EXTENDED TO NOVEMBER 15, 2019 Return of Private Foundation

Form 990-PF Department of the Treasury

or Section 4947(a)(1) Trust Treated as Private Foundation Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990PF for instructions and the latest information.

OMB No. 1545-0052

For calendar year 2018 or tax year beginning MAR 8, 2018 DEC 31 2018 , and ending A Employer identification number Name of foundation MASTERCARD IMPACT FUND 82-4717403 Number and street (or P.O. box number if mail is not delivered to street address) B Telephone number (914) 249-2000 2000 PURCHASE STREET City or town, state or province, country, and ZIP or foreign postal code C If exemption application is pending, check here 10577-2405 PURCHASE, NY G Check all that apply: X Initial return Initial return of a former public charity D 1. Foreign organizations, check here Final return Amended return Foreign organizations meeting the 85% test, check here and attach computation Address change Name change X Section 501(c)(3) exempt private foundation H Check type of organization: E If private foundation status was terminated Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation under section 507(b)(1)(A), check here ...> I Fair market value of all assets at end of year | J | Accounting method: | Cash X Accrual F If the foundation is in a 60-month termination Other (specify) under section 507(b)(1)(B), check here ...> (from Part II, col. (c), line 16) 97,086,527. (Part I, column (d) must be on cash basis.) ▶\$ Part | Analysis of Revenue and Expenses (d) Disbursements or charitable purposes (cash basis only) (b) Net investment (c) Adjusted net (a) Revenue and (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).) expenses per books income income 100,000,000 Contributions, gifts, grants, etc., received if the foundation is not required to attach Sch. B Interest on savings and temporary cash investments 1,264,699. 1,264,699 4 Dividends and interest from securities 5a Gross rents Net rental income or (loss) 68 Net gain or (loss) from sale of assets not on line 10 b Gross sales price for all assets on line 6a 7 Capital gain net income (from Part IV, line 2) 8 Net short-term capital gain 9 Income modifications Gross sales less returns and allowances 1 Less: Cost of goods sold c Gross profit or (loss) 11 Other income 264,699 1,264,699 0. Total, Add lines 1 through 11 0. 0. 13 Compensation of officers, directors, trustees, etc. 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees b Accounting fees STMT 1 61,219. 0. 0. 61,219. 283,909 0. 0. 140.063. c Other professional fees STMT 2 17 Interest 26,344. 18 Taxes STMT 3 0. 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 617. 0. 23 Other expenses STMT 4 0. 0. 24 Total operating and administrative 201,282. 372,089. 0. expenses. Add lines 13 through 23 5,200,893. 4,867,351. 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. 5,402,175. 5,239,440. 0. Add lines 24 and 25 27 Subtract line 26 from line 12: 96,025,259. & Excess of revenue over expenses and disbursements 1,264,699 b Net investment income (if negative, enter -0-) 0. c Adjusted net income (if negative, enter -0-) .

823501 12-11-18 LHA For Paperwork Reduction Act Notice, see instructions.

Б	art	Balance Sheets Attached schedules and amounts in the description	Beginning of year		of year
	aı L	column should be for end-of-year amounts only.	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing		100,000.	
	2	Savings and temporary cash investments		95,709,961.	95,709,961.
	3	Accounts receivable			Andread and the second and the secon
		Less; allowance for doubtful accounts			
	4	Pledges receivable		5	
		Less; allowance for doubtful accounts			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons			
	7	Other notes and loans receivable		11077003 (1001014100) (10010141)	
		Less; allowance for doubtful accounts			
Ø	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges		44,400.	44,400.
As	10a	Investments - U.S. and state government obligations			
	Ь	Investments - corporate stock			
		Investments - corporate bonds			
	11	Investments - land, buildings, and equipment: basis		E.45 (2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	\$6.00 may 1.00 may 1
		Less: accumulated depreciation			
	12	Investments - mortgage loans			
		Investments - other			
	14	Land, buildings, and equipment; basis			
		Less; accumulated depreciation			
	15	Other assets (describe ► ADVANCES ON CONDITI)	0.	1,232,166.	1,232,166.
	16	Total assets (to be completed by all filers - see the			
		instructions. Also, see page 1, item I)	0.	97,086,527.	97,086,527.
	17	Accounts payable and accrued expenses		170,190.	
	18	Grants payable		898,624.	(-1: 00) (50) (70) (70) (40) (40)
တ္ဆ	19	Deferred revenue			Conference and Confer
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			226 236 246 256 256 256 256 256 256 256 256 256 25
abi	21	Mortgages and other notes payable			000000000000000000000000000000000000000
	22	Other liabilities (describe			\$5555 a.a
				4 050 044	
_	23	Total Habilities (add lines 17 through 22)	0.	1,068,814.	20 000 000 000 000 000 000 000 000 000
		Foundations that follow SFAS 117, check here X		,	\$1.48 \$20 \$20 \$0
		and complete lines 24 through 26, and lines 30 and 31.		06 045 540	30.70.25.25.20
ances		Unrestricted	0.	96,017,713.	
a	Į.	Temporarily restricted			22
Ba	26	Permanently restricted			664/35
Net Assets or Fund Bal	l	Foundations that do not follow SFAS 117, check here			Section Company of the Company of th
ιÏ		and complete lines 27 through 31.			200243000000000000000000000000000000000
S.	27	Capital stock, trust principal, or current funds			
set	28	Paid-in or capital surplus, or land, bldg., and equipment fund			76.7 (10.0) 10.0 (10.0) 10.0 (10.0) 10.0 (10.0) 10.0 (10.0)
ķ	29	Retained earnings, accumulated income, endowment, or other funds \dots		06 017 713	
Š	30	Total net assets or fund balances	0.	96,017,713.	CONTROL SECURITION OF THE SECURITION OF T
			_	97,086,527.	
_	31	Total liabilities and net assets/fund balances		97,000,527.	
	art			· · · · · · · · · · · · · · · · · · ·	
		net assets or fund balances at beginning of year - Part II, column (a), line			_
		et agree with end-of-year figure reported on prior year's return)		1	0.
		amount from Part I, line 27a		2	96,025,259.
		r increases not included in line 2 (itemize)			0.
		lines 1, 2, and 3			96,025,259.
		eases not included in line 2 (itemize) UNREALIZED LOS		5	7,546. 96,017,713.
6	Tota	net assets or fund balances at end of year (line 4 minus line 5) - Part II, c	oiumn (b), line 30		Form 900-DF (1019)

Part IV Capital Gains a	nd Losses for Tax on	Investment	Income							
(a) List and describe t 2-story brick wai	he kind(s) of property sold (for e ehouse; or common stock, 200	example, real esta shs. MLC Co.)	ite,	(b) H	low ac - Purc - Dona	quired hase ation	(c) Date a	equired ly, yr.)	(d) Date so (mo., day,)	
1a					_					
b NOI	JE		****	<u> </u>						
C				<u> </u>						
<u>d</u>				<u> </u>						
<u>e</u>	AND THE STATE OF THE STATE OF	(1) (2)		1			/b) C/	in or /loss	\	
(e) Gross sales price	(f) Depreciation allowed (or allowable)		st or other basis expense of sale					in or (loss (f) minus		
a										
<u>b</u>										
C										
<u>d</u>									•••	
Complete only for assets showing	r gain in column (h) and owned	by the foundation	on 12/31/60	-			(I) Gaine (C	ol (b) gain	minue	
Complete only for assets showing			xcess of col. (i)	_		C	(I) Gains (C ol. (k), but n	ot less that	n -0-) or	
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69		col. (j), if any				Losses	from col. (h))	
a										
<u>b</u>				_						
6										
d										
e				╮┤						
2 Capital gain net income or (net cap	If gain, also e (if (loss), ente	nter in Part I, line r -0- in Part I, line	· 7 • 7	. }	2					
3 Net short-term capital gain or (los	s) as defined in sections 1222(5) and (6):								
If gain, also enter in Part I, line 8,	column (c).			 						
If (loss), enter -0- in Part I, line 8.	-d CH 4040(a) 4	Daduard	Toy on Not	ال	3	ont Inc	- Ama			
Part V Qualification Ur						BIIL IIIC	OITIE		37 / 3	
(For optional use by domestic private	foundations subject to the section	on 4940(a) tax on	net investment in	come.	.)				N/A	
If section 4940(d)(2) applies, leave th	is part blank.									
Was the foundation liable for the secti			-	iod?				• • • • • • • • • • • • • • • • • • • •	Yes	No
If "Yes," the foundation doesn't qualify 1 Enter the appropriate amount in e				ntries						
	(b)	O III BUI BUILDING	i i i i i i i i i i i i i i i i i i i	(c)					(d) oution ratio	
(a) Base period years Calendar year (or tax year beginnin	Adjusted qualifying	distributions	Net value of no			use asset	s ,	Distril col. (b) div	oùtion ratio /ided by col. (c))	ì
2017	91117							\.,,		
2016										
2015										
2014										
2013										
2 Total of line 1, column (d)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						. 2			
3 Average distribution ratio for the 5										
the foundation has been in existen	ce if less than 5 years						. 3			
4 Enter the net value of noncharitable	e-use assets for 2018 from Part	X, line 5	••••••				4			
5 Multiply line 4 by line 3	•					******	. 5			
0.5.4.40/	. (40) - (David 1 180 - 07h)	-								
6 Enter 1% of net investment incom	e (1% 01 mart 1, 110e 270)						6			
7 Add lines 5 and 6							. 7			
8 Enter qualifying distributions from							. 8			
If line 8 is equal to or greater than See the Part VI instructions.	line 7, check the box in Part VI,	line 1b, and comp	olete that part usin	g a 1%	% tax r	ate.				

Pε	rt VII-A Statements Regarding Activities (continued)			
	Outranded)	5037/2CE310	Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of			
		44		x
	section 512(b)(13)? If "Yes," attach schedule. See instructions	11		Α_
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?			٠,,
	If "Yes," attach statement. See instructions	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
	Website address ► N/A			
14	The books are in care of ▶ TATE & TRYON Telephone no.▶ (202)	293	<u>-22</u>	00
	Located at ► 2021 L STREET, NW, SUITE 400, WASHINGTON, DC ZIP+4 ►20	0036		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here			
	and enter the amount of tax-exempt interest received or accrued during the year		/A	
16	At any time during calendar year 2018, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No
10	securities, or other financial account in a foreign country?	16		х
		38.00		
	See the instructions for exceptions and filling requirements for FinCEN Form 114. If "Yes," enter the name of the	355353		
ED.	foreign country ► Int VII-B Statements Regarding Activities for Which Form 4720 May Be Required	Vagnagen	Realization.	Village of
J.C		1956000960	Vaa	Ma
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	\$560 B\$500	Yes	No
1a	During the year, did the foundation (either directly or indirectly):			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person? Yes X No			:66-69
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? X Yes No	SECURE:		7,05,029
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	(\$100)		
	(5) Transfer any income or assets to a disqualified person (or make any of either available	1550000 500000		
	for the benefit or use of a disqualified person)?		21400000436 34353656	1654000000 1654000000000000000000000000000000000000
	(6) Agree to pay money or property to a government official? (Exception. Check "No"		9000000 8000000	
	if the foundation agreed to make a grant to or to employ the official for a period after		Ç024A	
	termination of government service, if terminating within 90 days.) Yes X No			
þ	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations	355(300)		₹7
	section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions	1b	(3503556)	X
	Organizations relying on a current notice regarding disaster assistance, check here	968.559		
C	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected	250000	See .	1976: 40)
	before the first day of the tax year beginning in 2018?	1c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation	900/ 4950 4460/4000		
	defined in section 4942(j)(3) or 4942(j)(5)):	35,4366		- 2000
а	At the end of tax year 2018, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning	300,000	5.00	
	before 2018? Yes X No		8.5916	
	If "Yes," list the years			
ħ	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect			
~	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach			e seu cel
	statement - see instructions.) N/A	2b	NESSENSES SALES	S1.045 E005-004
_	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.	2060-2000	\$3748316	N. S. S. S. S.
G		252 250		erosivice)
	<u> </u>	1900	84404	
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
	during the year? Yes X No	250000000		
b	If "Yes," did it have excess business holdings in 2018 as a result of (1) any purchase by the foundation or disqualified persons after	10000000		
	May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose			
	of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,			2025259
	Form 4720, to determine if the foundation had excess business holdings in 2018.)	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that			4000
•	had not been removed from jeopardy before the first day of the tax year beginning in 2018?	4b		Х
		rm 990)_DE	(0010)

5a During the year, the the localidation pay of inclinating all some to.				and the second second second second	2 2000 2000
(1) Carry on propaganda, or otherwise attempt to influence legislation (section		*************	es X No	2000 50	
(2) Influence the outcome of any specific public election (see section 4955); or					
any voter registration drive?			es X No		
(3) Provide a grant to an individual for travel, study, or other similar purposes?		Y	es X No	56 (65 50 50 6)	1052100
(4) Provide a grant to an organization other than a charitable, etc., organization					
4945(d)(4)(A)? See instructions		📖 Ү	es X No		(A330,384)
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or f	or			
the prevention of cruelty to children or animals?		🗀 Ұ	es X No		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	fer the exceptions described i	n Regulations		300 Sec. 500 Sec.	
section 53.4945 or in a current notice regarding disaster assistance? See instru	ctions		N/ <u>A</u>	5b	ļ
Organizations relying on a current notice regarding disaster assistance, check h	ere		▶∐		
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from					
expenditure responsibility for the grant?	<u>N</u>	[/A	es No		
If "Yes," attach the statement required by Regulations section 53.4945-5(d).				\$2050 2000	
6a Did the foundation, during the year, receive any funds, directly or indirectly, to p					
a personal benefit contract?		🔲 Y	es X No		
b Did the foundation, during the year, pay premiums, directly or indirectly, on a po	ersonal benefit contract?			6b	X
If "Yes" to 6b, file Form 8870.				73,000,000	
7a At any time during the tax year, was the foundation a party to a prohibited tax st		************	es X No		
b If "Yes," did the foundation receive any proceeds or have any net income attribute	table to the transaction?		N/.A	7b	<u> </u>
8 Is the foundation subject to the section 4960 tax on payment(s) of more than \$				10 00 00 00	1005789
excess parachute payment(s) during the year?		Y	es X No	50,550 1886.	# 4-000-0000 # 4-000-0000 # 4-000-0000
Part VIII Information About Officers, Directors, Truste	es, Foundation Mar	nagers, High i y	7		
Paid Employees, and Contractors					
1 List all officers, directors, trustees, and foundation managers and th		(c) Compensation	(cl) Contributions to	1-1 Ev	
(a) Name and address	(b) Title, and average hours per week devoted	(if not paid.	(d) Contributions to employee benefit plan and deferred	(e) Ex account	t, other
	to position	`enter'-0-)'	compensation	allowa	ances
			۱ ,	ļ	۸
SEE STATEMENT 7		0.	0	•	0.
			<u> </u>	+	
			<u> </u>		
2 Compensation of five highest-paid employees (other than those incl	udod on line 1). If none	ntor "NONE "	<u> </u>		
2 Compensation of live highest-paid employees (other than those incr	(b) Title, and average	enter NOINE.	(d) Contributions to	(e) Ex	oense
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plan and deferred	(e) Ex account allowa	, other
NONE	devoted to position		compensation	allowe	211665
MOME					
			1		
		,			
				+	
				-	
T. I. Turning of other amplement noid are 000,000			<u> </u>		0
Total number of other employees paid over \$50,000			Enr	m 990-PF	_
			1-01	000	(2010)

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign fou	ndations	, see instructions.)
1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:	50.000	
a Average monthly fair market value of securities	1a	0.
b Average of monthly cash balances	1b	99,075,952.
c Fair market value of all other assets	10	0.
d Total (add lines 1a, b, and c)	1d	99,075,952.
e Reduction claimed for blockage or other factors reported on lines 1a and		
ic (attach detailed explanation) <u>1e 0.</u>	905-000 100-000	
2 Acquisition indebtedness applicable to line 1 assets	2	0.
3 Subtract line 2 from line 1d	3	99,075,952.
4 Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	1,486,139.
5 Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	97,589,813.
6 Minimum investment return. Enter 5% of line 5 ADJUSTED FOR SHORT TAX PERIOD	6	3,997,181.
Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations a	nd certain	
foreign organizations, check here and do not complete this part.)		
1 Minimum investment return from Part X, line 6	1	3,997,181.
2a Tax on investment income for 2018 from Part VI, line 5 25, 294.	584830	
b Income tax for 2018. (This does not include the tax from Part VI.)	59.554	
c Add lines 2a and 2b	20	25,294.
3 Distributable amount before adjustments. Subtract line 2c from line 1	3	3,971,887.
4 Recoveries of amounts treated as qualifying distributions	4	0.
5 Add lines 3 and 4	5	3,971,887.
6 Deduction from distributable amount (see instructions)	6	0.
7 Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	3,971,887.
Part XII Qualifying Distributions (see instructions)		
Temperature of the Control of the Co	1900000000	
1 Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:	Sentes.	E 400 4EE
a Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	5,402,175.
b Program-related investments - total from Part IX-B	1b	0.
2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3 Amounts set aside for specific charitable projects that satisfy the:	7444600	
a Sultability test (prior IRS approval required)	3a	
b Cash distribution test (attach the required schedule)	3b	F 400 455
4 Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4	4	5,402,175.
5 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		•
income. Enter 1% of Part I, line 27b	5	0.
6 Adjusted qualifying distributions. Subtract line 5 from line 4		5,402,175.
Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation	qualifies f	or the section
4940(e) reduction of tax in those years.		7 000 DE (00.10)

Secretary State Control of the Control		
'art XIII	Undistributed Income	(see instructions)

	(a) Corpus	(b) Years prior to 2017	(c) 2017	(d) 2018
1 Distributable amount for 2018 from Part XI, line 7		Constant	SECOND SECOND	3,971,887.
2 Undistributed income, if any, as of the end of 2018:				
a Enter amount for 2017 only			0.	
b Total for prior years:				
y rounter prior yourse		0.		
3 Excess distributions carryover, if any, to 2018:		\$30,000,000,000,000,000,000,000		
a From 2013	80 83 92 55 S S S S S S S S S S	260,000 (2000) 2000 (2000) (2000) (2000) (2000)		
b From 2014		500 St. 100 St	Company of the compan	
c From 2015				
d From 2016				8 5 5 5 5
e From 2017				
f Total of lines 3a through e	0.	GABC_CG_ABC_CC_ABC_C		
4 Qualifying distributions for 2018 from				
Part XII, line 4: \triangleright \$ 5,402,175.	20.35000.020000			
a Applied to 2017, but not more than line 2a	7 (156 (157 (158 (157 (158 (157 (158 (157 (158 (157 (158 (157 (158 (157 (158 (157 (158 (157 (158 (157 (158 (157 (158 (157 (158 (157 (158 (157 (158 (157 (158 (157 (158 (157 (158 (158 (158 (158 (158 (158 (158 (158		0.	
b Applied to undistributed income of prior	100.000.000.000			
years (Election required - see instructions)		0.	30 (50 (50 (42 (50 (50 (50 (50 (50 (50 (50 (50 (50 (50	
c Treated as distributions out of corpus		30, 30, 30, 50, 50, 50, 50, 50, 50, 50, 50, 50, 5	1000 (100 100 100 100 100 100 100 100 10	
(Election required - see instructions)	0.			
d Applied to 2018 distributable amount	WEST CONTROL OF THE C			3,971,887.
e Remaining amount distributed out of corpus	1,430,288.		and organizations	
5 Excess distributions carryover applied to 2018 (If an amount appears in column (d), the same amount must be shown in column (a).)	0.		- 1000000000000000000000000000000000000	0.
6 Enter the net total of each column as indicated below:		Participant		
a Corpus. Add lines 3f, 4c, and 4e, Subtract line 5	1,430,288.		90 S. Harris	
b Prior years' undistributed income. Subtract				Control of the Contro
line 4b from line 2b		0.	15 - 10 175 mai 175 ma	
c Enter the amount of prior years'				
undistributed income for which a notice of	15 (80 (60 (60 (60 (60 (60 (60 (60 (60 (60 (6		- 100 COMBO (\$10.00)	
deficiency has been issued, or on which the section 4942(a) tax has been previously	3705 (600 05 05 05 05 05 05 05 05 05 05 05 05 0		100 000 000 000 000 000 000 000 000 000	
assessed	or Beoglettado Craso un	0.	and the second s	
d Subtract line 6c from line 6b. Taxable	51/55/2010/06/06 163		5 5 6 6 6 5 5	2,745,200,020,0300
amount - see instructions		0.	5 5 6 8 8 5 0	
e Undistributed income for 2017. Subtract line			_	
4a from line 2a. Taxable amount - see instr		SECRETARIOS - CONTROL	0.	Manual Control of Cont
f Undistributed income for 2018. Subtract	5 7 15 15 15 15 15 15 15 15 15 15 15 15 15		22-25-5	
lines 4d and 5 from line 1. This amount must	54-55 C	Statistics of the state of the	2000 05 05 05 05 05 05 05 05 05 05 05 05	
be distributed in 2019	STATE OF THE STATE	- 100 CT00 CT07 CT07 COCC	INSTALLED AND AND AND AND AND AND AND AND AND AN	0.
7 Amounts treated as distributions out of		Control of the Contro	Avestos de S	Service of the servic
corpus to satisfy requirements imposed by		Property Commencer		SECURITY SEC
section 170(b)(1)(F) or 4942(g)(3) (Election	_	\$6000 C C C C C C C C C C C C C C C C C C		4 .5
may be required - see instructions)	0.	EMARKS COMPANY CONTROL OF THE CONTRO	A2.5_200 0.000	
8 Excess distributions carryover from 2013	^	26 (2000) 1		
not applied on line 5 or line 7	0.	E PROPERTY OF THE PROPERTY OF	1.05462000	
9 Excess distributions carryover to 2019.	1 420 200		. <u> </u>	To the discount of the control of th
Subtract lines 7 and 8 from line 6a	1,430,288.			
10 Analysis of line 9:		200000000000000000000000000000000000000	5 95 95 95 95 55 55 55 55 55 55 55 55 55	
a Excess from 2014				
b Excess from 2015		10 10 10 10 10 10 10 10 10 10 10 10 10 1	1 TO	
c Excess from 2016	SAMPLE STATE	66706 40757 513359 45735155 6145748		
d Excess from 2017 e Excess from 2018 1,430,288.			Service To Constitute of	15 120 65 65 150 160 62 65
e Excess from 2018 1,430,288.				Form 990-PF (2018)

823581 12-11-18

Part XV Supplementary Information	(continued)			
3 Grants and Contributions Paid During the Y	ear or Approved for Future I	Payment		
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	**	
a Paid during the year				
ACCION INTERNATIONAL 10 FAWCETT STREET, SUITE 204		PC	FO SUPPORT FINANCIAL HEALTH OF MSME	
CAMBRIDGE, MA 02138			ENTREPRENEURS	250,000.
AFRICAN ENTREPRENEURSHIP COLLECTIVE		PC	TO SUPPORT	
PO BOX 209			ENTREPRENEURSHIP	
CLINTON, WI 98236			DEVELOPMENT FOR JOB	
			CREATORS IN RWANDA	320,000.
AMERICAN RED CROSS 520 WEST 49TH STREET		PC	DISASTER RELIEF	
WASHINGTON, NY 10019				200,000.
				<u> </u>
BUSINESS FOR SOCIAL RESPONSIBILITY		PC	TO SUPPORT EGYPT HER	
5 UNION SQUARE WEST, SUITE 6			FINANCE DIGITAL WAGES	
NEW YORK, NY 10003			AND CAMBODIA DIGITAL	
			WAGES	255,000.
EARN, INC.		PC	TO SUPPORT THE	
235 MONTGOMERY STREET, SUITE 1050			ECONOMIC STABILITY AND	
SAN FRANCISCO, CA 94104			FINANCIAL INCLUSION OF LOW-WAGE WORKERS	250,000.
Total SEE CON	TINUATION SHEE	T(S)	DOW-WAGE WORKERS ▶ 38	5,200,893.
b Approved for future payment				
MATCHING GRANTS USING YOURCAUSE LLC		₽C	MATCHING GIFT PROGRAM	
AS A PROCESS AGENT			- ADDITIONAL INFO	
6111 WEST PLANO PKWY, SUITE 1000YC PLANO, TX 75093			AVAILABLE UPON REQUEST	857,085.
I Mato, II 19090				
OPPORTUNITY FUND COMMUNITY		PC	TO SUPPORT INVESTING	,
DEVELOPMENT			IN AMERICAN SMALL	
111 WEST ST. JOHN STREET, SUITE 800			BUSINESS AT SCALE	
SAN JOSE, CA 95113				41,538.
·				•
Total			▶ 3b	898,623.

nter gross amounts unless otherwise indicated.	Unrelate	ed business income		ded by section 512, 513, or 514	(e)
_	(a) Business	(b)	(c) Exclu-	(d)	Related or exempt
1 Program service revenue;	code	Amount	sion code	Amount	function income
a					
b					
c	1				
d					
е					
f					
g Fees and contracts from government agencies					
Membership dues and assessments					
Interest on savings and temporary cash			-		
investments					
Dividends and interest from securities			14	1,264,699.	
Net rental income or (loss) from real estate:			75 HEER 40 404 HE		
a Debt-financed property					
b Not debt-financed property					
Net rental income or (loss) from personal			-		
property					
Other investment income					
Gain or (loss) from sales of assets other					
than inventory					
Net income or (loss) from special events					
Gross profit or (loss) from sales of inventory					
Other revenue;					
a					
b					
C					•
d					
e		-			
e		0	• 55.3	1,264,699.	(
e Subtotal. Add columns (b), (d), and (e)		0			
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e)		0			
e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations	52)			13	
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) Eee worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activities	s to the Acco	mplishment of E	kempt	Purposes	1,264,699
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) Even worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activities Ine No. Explain below how each activity for which in	s to the Acco	mplishment of E	kempt	Purposes	1,264,699
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activities	s to the Acco	mplishment of E	kempt	Purposes	1,264,699
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activities ine No. Explain below how each activity for which in	s to the Acco	mplishment of E	kempt	Purposes	1,264,699
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activities ine No. Explain below how each activity for which in	s to the Acco	mplishment of E	kempt	Purposes	1,264,699
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activities ine No. Explain below how each activity for which in	s to the Acco	mplishment of E	kempt	Purposes	1,264,699
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activities ine No. Explain below how each activity for which in	s to the Acco	mplishment of E	kempt	Purposes	1,264,699
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activities ine No. Explain below how each activity for which in	s to the Acco	mplishment of E	kempt	Purposes	1,264,699
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Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activities ine No. Explain below how each activity for which in	s to the Acco	mplishment of E	kempt	Purposes	1,264,699
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activities ine No. Explain below how each activity for which in	s to the Acco	mplishment of E	kempt	Purposes	1,264,699
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activities Ine No. Explain below how each activity for which in	s to the Acco	mplishment of E	kempt	Purposes	1,264,699
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activities ine No. Explain below how each activity for which in	s to the Acco	mplishment of E	kempt	Purposes	1,264,699
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activities Ine No. Explain below how each activity for which in	s to the Acco	mplishment of E	kempt	Purposes	1,264,699
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activities Ine No. Explain below how each activity for which in	s to the Acco	mplishment of E	kempt	Purposes	1,264,699
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activities ine No. Explain below how each activity for which in	s to the Acco	mplishment of E	kempt	Purposes	1,264,699
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activities ine No. Explain below how each activity for which in	s to the Acco	mplishment of E	kempt	Purposes	1,264,699
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activities ine No. Explain below how each activity for which in	s to the Acco	mplishment of E	kempt	Purposes	1,264,699
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activities ine No. Explain below how each activity for which in	s to the Acco	mplishment of E	kempt	Purposes	1,264,699
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activities ine No. Explain below how each activity for which in	s to the Acco	mplishment of E	kempt	Purposes	1,264,699
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activities Line No. Explain below how each activity for which in	s to the Acco	mplishment of E	kempt	Purposes	1,264,699

Part XVII	Information Re			ND nd Transactions a	nd Relationsh	ips With Nonchar		Page 13
1 Did the o	Exempt Organ		f the follower	ng with any other organizati	on described in earl	on 501(e)	I taka IY	es No
				g to political organizations?		on ou i(c)		833 . 1 4 9 9
•	s from the reporting lound	•	-				- ký5ki	
	• •			="			1a(1)	х
				Special Approximation of the Control of the Control				X
b Other tran		***************************************	*** ********	ere yakı, ölden kirkerkir tirib	This byte continues and		14(2)	72 / 1533
		hle exempt organizatio	nn	241 441 - 4424 4441 42 42			16(1)	х
(1) Date:	haeac at accate from a no	neharitable evenue or neharitable	osoization	7-1 - 141 17-4 - 17	.511/		1b(2)	<u> </u>
(2) GIC	al of facilities equipment	or other secete	Battirariott ''			***************	1b(3)	X
(A) Reim	hurcement arrannements	or other assets	1*	i Sprintsprinter i samma samma samma.	*******************		1b(4)	X
				****				X
				ns				X
	of facilities, equipment, ma						1 - 1	X
				dule. Column (b) should a				
or service	es given by the reporting to	oundation. If the found	dation receive	ad less than fair market value				•
	d) the value of the goods,			avagent avangianting	l data se			
(a) Line no.	(b) Amount involved	(¢) Name of		e exempt organization	(0) Description	of transfers transactions, and	I sharing arrange	Janen(s
			N/A	···				
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				········		· · · · · · · · · · · · · · · · · · ·		
<u> </u>	***************************************							
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		<u> </u>					 	
				<u></u>				
				**	•			
				41				
				or more tax-exempt organ			Yes	X No
	omplete the following sch			MANUAL I				HATHATANIA
	(a) Name of org	janization		(b) Type of organization		(c) Description of relation	ship	
	N/A							

	,							
Sign and be		npiete. Declaration of prepa		accompanying schedulos and sitaxpayer) is based on all information of the Date		ıs any knowfadge re	tay the IRS disculture with the pre- hown below? Se X Yes	aparer
I Side	Print/Type preparer's na		Preparer's		Date /	Check if PTIN		***************************************
	FREDERICK	1	. ropardi 🧷	77X / 04	10/11/1	self- employed		
Paid	1	B. NUATO		CRX CKA	14/10117/1		044602) 3
Preparer	JR. Firm's name ► MIT	CHRIT C DI	TU	LP VI	''''	Firm's EIN ► 13 – 2		
Use Only	rums name MAT	Curin & T.T	TND. FI	V		1 1640 2 CM - T2-2	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	*
300 0 111 y	Firm's address ▶ 80	DINE CODE	Б. Б.	2 F/T.				INDERPOSED STATE
		W YORK, NY				Phone no. (212)	709-4	Lፍስለ
lujujujumujumujujuministaa ayuu	140	" TOWN, MI		,	**************************************		Form 990-F	
							· VIIII WOOD-	- (*0.0)

3 Grants and Contributions Paid During the				
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
GIVE2ASIA		PC	TO SUPPORT BURO	
600 CALIFORNIA STREET, 11TH FLOOR			(BANGLADESH), ACCESS	
SAN FRANCISCO, CA 94108			DEVELOPMENT SERVICES,	
			MICROVENTURES	
			FOUNDATION, INC.,	370,750
		20	TO SUPPORT GRAMEEN	
GRAMEEN AMERICA		PC	AMERICA CREDIT	
150 WEST 30TH STREET, 8TH FLOOR			BUILDING PROGRAM FOR	
NEW YORK, NY 10001			WOMEN ENTREPRENEURS	160,000
				· · · · · · · · · · · · · · · · · · ·
THE INCAE FOUNDATION		PC	TO SUPPORT FOUNDATION	
РО ВОХ 639			for management	
GLEN ECHO, MD 20812			EDUCATION IN CENTRAL	
			AMERICA	120,000
KING BAUDOUIN FOUNDATION UNITED		PC	TO SUPPORT	
STATES			MOBILE-BASED	
10 ROCKEFELLER PLAZA, 16TH FLOOR			ENTREPRENEURSHIP	
NEW YORK, NY 10020			TRAINING (EGYPT);	
-			DIGITAL TRAINING	963,346
			,	
MERCY CORPS		PC	TO SUPPORT MICRO	
45 SW ANKENY STREET			MENTOR PROGRAM -	
PORTLAND, OR 97204			INDONESIA	220,000
NEST INC		PC	TO SUPPORT AMERICAN	
501 5TH AVENUE, NO. 160			ARTISAN INCUBATOR	
NEW YORK, NY 10017				95,000
DOLLIGHT TWO		PC	TO SUPPORT RESEARCH ON	
POLICYLINK		PC	REGIONAL ECONOMIC	
1438 WEBSTER STREET, SUITE NO. 303			CHANGES	225,000
OAKLAND, CA 94612-3228			CHAIGED	425,000
SAVE THE CHILDREN FEDERATION, INC.		PC	DISASTER RELIEF - 2018	
501 KINGS HIGHWAY EAST, SUITE 400			TSUNAMI SUALWESI,	
FAIRFIELD, CT 06825			INDONESIA	50,000
SWISS BEAR, INC.		PC	NEW BERN RELIEF FUND -	
РО ВОХ 597			DISASTER RELIEF 2018	
NEW BERN, NC 28563			HURRICANE FLORENCE	100,000
TECHNOSERVE		PC	TO SUPPORT RESEARCH	
1120 19TH STREET, NW, 8TH FLOOR,			STUDY ON THE EFFECTS	
WASHINGTON, DC 20036			OF TRAINING/ACCESS TO	
			CREDIT ON SMALL RETAIL	
			SHOPS	140,000
Total from continuation sheets				3,925,89

Part XV Supplementary Information				
3 Grants and Contributions Paid During the Ye				
Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
	or substantial contributor	recipient		
THE RESOURCE FOUNDATION		PC	TO SUPPORT FUNDACION	
237 WEST 35TH STREET, SUITE 1203,			FUNDES (COLUMBIA),	
NEW YORK, NY 10001			FUNDACION CAPITAL	
			(MEXICO), ASSOCIAO	COC 101
			ALIANA EMPREENDEDORA	686,181
UNITED WAY WORLDWIDE		PC	TO SUPPORT ACTUA,	
701 NORTH FAIRFAX STREET			YOUTH EMPLOYMENT	
ALEXANDRIA, VA 22314			SKILLS PROGRAM	219,350
MATCHING GRANTS USING YOURCAUSE LLC		PC	MATCHING GIFT PROGRAM	
		1	- ADDITIONAL INFO	
AS A PROCESS AGENT 6111 WEST PLANO PKWY, SUITE 1000YC			AVAILABLE UPON REQUEST	
PLANO, TX 75093			MANUAL OF ON KINGSIDE	576,266
•				
				·
		100 11 100		
,				
Total from continuation sheets	<u> </u>	1		

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. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

Name of the organization

Employer identification number

MASTERCARD IMPACT FUND

82-4717403

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(

) (enter number) organization

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

527 political organization

Form 990-PF

X 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

X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) 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), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions 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 an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled 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. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year ______ > \$__

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't 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 its Form 990-PF, Part I, line 2, to certify that it doesn't 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) (2018)

Name of organization

Employer identification number

MASTERCARD IMPACT FUND

82-4717403

ASTE	RCARD IMPACT FUND	0.	2-4/1/403
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
1_	MASTERCARD INTERNATIONAL INC. 2000 PURCHASE STREET PURCHASE, NY 10577	\$ 100,000,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ \$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

MASTERCARD IMPACT FUND

82-4717403

(a) No. from	Noncash Property (see instructions). Use duplicate copies of Pa (b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
Part I		\$	
(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) . FMV (or estimate) (See instructions.)	(d) Date received
 		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
· -		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	

Employer identification number

THAITIO OF O	iganization						
	RCARD IMPACT FUND			82-4717403			
Part III	Exclusively religious, charitable, etc., contribution from any one contributor. Complete columns (a) the	s to organizations described in se	ection 501(c)(7), (8), or (10) t	hat total more than \$1,000 for the year			
	completing Part III, enter the total of exclusively religious, cha	ritable, etc., contributions of \$1,000 or	less for the year. (Ealer this info. one	ca.) > \$			
(a) No	Use duplicate copies of Part III if additional sp	ace is needed.					
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held			
Part I							
		(e) Transfer of gift	t				
	Transferee's name, address, and	ZIP + 4	Relationship of tra	nsferor to transferee			
			•				
		1					
(a) No.							
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held			
				1-000-000			
}		(e) Transfer of gift					
		(e) transier or gin	•				
	Transferee's name, address, and	ZI P + 4	Relationship of transferor to transferee				
Ì							
(a) No.							
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held			
1 601 1							
		(e) Transfer of gift	t				
	Transferee's name, address, and	7ID ± 4	Relationship of tra	nsferor to transferee			
ļ	mansieree 3 name, address, and	20 7 7	tourions of we				
(a) M-							
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held			
Part I							
<u> </u>							
	(e) Transfer of gift						
							
}	Transferee's name, address, and	ZIP + 4	Relationship of tra	nsferor to transferee			
-				· · · · · · · · · · · · · · · · · · ·			

Form **2220**

Department of the Treasury Internal Revenue Service

Underpayment of Estimated Tax by Corporations

FORM 990-PF

Attach to the corporation's tax return. ► Go to www.irs.gov/Form2220 for instructions and the latest information.

OMB No. 1545-0123 2018

Name

MASTERCARD IMPACT FUND

Employer identification number 82-4717403

Note: Generally, the corporation is not required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 38, on the

	timated tax penalty line of the corporation's income tax i	etur	n, but do not attach Fo	orm 2220.			w
	Part I Required Annual Payment						
1	Total tax (see instructions)						25,294.
9.	a Personal holding company tax (Schedule PH (Form 1120), lin	e 26\	included on line 1	2a			
	b Look-back interest included on line 1 under section 460(b)(2)			······			
1	contracts or section 167(g) for depreciation under the income			2b			
	Contracts of Section 107(g) for depreciation under the income	10101	asi membu			2004	
	c Credit for federal tax paid on fuels (see instructions)			20			
	d Total. Add lines 2a through 2c					2d	
3	Subtract line 2d from line 1. If the result is less than \$500, do	not o	complete or file this form.	The corporation			
٠	does not owe the penalty					3	25,294.
4	Enter the tax shown on the corporation's 2017 income tax ret						
•	or the tax year was for less than 12 months, skip this line and enter the amount from line 3 on line 5					4	
5	Required annual payment. Enter the smaller of line 3 or line	4. If	the corporation is required	l to skip line 4,			
	enter the amount from line 3					5	25,294.
	Part II Reasons for Filing - Check the boxes belo	w tha	it apply. If any boxes are c	hecked, the corpo	ration n	nust file Form 2220	
	even if it does not owe a penalty. See instructions.						
6	The corporation is using the adjusted seasonal install						
7	The corporation is using the annualized income instal	ment	method.				
8	The corporation is a "large corporation" figuring its fire	st req	uired installment based or	the prior year's t	ıx.		
35	Part III Figuring the Underpayment		Т				
		\dashv	(a)	(b)		(c)	(d)
9	installment due dates. Enter in columns (a) through (d) the 15th day of the 4th (Form 990-PF filers; Use 5th month), 6th, 9th, and 12th months of the corporation's tax year						
	Use 5th month), 6th, 9th, and 12th months of the		07/15/10	00/15/	١	11/15/10	10/15/10
		9	07/15/18	08/15/2	. 0	11/15/18	12/15/18
10	Required installments. If the box on line 6 and/or line 7						
	above is checked, enter the amounts from Sch A, line 38. If						
	the box on line 8 (but not 6 or 7) is checked, see instructions						
	for the amounts to enter. If none of these boxes are checked,	10	6,324.	6,32	2	6,324.	6,323.
	enter 25% (0.25) of line 5 above in each column	IU	0,324.	0,32		0,3241	0,525+
11	Estimated tax paid or credited for each period. For column (a) only, enter the amount from line 11 on line 15.		İ				
		11					
	Complete lines 12 through 18 of one column						
	before going to the next column.						
12	Enter amount, if any, from line 18 of the preceding column	12	100 000 0000				
	Add lines 11 and 12	13					
	Add amounts on lines 16 and 17 of the preceding column	14		6,32	24.	12,647.	18,971.
	Subtract line 14 from line 13. If zero or less, enter -0-	15	0.		0.	0.	0.
	If the amount on line 15 is zero, subtract line 13 from line		9 5 3 5 5				
	14. Otherwise, enter -0-	16		6,32	24.	12,647.	
17	Underpayment. If line 15 is less than or equal to line 10,						
	subtract line 15 from line 10. Then go to line 12 of the next						•
	column. Otherwise, go to line 18	17	6,324.	6,32	23.	6,324.	6,323.
18	Overpayment. If line 10 is less than line 15, subtract line 10						
	from line 15. Then go to line 12 of the next column	18	,				
_		, ,, ,,	 	47			

Go to Part IV on page 2 to figure the penalty. Do not go to Part IV if there are no entries on line 17 - no penalty is owed

For Paperwork Reduction Act Notice, see separate instructions.

Form 2220 (2018)

Part IV Figuring the Penalty

9 Filter the date of payment or the 15th day of the 4th month after the close of the tax year, whichever is earlier in. (C corporations with tax years ending June 30 and 5 corporations; Uso 3rd month instead of 4th month. Form 980-PF and Form 980-PT inters. Use 5th month instead of 4th month, 3ce instructions 19 Unamber of days from due date of installment on line 9 to the date elevions on line 19 10 Mamber of days on line 20 after 4t 15/20 18 and before 7t 1/2019 21 1 1 Namber of days on line 20 after 4t 15/20 18 and before 7t 1/2019 22 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$				(a)	(b)	(c)	(d)
All the payment on line 10 20 20 21 22 25 25 25 25 25 26 27 27 27 27 27 27 27	((after the close of the tax year, whichever is earlier. (C corporations with tax years ending June 30 and S corporations; Use 3rd month instead of 4th month. Form 990-PF and Form 990-T filers; Use 5th month	19				
Number of days on line 20 after 4/15/2018 and before 7/1/2018 21 22 \$ \$ \$ \$ \$ \$ \$ \$,	Number of days from due date of installment on line 9 to the			:		
Underpayment on line 17 x Number of days on line 20 after 06/30/2018 and before 10/1/2018 Underpayment on line 17 x Number of days on line 20 after 06/30/2018 and before 1/1/2019 Underpayment on line 17 x Number of days on line 20 after 0/30/2018 and before 1/1/2019 Underpayment on line 17 x Number of days on line 25 x 596 (0.05) 365 Number of days on line 20 after 1/2/31/2018 and before 4/1/2019 Underpayment on line 17 x Number of days on line 25 x 596 (0.05) 26 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	(date shown on line 19	20				
365 Number of days on line 20 after 06/30/2018 and before 10/1/2018 1 Underpayment on line 17 × Number of days on line 23 x 596 (0.05) 24 \$ \$ \$ \$ \$ \$ Number of days on line 20 after 0/30/2018 and before 1/1/2019 25 \$ \$ \$ \$ \$ \$ Underpayment on line 17 × Number of days on line 25 x 596 (0.05) 365 Underpayment on line 17 × Number of days on line 25 x 596 (0.05) 365 Underpayment on line 17 × Number of days on line 27 x 696 (0.05) 365 Number of days on line 20 after 12/3 1/2019 and before 4/1/2019 Underpayment on line 17 × Number of days on line 27 x 696 (0.05) 365 Underpayment on line 17 × Number of days on line 29 x 596 365 Number of days on line 20 after 6/30/2019 and before 10/1/2019 29 \$ \$ \$ \$ \$ \$ Underpayment on line 17 × Number of days on line 29 x 596 365 Number of days on line 20 after 6/30/2019 and before 10/1/2020 31 Underpayment on line 17 × Number of days on line 31 x 596 36 Underpayment on line 17 × Number of days on line 20 after 6/30/2019 and before 10/1/2020 31 Underpayment on line 17 × Number of days on line 20 after 10/30/2019 and before 10/1/2020 32 \$ \$ \$ \$ \$ \$ Underpayment on line 17 × Number of days on line 33 x 596 34 Underpayment on line 17 × Number of days on line 20 after 12/31/2019 and before 12/1/2020 35 Underpayment on line 17 × Number of days on line 20 after 12/31/2019 and before 12/1/2020 35 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	l 1	Number of days on line 20 after 4/15/2018 and before 7/1/2018	21				
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Number of days on line 20 after 12/31/2018 and before 4/1/2019 27 SEE ATTACHED WORKSHEET	5 8	Number of days on line 20 after 9/30/2018 and before 1/1/2019	25				
28 \$ \$ \$ \$ \$ \$ \$ \$ \$	6 t		26	\$	\$	\$	\$
Number of days on line 20 after 3/31/2019 and before 7/1/2019 29 30 \$ \$ \$ \$ \$ \$ \$ \$ \$	7 :	Number of days on line 20 after 12/31/2018 and before 4/1/2019	27	SEE	ATTACHED W	ORKSHEET	
1 Number of days on line 20 after 6/30/2019 and before 10/1/2019 2 Underpayment on line 17 x Number of days on line 31 x '% 365 3 Number of days on line 20 after 9/30/2019 and before 1/1/2020 3 SSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSS	B (28	\$	\$	\$	\$
365 Number of days on line 20 after 6/30/2019 and before 10/1/2019 2 Underpayment on line 17 x Number of days on line 31 x *% 365 38 Number of days on line 20 after 9/30/2019 and before 1/1/2020 39 Underpayment on line 17 x Number of days on line 33 x *% 365 Number of days on line 20 after 12/31/2019 and before 3/16/2020 30 Underpayment on line 17 x Number of days on line 35 x *% 366 Underpayment on line 17 x Number of days on line 35 x *% 366	} :	Number of days on line 20 after 3/31/2019 and before 7/1/2019	29				
2 Underpayment on line 17 x Number of days on line 31 x '% 365 3 Number of days on line 20 after 9/30/2019 and before 1/1/2020 33 4 Underpayment on line 17 x Number of days on line 33 x '% 365 5 Number of days on line 20 after 12/31/2019 and before 3/16/2020 35 5 Underpayment on line 17 x Number of days on line 35 x '% 366 5 Underpayment on line 17 x Number of days on line 35 x '% 366 5 Underpayment on line 17 x Number of days on line 35 x '% 366 5 Underpayment on line 17 x Number of days on line 35 x '% 366) (30	\$	\$	\$.	\$
365 365 365 365 365 365 365 365 365 365	I	Number of days on line 20 after 6/30/2019 and before 10/1/2019	<u>31</u>				
34 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$) (32	\$	\$	\$	\$
365 Number of days on line 20 after 12/31/20 19 and before 3/16/2020 35 Underpayment on line 17 x Number of days on line 35 x *% 36 \$ \$ \$ \$	} ;	Number of days on line 20 after 9/30/2019 and before 1/1/2020	33				
36 \$ \$ \$	1 (34	\$	\$	\$	\$
366	j i	Number of days on line 20 after 12/31/20 19 and before 3/16/2020	35				
7 Add (ines 22, 24, 26, 28, 30, 32, 34, and 36 37 \$ \$ \$) (36	\$	\$	\$	\$
	7 /	Add lines 22, 24, 26, 26, 30, 32, 34, and 36	37	\$	\$	\$	\$

* Use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter. These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at www.irs.gov. You can also call 1-800-829-4933 to get interest rate information.

Form 2220 (2018)

FORM 990-PF UNDERPAYMENT OF ESTIMATED TAX WORKSHEET

Vame(s)				ldentifying N	umber
MASTERCARD	IMPACT FUND			82-47	17403
(A) *Date	(B) Amount	(C) Adjusted Balance Due	(D) Number Days Balance Due	(E) Daily Penalty Rate	(F) Penalty
		-0-			
07/15/18	6,324.	6,324.	31	.000136986	2
08/15/18	6,323.	12,647.	92	.000136986	15
11/15/18	6,324.	18,971.	30	.000136986	7
12/15/18	6,323.	25,294.	16	.000136986	5
12/31/18	0.	25,294.	135	.000164384	56
			11 Mari III		
			4.00.4100		
nalty Due (Sum of Colu	mn F).				88

^{*} Date of estimated tax payment, withholding credit date or installment due date.

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STATEMENT 1

FORM 990-PF

FORM 990-PF	ACCOUNTI	NG FEED	ن	TATEMENT I
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ACCOUNTING AND AUDIT FEES	61,219.	0.	0.	61,219.
TO FORM 990-PF, PG 1, LN 16B	61,219.	0.	0.	61,219.
FORM 990-PF (THER PROFES	SIONAL FEES	S	FATEMENT 2
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
OTHER PROFESSIONAL FEES STRATEGY CONSULTING MEASUREMENT & EVALUATION	39,459. 134,450. 110,000.	0.	0. 0. 0.	30,063. 110,000. 0.
TO FORM 990-PF, PG 1, LN 16C	283,909.	0.	0.	140,063.
FORM 990-PF	TAX (A) EXPENSES	(B) NET INVEST-	(C) ADJUSTED	(D) CHARITABLE
DESCRIPTION FEDERAL EXCISE TAXES	PER BOOKS 26,344.	MENT INCOME 0.	NET INCOME	PURPOSES 0.
TO FORM 990-PF, PG 1, LN 18	26,344.		0.	0.
=		-		
FORM 990-PF	OTHER E	XPENSES	S.	PATEMENT 4
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
BANK & MERCHANT FEES	617. 0. 0.		0. 0. 0.	0. 0. 0.
TO FORM 990-PF, PG 1, LN 23	617.	0.	0.	0.

ACCOUNTING FEES

FORM 990-PF	OTHER ASSETS		STATEMENT 5
DESCRIPTION	BEGINNING OF YR BOOK VALUE	END OF YEAR BOOK VALUE	FAIR MARKET VALUE
ADVANCES ON CONDITIONAL GRANT AWARDS	0.	1,232,166.	1,232,166.
TO FORM 990-PF, PART II, LINE 15	0.	1,232,166.	1,232,166.

FORM 990-PF	LIST OF SUBSTANTIAL CONTRIBUTORS	STATEMENT 6
	PART VII-A, LINE 10	

NAME OF CONTRIBUTOR

ADDRESS

MASTERCARD INTERNATIONAL INC.

2000 PURCHASE STREET PURCHASE, NY 10577

	ST OF OFFICERS, DIRECT DISCRIPTION MANAGERS		STAT	емент 7
NAME AND ADDRESS		OMPEN- ATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
MARTINA HUND-MEJEAN 2000 PURCHASE STREET PURCHASE, NY 10577	DIRECTOR, CHAIRMAN 4.00	0.	0.	0.
MICHAEL FROMAN 2000 PURCHASE STREET PURCHASE, NY 10577	DIRECTOR 4.00	0.	0.	0.
WALTER MACNEE 2000 PURCHASE STREET PURCHASE, NY 10577	DIRECTOR 2.00	0.	0.	0.
SHAMINA SINGH 2000 PURCHASE STREET PURCHASE, NY 10577	DIRECTOR, PRESIDEN 10.00	0. 0.	0.	0.
TIM BERGER 2000 PURCHASE STREET PURCHASE, NY 10577	VICE PRESIDENT 1.00	0.	0.	0.
SANDRA ARKELL 2000 PURCHASE STREET PURCHASE, NY 10577	VICE PRESIDENT 1.00	0.	0.	0.
GARY HELD 2000 PURCHASE STREET PURCHASE, NY 10577	VICE PRESIDENT 4.00	0.	0.	0.
DENA DEVANEY 2000 PURCHASE STREET PURCHASE, NY 10577	VICE PRESIDENT 2.00	0.	0.	0.
ALFRED KIBE 2000 PURCHASE STREET PURCHASE, NY 10577	TREASURER 1.00	0.	0.	0.
ISSIDOR ILLIEV 2000 PURCHASE STREET PURCHASE, NY 10577	ASSISTANT TREASURE	IR 0.	0.	0.

MASTERCARD IMPACT FUND				82-4717	7403
NICOLE LINDSAY 2000 PURCHASE STREET PURCHASE, NY 10577	ASSISTANT 20.00	TREASURER	0.	0.	0.
JANET MCGINNESS 2000 PURCHASE STREET PURCHASE, NY 10577	SECRETARY 2.00		0.	0.	0.
TANYA SOUTHERLAND 2000 PURCHASE STREET PURCHASE, NY 10577	ASSISTANT 12.00	SECRETARY	0.	0.	0.
SETH PRUSS 2000 PURCHASE STREET PURCHASE, NY 10577	ASSISTANT 1.00	SECRETARY	0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE 6,	PART VIII		0.	0.	0.