 	
26	Excess exempt expenses (Schedule I) Excess readership costs (Schedule J)			26		
20 27	, , ,			27		

LHA For Paperwork Reduction Act Notice, see instructions.

Unrelated business taxable income Subtract line 30 from line 29

Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13

Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see

Total deductions. Add lines 14 through 27

Schedule M (Form 990-T) 2019

45,426.

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instructions)

FORM 990-T (M) INCOME (LOSS) FROM PARTNERS	HIPS STATEMENT 10
DESCRIPTION	NET INCOME OR (LOSS)
EVERSEAL COATINGS LLC - ORDINARY BUSINESS INCOME (LC	OSS) 45,426.
TOTAL INCLUDED ON SCHEDULE M, PART I, LINE 5	45,426.