

(Rev. January 2022)

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits*.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or	Name of exempt organization or other filer, see instruct	ctions.		Тахр	bayer	identification numb	er (TIN)
print	CAPITAL IMPACT PARTNERS					52-1290127	
File by the due date for filing your	Number, street, and room or suite no. If a P.O. box, se 1400 CRYSTAL DRIVE #500	ee instruct	ions.	L			
return. See instructions	City, town or post office, state, and ZIP code. For a fo ARLINGTON, VA 22202	reign addı	ress, see instructions.				
Enter the	Return Code for the return that this application is for (file	a separat	e application for each return)			0 1
Applicat	ion	Return	Application				Return
ls For		Code	Is For				Code
Form 990) or Form 990-EZ	01	Form 1041-A				08
Form 472	20 (individual)	03	Form 4720 (other than indiv	/idual)			09
Form 990)-PF	04	Form 5227				10
Form 990	D-T (sec. 401(a) or 408(a) trust)	05	Form 6069				11
Form 990	D-T (trust other than above)	06	Form 8870				12
Form 990	D-T (corporation)	07					
• The h	NATALIE GUNN C/O CAPIT OOKS are in the care of > 1400 CRYSTAL DRIVE SUI						
- me b			, , , , , , , , , , , , , , , , , , , ,				
Teleo	none No. 703-647-2360		Fax No. 🕨 703-647-34	190			
	organization does not have an office or place of business	in the l Ini				>	
	is for a Group Return, enter the organization's four digit G						heck this
box ►			ch a list with the names and				
1 Ire	equest an automatic 6-month extension of time until	NOVEMBE	R 15, 2023	, to file the e	exem	pt organization retu	Irn for
the	organization named above. The extension is for the orga						
►	X calendar year 2022 or						
►	tax year beginning	, an	d ending			_ ·	
2 lft	he tax year entered in line 1 is for less than 12 months, ch	neck reaso	on: Initial return	Final I	returr	n	
	Change in accounting period						
3a lft	his application is for Forms 990-PF, 990-T, 4720, or 6069,	, enter the	tentative tax, less				
an	y nonrefundable credits. See instructions.				3a	\$	0.
b lft	his application is for Forms 990-PF, 990-T, 4720, or 6069,	, enter any	refundable credits and				
	imated tax payments made. Include any prior year overpa				3b	\$	0.
c Ba	lance due. Subtract line 3b from line 3a. Include your pay	yment witl	n this form, if required, by				
usi	ng EFTPS (Electronic Federal Tax Payment System). See	instructio	ns.		3c	\$	0.
Caution:	If you are going to make an electronic funds withdrawal ((direct deb	bit) with this Form 8868, see	Form 8453-TE	E and	Form 8879-TE for	payment
						Farme 0000 /D	
LHA F	For Privacy Act and Paperwork Reduction Act Notice, s MAIL TO: DEPARTMENT OF THE T					Form 8868 (Re	ev. 1-2022)
	INTERNAL REVENUE SE						
	OGDEN, UT 84201-004	ĿJ					

223841 04-01-22

Form 990

** PUBLIC DISCLOSURE COPY ** Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.



Depa	Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest			-	-	Open to Public Inspection		
-		or the 2022 calendar year, or tax year beginning and ending						
Bc	heck if	C Name of	forganization		D Employer identifica	tion number		
а	pplicable							
	Addres	CAPITA	L IMPACT PARTNERS					
Name change Doing business as 52-1290127					52-1290127			
	return		()	Room/suite	E Telephone number			
	Final return/		RYSTAL DRIVE #500		703-647-2300			
	termin- ated	City or t	own, state or province, country, and ZIP or foreign postal code TON, VA 22202		G Gross receipts \$	90,212,394.		
	Amend return	ırn						
	Applica tion pendin		nd address of principal officer: NATALIE GUNN		for subordinates?	····· = =		
I Tax-exempt status: X 501(c)(3) 501(c) ((insert no.) 4947(a)(1) or 527								
				or 527	- '			
	Vebsit		PITALIMPACT.ORG		H(c) Group exemption			
		Summary	X Corporation Trust Association Other	L Year	of formation: 1982 M	State of legal domicile: DC		
ГС		-						
e			e the organization's mission or most significant activities: <u>THROUGH</u> PACT PARTNERS HELPS BUILD (PLEASE GO TO SCHEDULE O		AND COMMITMENT,			
Governance	·							
/err		Check this bo				.s. 18		
ģ			ting members of the governing body (Part VI, line 1a)			17		
			of individuals employed in calendar year 2022 (Part V, line 2a)			164		
Activities &			of volunteers (estimate if necessary)			0		
ctiv					7a	0.		
Ă			business taxable income from Form 990-T, Part I, line 11			0.		
					Prior Year	Current Year		
•	8	Contributions	and grants (Part VIII, line 1h)		30,485,802.	25,666,588.		
Revenue	9	Program servi	ce revenue (Part VIII, line 2g)		23,437,416.	35,212,138.		
eve	10	Investment ind	come (Part VIII, column (A), lines 3, 4, and 7d)		1,679,352.	1,070,642.		
£	11	Other revenue	e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		179,474.	803,959.		
	12	Total revenue	- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		55,782,044.	62,753,327.		
	13	Grants and sir	nilar amounts paid (Part IX, column (A), lines 1-3)		3,231,401.	12,887,698.		
	14	Benefits paid	to or for members (Part IX, column (A), line 4)		0.	0.		
ŝ	15 :		r compensation, employee benefits (Part IX, column (A), lines 5-10)		17,951,688.	24,292,350.		
sus(16a	Professional fi	undraising fees (Part IX, column (A), line 11e)		0.	0.		
Expenses	b		ing expenses (Part IX, column (D), line 25) 1,848,	796.				
ш	'' '		es (Part IX, column (A), lines 11a-11d, 11f-24e)		19,447,227.	21,228,191.		
			s. Add lines 13-17 (must equal Part IX, column (A), line 25)		40,630,316.	58,408,239.		
	19	Revenue less	expenses. Subtract line 18 from line 12		15,151,728.	4,345,088.		
Net Assets or Fund Balances		.			ginning of Current Year	End of Year		
Sset	20		Part X, line 16)		600,473,548.	583,801,509.		
et A	21		(Part X, line 26)		431,579,834.	418,804,761.		
	22 Int II	Net assets or Signature	fund balances. Subtract line 21 from line 20		168,893,714.	164,996,748.		
ГС	atn							

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

Sign	Signature of officer		Da	te	
Here	NATALIE GUNN, CHIEF FINANCIAL OFFICER				
	Type or print name and title				
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN	
Paid	RICHARD E. MORRIS		10/10/23	self-employed P00190795	
Preparer	Firm's name COUNCILOR, BUCHANAN & MITC	CHELL P.C.	Fir	m's EIN 52-1711839	
Use Only	Firm's address 7910 WOODMONT AVE. STE. 50	0 0			
	BETHESDA, MD 20814		Ph	one no.(301)986-0600	
May the II	RS discuss this return with the preparer shown abo	ve? See instructions		X Yes	No
				- 000	

LHA For Paperwork Reduction Act Notice, see the separate instructions. 232001 12-13-22 SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form 990 (2022)

'ai	t III Statement of Program Service Accomplishments		90127 Pag
	Check if Schedule O contains a response or note to any line in this Part III		[
	Briefly describe the organization's mission:		
	SEE SCHEDULE O		
	Did the organization undertake any significant program services during the year which were not listed	d on the	
	prior Form 990 or 990-EZ?		Yes X
	If "Yes," describe these new services on Schedule O.		Yes X
	Did the organization cease conducting, or make significant changes in how it conducts, any program If "Yes," describe these changes on Schedule O.		
	Describe the organization's program service accomplishments for each of its three largest program s	ervices as measured h	v expenses
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocation		
	revenue, if any, for each program service reported.	, , , , , , , , , , , , , , , , , , ,	
	(Code:) (Expenses \$) (Revenue \$	7,184,574
	AFFORDABLE HOUSING:		
	CAPITAL IMPACT PARTNERS BRIDGES THE GAP BETWEEN POLICY AND DEVELOPMENT		
	TO IMPROVE THE LIVES OF LOW-INCOME INDIVIDUALS. CAPITAL IMPACT		
	PARTNERS' EFFORTS IN AFFORDABLE HOUSING FOCUS PRIMARILY ON SUPPORTING		
	MULTIFAMILY DEVELOPMENTS IN MARKETS WHERE AFFORDABLE HOUSING HAS BEEN		
	IDENTIFIED AS A NEED. IN 2022, CAPITAL IMPACT PARTNERS DISBURSED		
	APPROXIMATELY \$90 MILLION TO AID IN THE RENOVATION OR NEW CONSTRUCTION		
	OF 18 COMMUNITIES, CONSISTING OF 1,272 HOUSING UNITS, 70% OF WHICH ARE		
	AFFORDABLE.		
	(Code:) (Expenses \$70,700. including grants of \$) (Revenue \$	2 706 88
)	HEALTHCARE:) (Revenue \$	2,,00,001
	CAPITAL IMPACT PARTNERS HAS CREATED INNOVATIVE SOLUTIONS TO		
	SUCCESSFULLY PRESERVE AFFORDABLE HEALTH CARE FOR LOW INCOME COMMUNITIES		
	ACROSS THE COUNTRY. DEDICATED TO DELIVERING VALUE-ADDED SERVICE AND		
	EASE OF PROCESS, WE LEVERAGE OVER 30 YEARS OF EXPERIENCE IN THE MARKET		
	TO CUSTOMIZE APPROPRIATELY STRUCTURED FINANCING FOR OUR BORROWERS.		
	CAPITAL IMPACT PARTNERS UNDERSTANDS THE IMPORTANCE OF ACCESS TO MENTAL		
	HEALTH SERVICES IN ADDITION TO TRADITIONAL HEALTH CARE; THE COMMUNITY		
	CLINICS AND HEALTH CENTERS THAT WE FINANCE FOCUS ON SUBSTANCE ABUSE AND		
	REHABILITATION/BEHAVIORAL CARE IN ADDITION TO PRIMARY CARE AND OTHER		
	PHYSICAL HEALTH SERVICES. WE ALSO PROVIDE FINANCING FOR ADULT DAY		
) (Revenue \$	4,071,477
	EDUCATION:		
	CAPITAL IMPACT PARTNERS HAS BEEN A CHARTER SCHOOL LENDER FOR OVER 20		
	YEARS AND HAS BECOME A VALUABLE FINANCING SOURCE FOR OUR NATION'S		
	CHARTER SCHOOLS. TO ENSURE THAT LOW COST CAPITAL IS AVAILABLE		
	NATIONWIDE, CAPITAL IMPACT PARTNERS OFFERS (1) CONSTRUCTION AND		
	RENOVATION LOANS, (2) REAL ESTATE ACQUISITION AND TERM LOANS, EQUIPMENT		
	LOANS, AND (3) REVOLVING LINES OF CREDIT. CAPITAL IMPACT PARTNERS		
	CONNECTS ITS BORROWERS TO INSTITUTIONAL INVESTORS TO IMPROVE THE AMOUNT		
	AND TYPE OF FINANCING AVAILABLE. IN 2022, DISBURSEMENTS TOTALED \$6.6		
	MILLION TO 3 CHARTER SCHOOLS, PROVIDING OVER 600 STUDENTS WITH ACCESS		
	TO HIGH QUALITY EDUCATION.		
	Other program services (Describe on Schedule O.)		
		9,329,3	94.)
	(Expenses \$ 40,992,203. including grants of \$ 12,887,698.) (Revenue \$ Total program service expenses	9,329,3	¹⁹⁴ .) Form 990 (2

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Form 990 (2022) CAPITAL IMPACT PARTNERS

Fai	Checklist of hequired Schedules			<u> </u>
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X,	10		
••	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
u	Part VI	11a	х	
h	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	110		<u> </u>
b	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
~	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			<u> </u>
U		11c	х	
Ч	assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			<u> </u>
u		11d		x
~	Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part IX</i> Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11e	x	<u> </u>
				<u> </u>
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f	х	
10-	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	<u> </u>		<u> </u>
128		10-		x
h	Schedule D, Parts XI and XII	12a		
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	101	x	
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	А	x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If</i> "Yes," <i>complete Schedule E</i>	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
a	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	4.0		x
45	or more? If "Yes," complete Schedule F, Parts I and IV	14b		
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	4-		v
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			v
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			v
	column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I.</i> See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			v
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		├──
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	X	Ĺ
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Form	990	(2022)
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Form 990 (2022) CAPITAL IMPACT PARTNERS

	Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	23	x	
24 a	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23		
270	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
~~	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	26	x	
27	controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		
21	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a	Х	
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			x
31	contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	<u>30</u> 31		X
32	Did the organization indudate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete</i>	31		
0L	Schedule N. Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	х	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	X	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
27	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	31		
	Note: All Form 990 filers are required to complete Schedule O	38	х	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			•
	Check if Schedule O contains a response or note to any line in this Part V	<u></u> .		
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X 000	(0000)
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Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 164			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		x
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		x
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		x
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	N/A	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	N/A	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966? N/A	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? N/A	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?N/A	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans 13b			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953? N/A	17		
	If "Yes," complete Form 6069.		000	(0000
232005	j 12-13-22	Form	390	(2022)
	6			

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2022.04030	CAPITAL	IMPACT	PARTNERS	7
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	990 (2022) CAPITAL IMPACT PARTNERS			52-12901		Р	age 6
Par	t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 th	rough	7b belo	w, and for a	a "No" r	respon	se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.						
	Check if Schedule O contains a response or note to any line in this Part VI						X
ect	ion A. Governing Body and Management						
		ı				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		1	8		
	If there are material differences in voting rights among members of the governing body, or if the governing						
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.						
	Enter the number of voting members included on line 1a, above, who are independent	1b		1	7		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	any othe	r			
	officer, director, trustee, or key employee?				2		X
3	Did the organization delegate control over management duties customarily performed by or under the	direct	supervi	sion			
					3		X
	Did the organization make any significant changes to its governing documents since the prior Form 9				4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?			5		X
6	Did the organization have members or stockholders?				6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap						
	more members of the governing body?				7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st						
•	persons other than the governing body?				7b		X
	Did the organization contemporaneously document the meetings held or written actions undertaken during the yea	,		0-	-	v	
	The governing body?				<u>8a</u>	X	
	Each committee with authority to act on behalf of the governing body?				8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read						x
<u></u>	organization's mailing address? If "Yes," provide the names and addresses on Schedule O				9		Ā
eci	ion B. Policies (This Section B requests information about policies not required by the Internal Re	/enue	<u>Code.)</u>			V.	
•					40-	Yes	No X
	Did the organization have local chapters, branches, or affiliates?				10a		<u>л</u>
b	If "Yes," did the organization have written policies and procedures governing the activities of such change and procedures to experie their appreciation are consistent with the experientian's event purposed?	apters	, anniate	s,	104		
10	and branches to ensure their operations are consistent with the organization's exempt purposes?	bofor	o filipa th	no form?	10b 11a	x	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body	Delor	e ming u	le lonn?		21	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.				12a	х	
	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>				12a	x	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? $If "\gamma$				120		
C		,			12c	х	
3	on Schedule O how this was done Did the organization have a written whistleblower policy?				13	х	
4					14	х	
	Did the organization have a written document retention and destruction policy?				17		
•	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	by in	lopende				
а	The organization's CEO, Executive Director, or top management official				15a	х	
	Other officers or key employees of the organization				15b	х	
2	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.						
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	ient w	ith a				
	taxable entity during the year?				16a	х	
	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ						
	exempt status with respect to such arrangements?				16b		x
ect	ion C. Disclosure				1.00		1
7	List the states with which a copy of this Form 990 is required to be filedCA, DE						
	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar	d 990	-T (sectio	on 501(c)(3))s onlv)	availal	ole
	for public inspection. Indicate how you made these available. Check all that apply.		,		, ,,		
	Own website Another's website Upon request X Other (explain	on Sc	hedule ()			
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co				d financ	cial	
	statements available to the public during the tax year.			. ,,			
0	State the name, address, and telephone number of the person who possesses the organization's boo	ks and	d records	6			
	NATALIE GUNN C/O CAPITAL IMPACT PARTNERS - 703-647-2360						
	1400 CRYSTAL DRIVE SUITE 500, ARLINGTON, VA 22202						
2006	12-13-22				Form	9 90	(202:
	7						
.0	10 759370 70073.0000 2022.04030 CAPITAL 1	[MP]	ACT E	PARTNE	RS	70	07

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Form 990 (2022) CAPITAL IMPACT PARTNERS	52-1290127	Page 7								
Part VII Co	Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated										
En	nployees, and Independent Contractors										
Che	eck if Schedule O contains a response or note to any line in this Part VII										
Section A. Of	ficers, Directors, Trustees, Key Employees, and Highest Compensated Employees										
	nis table for all persons required to be listed. Report compensation for the calendar year ending the organization's current officers, directors, trustees (whether individuals or organizations), re	5	,								

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A)	(B)		(C)					(D)	(E)	(F)
Name and title	Average	(10	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	, unles	ss pe	rson i	is botł	n an	compensation	compensation	amount of
	week		cer an I	id a d	lirecto	or/trus	tee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or dir	e			ated		organization	(W-2/1099-MISC/	from the
	related	ustee	trustee		e	pensi		(W-2/1099-MISC/	1099-NEC)	organization
	organizations below	ual tri	ional		ploye	t com		1099-NEC)		and related organizations
	line)	ndividual trustee or director	Institutional t	Officer	Key employee	Highest compensated employee	Former			organizations
(1) ELLIS CARR	20.00				-	<u> </u>				
PRESIDENT & CEO	20.00	х		х				693,114.	0.	36,067.
(2) RAYMOND GUTHRIE	40.00									
CHIEF INVESTMENT OFFICER				Х				372,095.	0.	69,916.
(3) NATALIE GUNN	20.00									
CHIEF FINANCIAL OFFICER	20.00			Х				396,827.	0.	31,617.
(4) BRIAN MCEVOY	20.00									
GENERAL COUNSEL	20.00			х				316,032.	0.	77,933.
(5) KIM DORSETT	20.00									
CHIEF HUMAN RESOURCE OFFIC	20.00			Х				276,554.	0.	74,668.
(6) KURT CHILCOTT	7.00									
DIRECTOR/CONSULTANT	7.00	Х						322,500.	0.	0.
(7) JARET DINARD INGS	20.00									
SENIOR DIRECTOR OF FINANCE	20.00			Х				240,861.	0.	66,790.
(8) ROBERT VILLARREAL	0.00									
CHIEF EXTERNAL AFFAIRS OFFICER	40.00			Х				0.	279,517.	25,318.
(9) LISA GRAMMER	40.00									
CONTROLLER						X		224,727.	0.	77,200.
(10) MATTHEW WEHLAND	20.00									
CHIEF OPERATING OFFICER	20.00			Х				247,773.	0.	40,734.
(11) SCOTT BERMAN	40.00									
SENIOR DIRECTOR, EXTERNAL AFFAIRS						X		240,029.	0.	43,591.
(12) JASON ANDERSON	40.00									
SENIOR DIRECTOR, MARKETING						X		226,862.	0.	56,296.
(13) TED SILVA	40.00									
SENIOR DIRECTOR, LEGAL SERVICES						X		193,690.	0.	72,984.
(14) LAUREN COUNTS	40.00									
SENIOR DIRECTOR, HEAD OF N						X		231,181.	0.	22,289.
(15) KARLA GILL	20.00									
CHIEF TECHNOLOGY OFFICER	20.00			Х				109,321.	0.	8,347.
(16) PEDRO GOITIA	1.00									
DIRECTOR	1.00	Х					L	5,000.	0.	0.
(17) OSWALDO ACOSTA	1.00									
DIRECTOR	1.00	Х						5,000.	0.	0.

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232007 12-13-22

Form 990 (2022)

Form 990 (2022) CAPITAL IMPACT PARTNERS 52-1290127													age 8
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
(A)	(B)	(C)						(D)	(E)			(F)	
Name and title	Average	(do	not c	Pos heck			nne	Reportable	Reportable		Es	stimate	əd
	hours per	box	, unle	ss per nd a d	rson i	s both	n an	compensation	compensatio		ar	nount	
	week				recio	i/irus	lee)	from	from related			other	
	(list any hours for	irecto						the	organization			pensa	
	related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MIS 1099-NEC)	sC/		om th anizat	
	organizations	ruste	l trus		ee	npen		1099-NEC)	1099-1120)			d relat	
	below	ndividual trustee or director	utiona		nploy	st col	5	,				anizati	
	line)	Indivi	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former				0		
(18) JENNIFER SMITH DOLIN	1.00												
DIRECTOR	1.00	Х						5,000.		Ο.			0.
(19) DAN VARNER	1.00												
DIRECTOR	1.00	Х						5,000.		٥.			٥.
(20) ERIK CALDWELL	1.00												
DIRECTOR	1.00	Х						5,000.		٥.			0.
(21) ALAINA BEVERLY	1.00												
DIRECTOR	1.00	Х						5,000.		٥.			٥.
(22) GAIL MARKULIN	1.00												
DIRECTOR	1.00	Х						5,000.		٥.			٥.
(23) LAUREN TYLER ORION	1.00												
DIRECTOR	1.00	Х						5,000.		٥.			٥.
(24) TOM TOPUZES	1.00												
DIRECTOR	1.00	Х						5,000.		٥.			٥.
(25) L. RAY MONCRIEF	1.00												
DIRECTOR	1.00	Х						3,750.		٥.			٥.
(26) RICK BENIITO	1.00												
DIRECTOR	1.00	Х						3,750.		0.			٥.
1b Subtotal								4,144,066.	279,			703,	750.
c Total from continuation sheets to Part VII	, Section A							10,000.		٥.			0.
d Total (add lines 1b and 1c)								4,154,066.	279,			703,	750.
2 Total number of individuals (including but no	ot limited to th	ose	liste	ed ab	ove) wh	o re	eceived more than \$100,	000 of reportable)			
compensation from the organization													82
										I		Yes	No
3 Did the organization list any former officer,													
line 1a? If "Yes," complete Schedule J for su											3		X
4 For any individual listed on line 1a, is the su												v	
and related organizations greater than \$150											4	X	
5 Did any person listed on line 1a receive or a					-			-			_		x
rendered to the organization? <i>If</i> "Yes." <i>com</i> Section B. Independent Contractors	plete Schedule	e J fe	or si	ich i	oers	on .					5		~
1 Complete this table for your five highest cor	monsated inc	lono	ndo	nt or	ontre		re th	hat received more than ¢	100 000 of com	oncat	ion fr		
the organization. Report compensation for t									<i>,</i> ,	Jensai			
(A)	ne calendar ye		/ IGII	ig w		<u> </u>		(B)			10)	
Name and business	address							Description of s	ervices	С		nsatio	n
PILLSBURY WINTHROP SHAW, 1200 SEVENTE	EENTH												
STREET, NW, WASHINGTON, DC 20036								LEGAL SERVICE FEE			1	,606,	436.
COHNREZNICK LLP, 500 EAST PRATT STREE	ΣТ,												
SUITE 200, BALTIMORE, MD 21202								AUDIT AND TAX SERV	ICES			564,	079.
MISTRAL, LLC													
20 WYMAN DRIVE, WOLFEBORO, NH 03894 CONTRACTUAL SERVICES 400,0											000.		
THOMAS JOHN SHERRY/ DBA - 313 CREATIVE LLC													
3890 KENSINGTON, DETROIT, MI 48224								CONTRACTUAL SERVIC	ES			351,	252.
BRECKENRIDGE CONSULTING SERVICES, INC													
340 15TH AVENUE EAST, SEATTLE, WA 981	.12							CONSULTING				341,	500.
2 Total number of independent contractors (including but not limited to those listed above) who received more than													
\$100,000 of compensation from the organiz					18	8							
SEE PART VII, SECTION A CONTINU	JATION SHEE	TS									Form	990 ((2022)

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		mployees, and Highest					est			
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average hours per	Position (check all that apply)					ly)	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensatio from the organizatior and related organization
27) CASEY FANNON	1.00									
DIRECTOR	1.00	Х						3,750.	0.	
28) FRANK ROBINSON DIRECTOR	1.00	x						3,750.	0.	
(29) GARY CUNNINGHAM	1.00									
DIRECTOR	1.00	х						2,500.	0.	
30) GRACE CHIONUMA DIRECTOR	1.00	x						0.	0.	
(31) SHERYL CAMERON	1.00									
DIRECTOR	1.00	х						0.	0.	
		\vdash	\mid							
	1			1	1	1		10,000.		

232201 04-01-22

		Check if Schedule O	conta	ains a respo	nse (or note to any line	e in this Part VIII			Г
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue exclud from tax unde sections 512 -
ts	1 a	Federated campaigns		1a						
and Other Similar Amounts	b	Membership dues		1b						
Ā	с	Fundraising events		1c						
ar /	d	Related organizations		1d						
i	е	Government grants (contr	ibuti	ons) 1e		4,020,396.				
S	f	All other contributions, gifts,	grant	s, and						
the		similar amounts not included	l abov	re 1f		21,646,192.				
p	g	Noncash contributions included in	lines 1	a-1f 1g \$						
an	h	Total. Add lines 1a-1f					25,666,588.			
						Business Code				
	2 a					900099	21,237,248.	21,237,248.		
e	b	DEBT EXTINGUISHMENT				900099	6,452,689.	6,452,689.		
enu	С	INTER-COMPANY FEE I	NCO			900099	3,800,235.	3,800,235.		
Revenue	d	LOAN FEES				900099	3,721,966.	3,721,966.		
٦	е									
	f	All other program service	reve	nue		900099	25 010 100			
+	g			<u></u>			35,212,138.			
	3	Investment income (includ	-				0 001 010			2 9 2 1 0
						····· -	2,821,918.			2,821,9
	4	Income from investment o		-		Г				
	5	Royalties	·····	(i) Real		(ii) Personal				
	•	• •				(II) Personal				
		Gross rents	6a							
		Less: rental expenses	6b							
		Rental income or (loss)	6c			L				
		Net rental income or (loss)	(i) Securit		(ii) Other				
	7 a	Gross amount from sales of	_	(i) Securit 25,707,7						
		assets other than inventory	<i>1</i> a	23,707,7	<u>.</u>					
	D	Less: cost or other basis		27,459,0	67					
		and sales expenses		-1,751,2						
		Gain or (loss)					-1,751,276.	-1,751,276.		
		Net gain or (loss) Gross income from fundraisi			. <u></u>	·····	1,751,270.	1,751,270.		
	0 d									
,		including \$ contributions reported on								
				-	0					
	h	Part IV, line 18 Less: direct expenses			8a 8b					
		Net income or (loss) from								
		Gross income from gamin		-	<u> </u>					
	5 a	Part IV, line 19			9a					
	h	Less: direct expenses			9b					
		Net income or (loss) from								
		Gross sales of inventory, I			<u> </u>					
	iu d	and allowances			10a					
	h	Less: cost of goods sold			10a					
		Net income or (loss) from				•				
+			54100		1	Business Code				
	11 a	CONTRACT REVENUE				900099	719,570.	719,570.		
anc	b	OTHER INCOME				900099	84,389.	84,389.		
Revenue	c c									
Be		All other revenue			_	+				
		Total. Add lines 11a-11d				<u> </u>	803,959.			
							,,-			

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

52-1290127 Page 10

Check if Schedule O contains a response or note to any line in this Part IX (B) (C) (D) (A) Do not include amounts reported on lines 6b. Program service expenses Total expenses Management and general expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations 12,887,698 12,887,698 and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members 4 Compensation of current officers, directors, 5 trustees, and key employees 3,443,649. 2,381,212. 726,172. 336,265. Compensation not included above to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 16,962,443. 9,443,647. 6,935,742. 583,054. 7 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 1,298,230 878,615. 369,079 50,536. 1,313,996 798,324, 476,651 39,021. Other employee benefits 9 1,274,032 849,175. 370,137 54,720. 10 Payroll taxes Fees for services (nonemployees): 11 331,813 4,814, 294,299 32,700. Management а 92,478. 1,030,141, 105.354. 832,309 b Legal 248,179. 25,381, 200,518 22,280. С Accounting Lobbying d Professional fundraising services. See Part IV, line 17 е 105,026. Investment management fees 105,026. f Other. (If line 11g amount exceeds 10% of line 25, g 3,312,714 913,891. 2,127,441 271,382. column (A), amount, list line 11g expenses on Sch 0.) Advertising and promotion 12 584,392. 92,939. 419,232 72,221. 13 Office expenses 808,289 48,243 702,813 57,233. Information technology 14 Royalties 15 1,176,557 479,941 626,954 69,662. 16 Occupancy 259,050, 22,842. 487,473 205,581 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 10,753,248, 10,753,248, 20 Interest Payments to affiliates 21 219,543 71,110, 148,433 22 Depreciation, depletion, and amortization 338,502. 304,652. 33,850. 23 Insurance Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) CORPORATE DEVELOPMENT 1,063,486, 112,823, 855,597 95,066. а LOAN FEES 314,085 314,085. b PROVISION FOR LOAN LOSS 266,906, 266,906. С 15,486. 187,837. 32,978. TRAINING 139,373 d All other expenses е 58,408,239, 40,719,434 1,848,796. Total functional expenses. Add lines 1 through 24e 15,840,009 25 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

232010 12-13-22

12 2022.04030 CAPITAL IMPACT PARTNERS

Form 990 (2022)

F	or	m	990	ב) (2	02

	990 (2 : X	2022) CAPITAL IMPACT PARTN Balance Sheet	ERS			52-1290127 Page 1			
		Check if Schedule O contains a response or not	e to any	line in this Part X					
					(A) Beginning of year		(B) End of year		
	1	Cash - non-interest-bearing				1			
	2	Savings and temporary cash investments			94,919,601.	2	70,912,912		
	3	Pledges and grants receivable, net				3			
	4	Accounts receivable, net		3,160,368.	4	7,350,383			
	5	Loans and other receivables from any current or	former c	fficer, director,					
		trustee, key employee, creator or founder, subs	ntributor, or 35%						
		controlled entity or family member of any of the	se persor	is		5			
	6	Loans and other receivables from other disquali	fied pers	ons (as defined					
		under section 4958(f)(1)), and persons described		6					
ŝ	7	Notes and loans receivable, net	388,528,166.	7	399,371,537				
Assets	8	Inventories for sale or use				8			
¥	9	Prepaid expenses and deferred charges			9				
	10a	Land, buildings, and equipment: cost or other							
		basis. Complete Part VI of Schedule D	10a	2,972,402.					
	b	Less: accumulated depreciation	10b	1,902,169.	1,292,160.	10c	1,070,233		
	11	Investments - publicly traded securities				11			
	12	Investments - other securities. See Part IV, line -		2,030,968.	12	2,470,306			
	13	Investments - program-related. See Part IV, line	100,268,885.	13	92,987,06				
	14	Intangible assets			14				
	15	Other assets. See Part IV, line 11		10,273,400.	15	9,639,072			
	16	Total assets. Add lines 1 through 15 (must equ			600,473,548.	16	583,801,509		
	17	Accounts payable and accrued expenses	4,555,550.	17	5,308,749				
	18	Grants payable				18			
	19	Deferred revenue				19			
	20	Tax-exempt bond liabilities				20			
	21	Escrow or custodial account liability. Complete				21			
s l	22	Loans and other payables to any current or form	ner office	r, director,					
litie		trustee, key employee, creator or founder, subs	tantial co	ntributor, or 35%					
Liabilities		controlled entity or family member of any of the	se persor	is		22			
	23	Secured mortgages and notes payable to unrela	ated third	parties	408,866,103.	23	396,734,938		
	24	Unsecured notes and loans payable to unrelated	d third pa	rties		24			
	25	Other liabilities (including federal income tax, pa	yables to	related third					
		parties, and other liabilities not included on lines	s 17-24). (Complete Part X					
		of Schedule D			18,158,181.	25	16,761,074		
	26	Total liabilities. Add lines 17 through 25			431,579,834.	26	418,804,763		
		Organizations that follow FASB ASC 958, che	ck here	X					
Sec		and complete lines 27, 28, 32, and 33.							
aŭ	27	Net assets without donor restrictions			120,919,519.	27	115,654,148		
Ba	28	Net assets with donor restrictions			47,974,195.	28	49,342,600		
p L		Organizations that do not follow FASB ASC 9	58, chec	k here					
2		and complete lines 29 through 33.							
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds				29			
set	30	Paid-in or capital surplus, or land, building, or ed				30			
As	31	Retained earnings, endowment, accumulated in				31			
let	32	Total net assets or fund balances			168,893,714.	32	164,996,748		
	33	Total liabilities and net assets/fund balances			600,473,548.	33	583,801,509		

Form 990 (2022)

232011 12-13-22

Form	1990 (2022) CAPITAL IMPACT PARTNERS	52-12901	27	Pa	_{ge} 12				
Pa	rt XI Reconciliation of Net Assets				4				
	Check if Schedule O contains a response or note to any line in this Part XI				X				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	62	,753,	327.				
2	Total expenses (must equal Part IX, column (A), line 25)	2	58	,408,	239.				
3									
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	168	,893,	714.				
5	Net unrealized gains (losses) on investments	5	-4	,943,	089.				
6	Donated services and use of facilities	6							
7	Investment expenses	7							
8	Prior period adjustments	8							
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-3	,298,	965.				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,								
	column (B))	10	164	,996,	748.				
Pa	rt XII Financial Statements and Reporting								
	Check if Schedule O contains a response or note to any line in this Part XII				X				
				Yes	No				
1	Accounting method used to prepare the Form 990: Cash X Accrual Other								
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	О.							
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X				
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a							
	separate basis, consolidated basis, or both:								
	Separate basis Consolidated basis Both consolidated and separate basis								
b	Were the organization's financial statements audited by an independent accountant?		2b	X	L				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,							
	consolidated basis, or both:								
	Separate basis X Consolidated basis Both consolidated and separate basis								
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,							
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	L				
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.							
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the								
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a	Х	L				
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit							
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	X 000					

Form **990** (2022)

232012 12-13-22

Department of the Treasury Internal Revenue Service

(Form 990)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2022
Open to Public Inspection

Name of the organization

Nam	lame of the organization Employer identification number												
			L IMPACT PARTNE						52-1290127				
Pa	τI	Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	S.					
The o	organ	ization is not a private found	ation because it is: (F	For lines 1 through 12, cl	heck only	one box.)							
1		A church, convention of ch	urches, or associatio	n of churches described	l in sectio	n 170(b)(1	I)(A)(i).						
2		A school described in sect	ion 170(b)(1)(A)(ii). (/	Attach Schedule E (Form	า 990).)								
3		A hospital or a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	i).						
4		A medical research organiz	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,				
		city, and state:											
5		An organization operated for	or the benefit of a col	lege or university owned	l or operat	ed by a go	vernmental u	nit describe	ed in				
		section 170(b)(1)(A)(iv). (C	Complete Part II.)										
6		A federal, state, or local gov	vernment or governm	nental unit described in	section 17	′0(b)(1)(A)	(v).						
7	Х	X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in											
		section 170(b)(1)(A)(vi). (Complete Part II.)											
8	A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)												
9		An agricultural research org	anization described	in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a	land-grant	college				
		or university or a non-land-g	grant college of agricu	ulture (see instructions).	Enter the i	name, city	, and state of	the college	or				
		university:											
10		An organization that norma	Ily receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	ip fees, and	d gross receipts from				
		activities related to its exem	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of its	s support fi	rom gross investment				
		income and unrelated busir	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the org	anization a	fter June 30, 1975.				
		See section 509(a)(2). (Con	mplete Part III.)										
11		An organization organized a	and operated exclusi	vely to test for public sat	fety. See	section 50)9(a)(4).						
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform t	he function	ns of, or to ca	rry out the	purposes of one or				
		more publicly supported or	ganizations describe	d in section 509(a)(1) o	r section	509(a)(2).	See section &	509(a)(3). (Check the box on				
		lines 12a through 12d that	describes the type of	f supporting organizatior	n and com	plete lines	12e, 12f, and	12g.					
а		Type I. A supporting orga	anization operated, su	upervised, or controlled	by its supp	orted org	anization(s), ty	pically by	giving				
		the supported organization	on(s) the power to reg	gularly appoint or elect a	majority c	f the direc	tors or truste	es of the su	ipporting				
		organization. You must o	complete Part IV, Se	ections A and B.									
b		Type II. A supporting org	anization supervised	or controlled in connect	tion with it	s supporte	d organizatio	n(s), by hav	ring				
		control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manag	ge the supp	oorted				
		organization(s). You mus	t complete Part IV,	Sections A and C.									
с		Type III functionally inte	grated. A supporting	g organization operated	in connect	ion with, a	and functional	ly integrate	d with,				
		its supported organization	n(s) (see instructions)). You must complete I	Part IV, Se	ctions A,	D, and E.						
d		Type III non-functionally	integrated. A supp	orting organization oper	ated in co	nnection w	ith its suppor	ted organiz	ation(s)				
		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distr	ibution rec	uirement and	an attentiv	reness				
		requirement (see instructi	ions). You must con	nplete Part IV, Sections	A and D,	and Part	v .						
е		Check this box if the orga	anization received a v	written determination from	m the IRS	that it is a	Туре I, Туре	II, Type III					
		functionally integrated, or	r Type III non-functior	nally integrated supporting	ng organiz	ation.							
f	Ente	er the number of supported o	organizations										
g		vide the following information			(iv) is the orac	inization listed							
	(i) Name of supported organization 	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	ng document?	(v) Amount of support (see ir	3	(vi) Amount of other support (see instructions)				
		organization		above (see instructions))	Yes	No	support (see ii	istructions	support (see instructions)				
Tota													

52-1290127

Page **2**

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2018 (b) 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 29,250,083 30,485,802. 25,666,588. 106,666,277. 16,576,230. 4,687,574 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 16,576,230, 4,687,574, 29,250,083 30,485,802. 25,666,588. 106,666,277. 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11. column (f) 33,672,599. 72,993,678. 6 Public support. Subtract line 5 from line 4 Section B. Total Support <u>(e) 2</u>022 (c) 2020 Calendar year (or fiscal year beginning in) (a) 2018 (b) 2019 (d) 2021 (f) Total 16,576,230. 4,687,574. 29,250,083, 30,485,802. 25,666,588. 106,666,277. 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, 2,171,959. 3,653,545. 829,625 1,091,910. 2,821,918. 10,568,957. and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on **10** Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 6,943. 107,768 347,304 179,474. 803,959. 1,445,448. 118,680,682. **11 Total support.** Add lines 7 through 10 **12** Gross receipts from related activities, etc. (see instructions) 123,704,778. 12 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 61.50 14 % 14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) 15 Public support percentage from 2021 Schedule A, Part II, line 14 64 45 15 % 16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions Schedule A (Form 990) 2022

232022 12-09-22

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 202	2 (f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ- ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 202	2 (f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for t	•					nization,
check this box and stop here Section C. Computation of Publ						
15 Public support percentage for 2022	(line 8, column (f), d	livided by line 13,	column (f))		15	%
16 Public support percentage from 202 Section D. Computation of Inve					16	%
17 Investment income percentage for 2			line 13 column (f))		17	%
18 Investment income percentage for 2					18	%
19a 33 1/3% support tests - 2022. If the						
more than 33 1/3%, check this box a						
b 33 1/3% support tests - 2021. If the	-	•				
line 18 is not more than 33 1/3%, ch						
20 Private foundation. If the organizati						
232023 12-09-22			,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			dule A (Form 990) 2022
		17	7			,, <i>-</i> - - -

2022.04030 CAPITAL IMPACT PARTNERS 70073.01

1

2

3a

3b

3c

4a

4b

4c

5a

5b

<u>5c</u>

Yes No

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and *if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If* "Yes," *provide detail in* **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "Yes," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If* "Yes," *provide detail in* **Part VI.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below.*
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

18

232024 12-09-22

Pa	rt IV Supporting Organizations (continued)			
			Yes	No
1	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
e	tion B. Type I Supporting Organizations			
			Yes	N
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one more supported organizations have the power to regularly appoint or elect at least a majority of the organization's offic directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one suppor organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	vers,		
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s)	1		

Sec	ction D. All Type III Supporting Organizations
1	Did the organization provide to each of its supported organizations, by the last day of the fil

1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how		
	the organization maintained a close and continuous working relationship with the supported organization(s).	2	
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a		
	significant voice in the organization's investment policies and in directing the use of the organization's		
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's		
	supported organizations played in this regard.	3	

Section E. Type III Functionally Integrated Supporting Organizations

1 Check	k the box next to the met	thod that the organization	nused to satisfy the Inte	aral Part Test during the ve	ar (see instructions).
---------	---------------------------	----------------------------	---------------------------	------------------------------	------------------------

- The organization satisfied the Activities Test. Complete line 2 below. а
- h The organization is the parent of each of its supported organizations. Complete line 3 below.

с	The organization supported a governmental entity.	Describe in Part VI how you supported a governmental entity (see instructions).	

- Activities Test. Answer lines 2a and 2b below. 2
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes." then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes." explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard. 232025 12-09-22

3b Schedule A (Form 990) 2022

2a

2b

3a

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2022.04030 CAPITAL IMPACT PARTNERS

19

Yes No

Yes No

-	dule A (Form 990) 2022 CAPITAL IMPACT PARTNERS			52-1290127 Pa
	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti			
I	Check here if the organization satisfied the Integral Part Test as a qualify		•	Part VI). See instruction
	All other Type III non-functionally integrated supporting organizations mu	st complete S	Sections A through E.	
ect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
ect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
ect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

Schedule A (Form 990) 2022

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	organizations, in excess of income from activity	2			
3	Administrative expenses paid to accomplish exempt purpose	3			
4	Amounts paid to acquire exempt-use assets	4			
5	Qualified set-aside amounts (prior IRS approval required - pri		5		
6	Other distributions (<i>describe in Part VI</i>). See instructions.		6		
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.	-		8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2022	າຣ	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
a	From 2017				
b	From 2018				
c	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
	Excess from 2022				

Schedule A (Form 990) 2022

1 Amounts paid to supported organizations to accomplish exempt purposes

2 Amounts paid to perform activity that directly furthers exempt purposes of supported

Current Year

1

Scheo Part V

Section D - Distributions

	(Form	QQU	2022	
ule A	ronn	9901	2022	

Schedule A	(Form 990) 2022			PARTNERS	52-1290127	Page 8
Part VI	Supplemental Infor Part IV, Section A, lines 1 line 1; Part IV, Section D,	, 2, 3b, 3c, 4 lines 2 and	4b, 4c, 5a 3; Part IV,	e explanations required by Part II, line 10; Part II, line , 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1 n E, lines 2, 5, and 6. Also complete this part for any	; Ines 1 and 2; Part IV, Section ; Part V, Section B, line 1e; Pa	n C,
232028 12-09-2	2			22	Schedule A (Form S	990) 2022
						/

52-1290127

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2022

Employer identification number

52-1290127

Department of the Treasury	
Internal Revenue Service	

Schedule B

(Form 990)

Name of the organization

Organization type (check one):

CAPITAL IMPACT PARTNERS	CAPITAL	IMPACT	PARTNERS
-------------------------	---------	--------	----------

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(³) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

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

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

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, 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), 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 for an *exclusively* set in the set of t

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2022)

	3 (Form 990) (2022)		Page 2
Name of or	rganization	E	mployer identification number
CAPITAL	IMPACT PARTNERS		52-1290127
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		\$6,200,00	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$5,000,00	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
<u>No.</u> <u>3</u>	Name, address, and ZIP + 4	Total contributions	Type of contribution Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$3,000,00	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$2,300,00	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
6		\$1,002,83	Person X Payroll (Complete Part II for noncash contributions.) Schedule B (Form 990) (2022)

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	B (Form 990) (2022)		F armele	Page 2
Name of c	organization		Emplo	yer identification number
CAPITAL	IMPACT PARTNERS		52	2-1290127
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 contributio	ns	(d) Type of contribution
7		\$1,000	,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution
8		\$1,000	,000.	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution
9		\$566	,667.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution
10		\$550,	,000.	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution
11		\$500	,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution
12		\$300,	,300.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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	3 (Form 990) (2022)		1	Page 2
Name of or	rganization		Emplo	yer identification number
CAPITAL	IMPACT PARTNERS		5	2-1290127
Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	al space is needed.		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ons	(d) Type of contribution
13		\$250	<u>,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ons	(d) Type of contribution
14		\$250	<u>,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)		(d)
<u> </u>	Name, address, and ZIP + 4	\$205	,000.	Type of contribution Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ons	(d) Type of contribution
16_		\$100	<u>,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ons	(d) Type of contribution
		\$75	,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ons	(d) Type of contribution
<u></u>		\$60	,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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Schedule E Name of or	3 (Form 990) (2022)	Fn	Page 2
Name of of	ganzation		
	IMPACT PARTNERS		52-1290127
Part I	Contributors (see instructions). Use duplicate copies of Part I if	additional space is needed.	1
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$60,000	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20		\$50,000	Person X Payroll
(a) No.	(b)	(c) Total contributions	(d) Type of contribution
21	Name, address, and ZIP + 4	\$50,000	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$40,000	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
23		\$24,000	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
24		\$20,000	Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2022)

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Schedule B (Form 990) (2022)

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	3 (Form 990) (2022)		Page 2
Name of o	rganization	En	nployer identification number
CAPITAL	IMPACT PARTNERS		52-1290127
Part I	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25_		\$10,000	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
26		\$10,000	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$10,000	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
28		\$10,000	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
29_		\$5,225	Person X Payroll Image: 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.)

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	B (Form 990) (2022)		Page
Name of o	rganization		Employer identification number
CAPITAL	IMPACT PARTNERS		52-1290127
Part II	Noncash Property (see instructions). Use duplicate copies of Par	t II if additional space is needed	I.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions)	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions)	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions)	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
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Schedule I	B (Form 990) (2022)				Page 4
Name of o	rganization				Employer identification number
CAPITAL	IMPACT PARTNERS				52-1290127
Part III	Exclusively religious, charitable, etc., contribution from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, or Use duplicate copies of Part III if additional s	through (e) and the followin tharitable, etc., contributions of \$	a line entry. For or	ganizations	
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	jift	(d) Desc	cription of how gift is held
		(e) Transf	er of gift		
	Transferee's name, address, a	nd ZIP + 4	R(elationship of tra	nsferor to transferee
(a) No. from	(b) Purpose of gift	(a) Use of a	.:#	(d) Dose	printion of how gift is hold
Part I	(b) Pulpose of gift	(c) Use of g			cription of how gift is held
		(e) Transf	er of gift		
	Transferee's name, address, and ZIP + 4			or girt Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	jift	(d) Desc	cription of how gift is held
·		(e) Transf	er of gift		
·	Transferee's name, address, and ZIP + 4		R	elationship of tra	nsferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	jift	(d) Desc	cription of how gift is held
		(e) Transf	er of gift		
·	Transferee's name, address, a	nd ZIP + 4	R	elationship of tra	nsferor to transferee

SCHEDULE D		Financial Statement		OMB No. 1545-0047
Form 990)	Complete if the organiz Part IV. line 6, 7, 8, 9, 10, 1	zation answered "Yes" on Form 990, I1a, 11b, 11c, 11d, 11e, 11f, 12a, or 1	2b.	ZUZZ
epartment of the Treasury	Atta	ach to Form 990.		Open to Public Inspection
ternal Revenue Service		for instructions and the latest inform		
lame of the organizat	CAPITAL IMPACT PARTNERS			ployer identification numbe 52-1290127
Part I Organiz	ations Maintaining Donor Advised	Funds or Other Similar Funds	or Accou	
	on answered "Yes" on Form 990, Part IV, line			
		(a) Donor advised funds	(b) Fu	nds and other accounts
1 Total number at e	nd of year			
	of contributions to (during year)			
	of grants from (during year)			
	t end of year			
	on inform all donors and donor advisors in wr	iting that the assets held in donor advi	sed funds	
-	on's property, subject to the organization's ex	-		Yes N
	on inform all grantees, donors, and donor adv			
	poses and not for the benefit of the donor or c			
impermissible priv			•	Yes N
	ation Easements. Complete if the organ			
1 Purpose(s) of con	servation easements held by the organization n of land for public use (for example, recreation of natural habitat	(check all that apply). on or education) Preservation of	of a historically	/ important land area istoric structure
 Purpose(s) of con Preservation Protection of Preservation Complete lines 2a 	servation easements held by the organization n of land for public use (for example, recreation of natural habitat n of open space through 2d if the organization held a qualified	(check all that apply). on or education) Preservation of Preservation of Preservation of Preservation of Preservation of Preservation of	of a historically	/ important land area istoric structure ation easement on the last
 Purpose(s) of con Preservation Protection of Preservation Preservation Complete lines 2a day of the tax year 	servation easements held by the organization n of land for public use (for example, recreation of natural habitat n of open space through 2d if the organization held a qualified r.	(check all that apply). on or education) Preservation of Prese	of a historically of a certified h	/ important land area istoric structure ation easement on the last
 Purpose(s) of con Preservation Protection of Preservation Preservation Complete lines 2a day of the tax year a Total number of content 	servation easements held by the organization n of land for public use (for example, recreation of natural habitat n of open space through 2d if the organization held a qualified r. onservation easements	(check all that apply). on or education) Preservation on Preservation on Preservation of Preservation of Preservation of Preservation on the form	of a historically of a certified h of a conserva- 2a	/ important land area istoric structure ation easement on the last
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 Purpose(s) of con Preservation Protection of Preservation Complete lines 2a day of the tax year a Total number of conservation Total acreage rest C Number of conservation Number of conservation Number of conservation 	servation easements held by the organization of land for public use (for example, recreation of natural habitat of open space through 2d if the organization held a qualified r. onservation easements ricted by conservation easements vation easements on a certified historic struct vation easements included in (c) acquired after listed in the National Register	(check all that apply). on or education) Preservation of Preservation of Preservation of Conservation contribution in the form ture included in (a) er July 25,2006, and not on a	of a historically of a certified h of a conserva 2a 2b 2c 2d	/ important land area istoric structure ation easement on the last Held at the End of the Tax Yea
 Purpose(s) of con Preservation Protection of Protection of Preservation Complete lines 2a day of the tax year Total number of c Total acreage rest Number of consent Number of consent Number of consent Number of consent year 	servation easements held by the organization of land for public use (for example, recreation of natural habitat of open space through 2d if the organization held a qualifier r. onservation easements ricted by conservation easements vation easements on a certified historic struct vation easements included in (c) acquired after isted in the National Register vation easements modified, transferred, relea	(check all that apply). on or education) Preservation of Preservation of Preservation of Preservation of the conservation contribution in the form ture included in (a) er July 25,2006, and not on a	of a historically of a certified h of a conserva 2a 2b 2c 2d	/ important land area istoric structure ation easement on the last Held at the End of the Tax Yea
 Purpose(s) of con Preservation Protection of Protection of Preservation Complete lines 2a day of the tax year Total acreage resided Number of conservation Number of states 	servation easements held by the organization of land for public use (for example, recreation of natural habitat of open space through 2d if the organization held a qualified r. onservation easements vation easements on a certified historic struct vation easements included in (c) acquired after listed in the National Register vation easements modified, transferred, relea	(check all that apply). on or education) Preservation of Preservation of Preservation of Preservation of the conservation contribution in the form ture included in (a) er July 25,2006, and not on a seed, extinguished, or terminated by the ment is located	of a historically of a certified h n of a conserva 2a 2b 2c 2d e organizatior	/ important land area istoric structure ation easement on the last Held at the End of the Tax Yea
 Purpose(s) of con Preservation Protection of Protection of Preservation Complete lines 2a day of the tax year Total number of c Total acreage resident Number of consend historic structure Number of consend year	servation easements held by the organization of land for public use (for example, recreation of natural habitat of open space through 2d if the organization held a qualifier r. onservation easements ricted by conservation easements vation easements on a certified historic struct vation easements included in (c) acquired after isted in the National Register vation easements modified, transferred, relea	(check all that apply). on or education) Preservation of Preservation of Preservation of Conservation contribution in the form ture included in (a) er July 25,2006, and not on a ased, extinguished, or terminated by th ment is located dic monitoring, inspection, handling of	of a historically of a certified h of a conserva 2a 2b 2c 2d e organizatior	/ important land area istoric structure ation easement on the last Held at the End of the Tax Yea
 Purpose(s) of con Preservation Protection of Protection of Protection of Proservation Complete lines 2a day of the tax year a Total number of consending the tax of the tax day of the tax of tax of the tax of tax of the tax of tax of	servation easements held by the organization of land for public use (for example, recreation of natural habitat of open space through 2d if the organization held a qualifier r. onservation easements vation easements on a certified historic struc vation easements included in (c) acquired after listed in the National Register vation easements modified, transferred, relea where property subject to conservation easem tion have a written policy regarding the perior forcement of the conservation easements it h	(check all that apply). on or education) Preservation of Preservation of Preservation of Preservation of Conservation contribution in the form ture included in (a) er July 25,2006, and not on a ased, extinguished, or terminated by th ment is located dic monitoring, inspection, handling of olds?	of a historically of a certified h of a conserva 2a 2b 2c 2c 2d e organizatior	/ important land area istoric structure ation easement on the last Held at the End of the Tax Ye
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 Purpose(s) of con Preservation Protection of Protection of Protection of Preservation Complete lines 2a day of the tax year a Total number of consending the tax of the tax year Number of consending the tax of tax of the tax of the tax of t	servation easements held by the organization of land for public use (for example, recreation of natural habitat of open space through 2d if the organization held a qualifier r. onservation easements vation easements on a certified historic struc vation easements included in (c) acquired after listed in the National Register vation easements modified, transferred, relea where property subject to conservation easem tion have a written policy regarding the perior forcement of the conservation easements it h	(check all that apply). on or education) Preservation of Preservation of d conservation contribution in the form ture included in (a) er July 25,2006, and not on a ased, extinguished, or terminated by th ment is located dic monitoring, inspection, handling of olds?	of a historically of a certified h of a conserva 2a 2b 2c 2d e organization	/ important land area istoric structure ation easement on the last Held at the End of the Tax Yes during the tax Mements during the year
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	organization's accounting for conservation easements.
Par	rt III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.
1a	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works
	of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public
	service, provide in Part XIII the text of the footnote to its financial statements that describes these items.
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of
	art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service,
	provide the following amounts relating to these items:

	(i) Revenue included on Form 990, Part VIII, line 1	\$
	(ii) Assets included in Form 990, Part X	\$
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide	e
	the following amounts required to be reported under FASB ASC 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1	\$
b	Assets included in Form 990, Part X	\$
LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule D (Form 990) 2022
232051	09-01-22	

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2022.04030	CAPITAL	IMPACT	PARTNERS

Sche	dule D (Form 990) 2022 CAPITAL IME	PACT PARTNERS						52-129	0127	P	age 2
Par	t III Organizations Maintaining C	ollections of Art	, Histori	cal Tre	asures, or	Other	Similar	r Assets	(contir	nued)	
3	Using the organization's acquisition, accession	on, and other records	s, check an	y of the f	ollowing that	make sig	gnificant u	use of its			
	collection items (check all that apply):			•	C						
а	Public exhibition	d	Loa	an or exc	hange progra	m					
b	Scholarly research	е			0,0						
с	Preservation for future generations										
4	Provide a description of the organization's co	ellections and explain	how they	further th	e organizatio	n's exem	not purpos	se in Part	XIII.		
5	During the year, did the organization solicit o										
•	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arrange								_		
	reported an amount on Form 990, Par			gainzatio				, i aiciv, i	110 0, 01		
10	Is the organization an agent, trustee, custodi		any for con	tributions	or other ass	ets not in	ocluded				
Ia									Yes		No
h	on Form 990, Part X? If "Yes," explain the arrangement in Part XIII							∟	_ 165		
D	in res, explain the arrangement in Part XIII a	and complete the loli	owing table	3.					Amoun	+	
	De sinsis a la dese								Amoun	<u> </u>	
с.	Beginning balance										
d	Additions during the year										
е	Distributions during the year										
f	Ending balance						1f		7		7
	Did the organization include an amount on Fe						:y?	L	Yes		No
	If "Yes," explain the arrangement in Part XIII.										
Par	t V Endowment Funds. Complete i								() =		
		(a) Current year	(b) Prior	•	(c) Two year			ears back			
1a	Beginning of year balance	47,974,195.		8,035.	27,445			17,024.		,292,	
b	Contributions	16,601,363.		5,802.	14,250	,083.	4,4	37,574.	16,	,576,	230.
С	Net investment earnings, gains, and losses	77,325.	3	0,639.	62	,924.	2	49,945.		152,	650.
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs	15,310,283.	14,11	0,281.	8,190	,657.	6,9	58,858.	5,	,304,	315.
f	Administrative expenses										
g	End of year balance	49,342,600.	47,97	4,195.	33,568	,035.	27,4	45,685.	29,	,717,	024.
2	Provide the estimated percentage of the curr	ent year end balance	e (line 1g, co	olumn (a)) held as:						
а	Board designated or quasi-endowment	•	%	()	,						
b	Permanent endowment	%									
c	Term endowment 100										
•	The percentages on lines 2a, 2b, and 2c show										
39	Are there endowment funds not in the posse		tion that an	e held ar	nd administer	ed for the	2				
ou	organization by:	solori or the organiza	don that ar	e neia ai]	Yes	No
	c								3a(i)		x
	(i) Unrelated organizations										x
h	(ii) Related organizations If "Yes" on line 3a(ii), are the related organiza								3a(ii)		
									3b		L
4 Dar	Describe in Part XIII the intended uses of the t VI Land, Buildings, and Equipm		vment tunc	IS.							
T ai	Complete if the organization answered		Dort IV lin	0 110 S	oo Eorm 000	Dort V I	ina 10				
								.			
	Description of property	(a) Cost or of		. ,	or other	• •	cumulate	ed	(d) Boo	k valu	е
		basis (investm	ient)	Dasis	(other)	aep	preciation				
1a	Land										
b	Buildings						-				
с	Leasehold improvements			1	<u>,</u> 909,896.		949,			959,	
d	Equipment				323,709.		320,				902.
е	Other				738,797.		631,	381.		107,	416.
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part)	K. column (i	<u>B). line 1</u>	0c.)				1,	,070,	233.
								Schedule	D (Forn	n 990)	2022

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) EQUITY - FHLB ATLANTA	1,312,200.	COST
(2) INVESTMENT IN ROC USA	3,608,302.	COST
(3) NEW MARKET TAX CREDIT ENTITIES	18,537.	COST
(4) INVESTMENT IN CSFP	343,752.	COST
(5) MORTGAGE BACKED AND US TREASURY		
(6) SECURITIES	29,230,723.	END-OF-YEAR MARKET VALUE
(7) OTHER INVESTMENTS	286,674.	END-OF-YEAR MARKET VALUE
(8) INVESTMENT IN CIIF	8,947,508.	COST
(9) INNOVATION INVESTMENT PORTFOLIO	875,435.	COST
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	92,987,066.	

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	REFUNDABLE ADVANCE LIABILITY	6,172,250.
(3)	LEASE LIABILITIES	10,588,824.
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	16,761,074.

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

Schedule D (Form 990) 2022

Part XI Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total revenue, gains, and other support per audited financial statements 1 56,120,274. 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: 2 -4,943,089. 2 Donated services and use of facilities 2 -2 -2 2 0 1 56,120,274. - 4 Net unrealized gains (focses) on investments 2 - - 0 Donated services and use of facilities 2 - - 2 -4,943,089. 2 - - 3 Subtract line 2 form line 1 -	Sche	dule D (Form 990) 2022 CAPITAL IMPACT PARTNERS			52-12	90127 Page 4
1 Total revenue, gains, and other support per audited financial statements 1 56,120,274. 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: 2a -4,943,089. b Donated services and use of facilities 2a -4,943,089. c Recoveries of prior year grants 2d -1,584,938. c Add lines 2a through 2d 3 62,648,301. 3 Subtract line 2e from line 1 4a 4b 105,026. 4 Add lines 4a and 4b 105,026. 5 62,753,327. Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. 5 62,753,327. Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. 5 62,753,327. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 59,034,929. 2 Amounts included on Form 990, Part IV, line 25: 2a 2a 2a 2 Amounts included on Form 990, Part IV, line 25: 2a 2a 2a 2a 3 Other (Describe in Part XIII.) 2a 731,716. 3 58,303,213. <td< th=""><th>Par</th><th>t XI Reconciliation of Revenue per Audited Financial Statement</th><th>s With F</th><th>Revenue per Re</th><th>turn.</th><th></th></td<>	Par	t XI Reconciliation of Revenue per Audited Financial Statement	s With F	Revenue per Re	turn.	
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: 2a -4,943,089. a Net unrealized gains (losses) on investments 2b 2b c Recoveries of prior year grants 2c -1,584,938. d Other (Describe in Part XIII.) 2d -1,584,938. 2e -6,528,027. 3 Subtract line 2e from line 1 3 62,648,301. 3 62,648,301. 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a a 4a 105,026. 4 Add lines 3 and 4e. (This must equal Form 990, Part IV, line 12) 5 62,753,327. Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12. 1 59,034,929. 1 Total expenses and losses per audited financial statements 1 59,034,929. 1 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: 1 1 59,034,929. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25. 2a 2a 2a 1 3 Subtract line 2e from line 1 3 58,303,213. 3 <td></td> <td>Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.</td> <td></td> <td></td> <td></td> <td></td>		Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
a Net unrealized gains (losses) on investments 2a -4,943,089. 2b b Donated services and use of facilities 2c c Recoveries of pior year grants 2c d Other (Describe in Part XIII.) 2c e Add lines 2a through 2d 2e 3 Subtract line 2e from line 1 3 a Amounts included on Form 990, Part VIII, line 7b 4a b Other (Describe in Part XIII.) 4b c Add lines 4a and 4b 5 62, 753, 327. 5 Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on ine 1 but not on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on Form 990, Part IX, line 25: a Donated services and use of facilities 2 Prior year adjustments c Other (Describe in Part XIII.) 4 Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part IVII, line 7b	1	Total revenue, gains, and other support per audited financial statements			1	56,120,274.
b Donated services and use of facilities 2b c ad -1,584,938. d Other (Describe in Part XIII.) 2d -1,584,938. e Add lines 2a through 2d 3 62,648,301. 3 Subtract line 2e from line 1 3 62,648,301. 4 Amounts included on Form 990, Part VIII, line 7b 4a 4b 105,026. 4 Add lines 4a and 4b 5 62,733,327. Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. 5 62,733,327. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 59,034,929. 1 Total expenses and losses per audited financial statements 1 59,034,929. 2 Amounts included on Ise 1 but not on Form 990, Part IX, line 25: 2a 731,716. 2 Donated services and use of facilities 2b 2c 731,716. 3 Subtract line 2e from line 1 2a 3 58,303,213. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: 3 58,303,213. 4 Add lines 2a through 2d 2e <t< td=""><td>2</td><td>Amounts included on line 1 but not on Form 990, Part VIII, line 12:</td><td></td><td></td><td></td><td></td></t<>	2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
c Recoveries of prior year grants 22 d Other (Describe in Part XIII.) 22 3 Subtract line 2e from line 1 3 4 Andounts included on Form 990, Part VIII, line 12, but not on line 1: 3 a Investment expenses not included on Form 990, Part VIII, line 7b 4a 4 105,026. 5 5 Total revenue. Add lines 4a and 4b 62,753,327. 7 Subtract line 2e from line 1 4a 1 Total expenses and losses per audited financial statements 5 60 Total expenses and losses per audited financial statements 1 1 Total expenses and use of facilities 2a 2 2 2a 731,716. 2 2 731,716. 3 3 Subtract line 2 from line 1 3 58,303,213. 4 Amounts included on Form 990, Part XI, line 25: 2a 731,716. 2 2a 731,716. 3 58,303,213. 4 Amounts included on Form 990, Part XI, line 25, but not on line 1: 3 58,303,213. 4 Amounts included on Form 990, Part XI, lin	а	Net unrealized gains (losses) on investments	2a	-4,943,089.		
d Other (Describe in Part XIII.) 2d -1,584,938. e Add lines 2 a through 2d 2 -6,528,027. 3 Subtract line 2e from line 1 3 62,648,301. 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a 4a a Investment expenses not included on Form 990, Part VIII, line 7D 4a 4b 105,026. b Other (Describe in Part XIII.) 4a 4b 105,026. 6c c Add lines 3 and 4b. 5 62,753,327. 62,648,301. Part XIII Perconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12. 1 Total expenses and loses per audited financial statements 1 59,034,929. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: 2a 2b 2c 2 Donated services and use of facilities 2a 731,716. 3 58,303,213. 4 Amounts included on Form 990, Part IV, line 25, but not on line 1: 3 58,303,213. 3 58,303,213. 4 Amounts included on Form 990, Part IV, line 7b 4a 4a 105,026. 105,026	b	Donated services and use of facilities	2b			
 Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4 da 4 b 105,026. 4 c 105,026. 4 c 105,026. 5 Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part IV, line 12</i>) 4 da lines 2m line 1 4 c 1 Total expenses and losses per audited financial statements 2a 2a 2a 2a 2a 4 da lines 2 a through 2d 4 da lines 2 a through 2d 4 da lines 2 a through 2d 3 dat lines 2a through 2d 3 dat lines 2a through 2d 2a 2a 731,716. 2a 731,716. 2a 731,716. 3 battract line 2e from 190, Part IV, line 25; a lines 2a through 2d 2a 731,716. 2a 731,716. 3 battract line 2e from 190, Part IX, line 25; a lines 2a through 2d 2a 731,716. 2a 731,716. 3 battract line 2e from 190, Part IX, line 25; a lines 2a through 2d 2a 731,716. 3 battract line 2e from 190, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part IV, line 18. 90 Other (Describe in Part XIII.) 4a 105,026. 5 58,408,239. Part XIII Supplemental Information. Part XIII Suppl	С	Recoveries of prior year grants	2c			
3 Subtract line 2e from line 1 3 62,648,301. 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a 4a 4b 105,026. a Investment expenses not included on Form 990, Part VIII, line 7b 4a 4b 105,026. 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part II, line 12) 5 62,753,327. Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. 5 62,753,327. Complete if the organization answered "Yes" on Form 990, Part IX, line 12a. 1 59,034,929. 5 1 Total expenses and losses per audited financial statements 2a 2a 2a 2 Mounts included on line 1 but not on Form 990, Part IX, line 25: 2a 2a 731,716. 2 Donated services and use of facilities 2a 2a 731,716. 2a 3 58,303,213. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: 3 58,303,213. 4 Amounts included on Form 990, Part VIII, line 7b 4a 4b 105,026. 5 51,303,213. 4 Amounts included on Form 990, Part VIII, line 7b<	d	Other (Describe in Part XIII.)	2d	-1,584,938.		
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: 4a 4a a Investment expenses not included on Form 990, Part VIII, line 7b 4a 4b 105,026. b Other (Describe in Part XIII.) 4c 105,026. 4c 105,026. 5 Total revenue, Add lines 3 and 4c. (This must equal Form 990, Part IV, line 12.) 5 62,753,327. Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. 2a 5 Complete if the organization answerd "Yes" on Form 990, Part IV, line 12a. 1 59,034,929. 1 Total expenses and losses per audited financial statements 1 59,034,929. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: 2a 2a 2a 2 Other (Describe in Part XIII.) 2a 2a 2a 731,716. 3 Subtract line 2e from line 1 3 58,303,213. 3 358,303,213. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: 1 105,026. 5 58,408,239. 3 Subtract line 2e from line 1 4a 105,026. 5 58,408,239. 58,408,239. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: 1 105,026.	е	Add lines 2a through 2d			2e	
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b Other (Describe in Part XIII.) 4b 105,026. c Add lines 4a and 4b 4c 105,026. 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.) 5 62,753,327. Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12. 1 59,034,929. 1 Total expenses and losses per audited financial statements 1 59,034,929. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: 2a a Donated services and use of facilities 2b b Prior year adjustments 2b c Other losses 2c d Other (Describe in Part XIII.) 2d 731,716. e Add lines 2a through 2d 3 58,303,213. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: 3 58,303,213. a Investment expenses not included on Form 990, Part VIII, line 7b 4a b Other (Describe in Part XIII.) 4a c Add lines 4a and 4b 5 58,408,239. Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. line 18.) 5 58,408,239. Part XIII Supplemental Information. 5 58,408,239. Part XIII Supplemental Information. 5 58,408,239.	4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
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Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities 2a b Prior year adjustments 2b c Other losses 2c d Other (Describe in Part XIII.) 2d e Add lines 2a through 2d 2e 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4a b Other (Describe in Part XIII.) 4a c Add lines 4a and 4b 4c 5 Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 18.</i>) Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b, Also complete this part to provide any additional information.	с	Add lines 4a and 4b			4c	105,026.
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other stating and the statements b Other (Describe in Part XIII.) c Add lines 4a and 4b f 58, 408, 239. Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part II, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part t	5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			-	62,753,327.
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b Other (Describe in Part XIII.) 4b 105,026. c Add lines 4a and 4b 4c 105,026. 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I, line 18.) 5 58,408,239. Part XIII Supplemental Information. 5 58,408,239. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. PART V, LINE 4:	4					
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Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. PART V, LINE 4:	с				4c	105,026.
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.)			5	58,408,239.
ines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	Par	t XIII Supplemental Information.				
PART V, LINE 4:	Provi	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV,	, lines 1b a	and 2b; Part V, line 4	; Part X, I	line 2; Part XI,
	lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addition	onal inform	nation.		
VET ASSETS WITH DONOR RESTRICTIONS ARE USED FOR CIP'S PROGRAMS, INCLUDING	PART	V, LINE 4:				
NET ASSETS WITH DONOR RESTRICTIONS ARE USED FOR CIP'S PROGRAMS, INCLUDING						
	NET	ASSETS WITH DONOR RESTRICTIONS ARE USED FOR CIP'S PROGRAMS, INC	LUDING			
A REVOLVING LOAN FUND TO FINANCE DEVELOPMENT AND EXPANSION OF SMALL	.					

34

BUSINESSES.

PART X, LINE 2:

CAPITAL IMPACT PARTNERS IS GENERALLY EXEMPT FROM FEDERAL INCOME TAXES

UNDER THE PROVISIONS OF SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. IN

ADDITION, CAPITAL IMPACT PARTNERS QUALIFIES FOR CHARITABLE CONTRIBUTION

DEDUCTIONS AND HAS BEEN CLASSIFIED AS AN ORGANIZATION THAT IS NOT A

PRIVATE FOUNDATION. INCOME WHICH IS NOT RELATED TO EXEMPT PURPOSES, LESS

APPLICABLE DEDUCTIONS, IS SUBJECT TO FEDERAL CORPORATE INCOME TAXES.

232054 09-01-22

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022 on Find The Finder Finder	Fage 3
Part XIII Supplemental Information (continued)	
MANAGEMENT EVALUATED CAPITAL IMPACT PARTNERS' TAX POSITIONS AND CONCLUDE	ED
THAT CAPITAL IMPACT PARTNERS HAD TAKEN NO UNCERTAIN TAX POSITIONS THAT	
REQUIRE ADJUSTMENT TO THE FINANCIAL STATEMENTS. CONSEQUENTLY, NO ACCRUAL	
FOR FEDERAL OR STATE TAX LIABILITY FOR INTEREST AND PENALTIES WAS DEEMED)
NECESSARY FOR THE YEARS ENDED DECEMBER 31, 2022 AND 2021. CAPITAL IMPACT	r
PARTNERS FILES TAX RETURNS IN THE U.S. FEDERAL JURISDICTION AND	
CALIFORNIA. GENERALLY, CAPITAL IMPACT PARTNERS IS NO LONGER SUBJECT TO	
INCOME TAX EXAMINATION BY THE U.S. FEDERAL OR STATE TAX AUTHORITIES FOR	
YEARS BEFORE 2019.	
PART XI, LINE 2D - OTHER ADJUSTMENTS:	
	120.
	027.
NEW MARKET TAX CREDIT UNWIND -21,8	
	938.
iiiii	
PART XI, LINE 4B - OTHER ADJUSTMENTS:	
INVESTMENT FEES NETTED WITH INVESTMENT INCOME ON AUDIT 105,0	126
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
	21.0
EXPENSES RELATED TO CONSOLIDATED SUBSIDIARIES 731,7	10.
PART XII, LINE 4B - OTHER ADJUSTMENTS:	
INVESTMENT FEES NETTED WITH INVESTMENT EXPENSES ON AUDIT 105,0)26.
	Schedule D (Form 990) 2022
232055 09-01-22	

10101010 759370 70073.0000

CAPITAL IMPACT PARTNERS

Part XIII Supplemental Information (continued)		
Part VIII Investments - Program Related. See Form 990, Part X, line	13.	
(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
WORKFORCE AFFORDABLE HOUSING FUND 1, LLC	22,812,857.	COST
INVESTMENT IN EQUITABLE PROSPERITY FUND I GP LLC	10,523,957.	COST
INVESTMENT IN ALLIANCE SECURITIES MANAGER LLC	15,027,121.	COST

Schedule D (Form 990)

232431 04-01-22

Description of the Tempory Barlow Attach to Form 990. Go to www.irs.gov/Form990 for the latest information. Open to Public Inspection Name of the organization CAPITAL IMPACT PARTNERS Employer identification number 52-1289127 Fart I General Information on Carnts and Assistance Imployer identification number 52-1289127 Fart I General Information on Carnts and Assistance Imployer identification number 52-1289127 Part I General Information animation records to substantiate the amount of the grants or assistance, and the selection criteria used to award the organization on molecting the use of grant funds in the United States. Imployer identification number 70 Part I Carnet inform animation records for grant funds in the United States. Part II General Information On Carnita and Assistance to Domestic Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (g) Amount of (graphicable) (g) Amount of (graphicable) (g) Amount of (graphicable) (g) Amount of (graphicable) (g) Description of noncesh assistance or government (g) Description of noncesh assistance (g) Description	SCHEDULE I (Form 990)	Go	irants and Oth vernments, an ete if the organization	d Individual	s in the Ŭni	ted States		OMB No. 1545-0047		
Internal Nextee Coto www.irs.gov/Form990 for the latest information. Inspection Name of the organization CAP 17AL IMPACT PARTNERS Employer identification number \$2 i 1291127 Part I Ceneral Information on Grants and Assistance Impact Nextee	Department of the Treasury	•••••				,		Open to Public		
CAPTAL INPACT PARTNERS 52-1290127 Part General Information on Grants and Assistance IDest the organization maintain records to substantiate the amount of the grants or assistance, the grant sort assistance, and the selection or direia used to award the grants or assistance? Image: Captain Captai		Go to www.irs.gov/Form990 for the latest information.								
Part1 General Information on Grants and Assistance 1 Dees the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection 2 Describe in Part V the organization's procedures for monitoring the use of grant funds in the United States. Part10 Grants and Other Assistance? 2 Describe in Part V the organization's procedures for monitoring the use of grant funds in the United States. Part10 Grants and Other Assistance to Domestic Organization as a Domestic Governments. Complete if the organization answered "Yes' on Form 990, Part IV, line 21, for any received more than 85,000. Part II can be duplicated if additional space is needed. 1 (a) Name and address of organization or government (b) EIN (c) IRC section (f applicable) (d) Annount of cash grant (f) Method of valuation (b, W, appraisal, other with another businesses to compose if a satistance in on cash assistance (f) Method of valuation (b, W, appraisal, other with another businesses to compose if a satistance if additional space is needed. CDC SMALL BUSINESS DEVELOPMENT (c) OF AN DEBOOR 95 - 3512045 501 (c) (3) 998, 334. 0. (f) Method of to CartaLyzze BUSINESS (f) Deutops of grant access to Deutops of a satistance is needed. CITY FIRST ENTERPRISES, INC 1342 FLORITA AVENUE, NW 52 - 2101165 501 (c) (3) 54, 628. 0. Deutops of CartaL	0									
1 Dees the organization maintain records to substantiate the amount of the grants or assistance, the grantes or assistance, and the selection criteria used to award the grants or assistance? Image: Construction of the grants or assistance or assist								52-1290127		
Check Yes No 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part III Grants and Other Assistance to Domestic Organizations and Domestic Gevernments. Complete If the organization answered "Yes' on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of valuation (book, or organization or government (g) Description of noncash assistance (h) Purpose of grant or organization or government 1(a) Name and address of organization or government (b) EIN (c) IRC section (d) Amount of noncash assistance (g) Description of noncash assistance (h) Purpose of grant or or assistance CDC SMALL BUSINESS DEVELOPMENT (c) IRC section (d) Amount of noncash assistance (g) Description of noncash assistance (h) Purpose of grant or assistance CDC C SMALL BUSINESS DEVELOPMENT (c) IRC section (d) Amount of noncash assistance (g) Description of noncash assistance (h) Purpose of grant or assistance CTTY PIRST ENTERPRISES, INC 1142 FLACIDA AVENUE, NW 95-3512045 501 (C) (3) 54,628. 0. Winth FOO DeutsiteSESS FOR DC MASILINGTON, DC 20009 52-2101165 501 (C) (3) 191,271. 0. WINED FOOD BUSINESSES MEDICI ROAD, INC 1623 K ST, SUTTE										
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	, , ,									
1232 SHIFT CUBED PARTNERS TO FUND ACQUISITION COSTS	20018	54-1442466	501 (C)(3)	145,620.	0.			OWNED FOOD BUSINESSES		
	1232 CHIET CURED DADTNEDS							TO FUND ACOULSTATON COSTS		
3525 I STREET FOR AFFORDABLE HOUSING IN								-		
PHILADELPHIA, PA 19134 88-3236933 100,000. 0. UNDERSERVED COMMUNITIES		88-3236933		100 000	n					
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	,		l	,						

3 Enter total number of other organizations listed in the line 1 table ...

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

52-1290127 Page 1

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
7 AND M DEVELOPMENT, LLC							TO DETERMINE PROJECT
80 M STREET SOUTHEAST, 1ST FLOOR							FEASABILITY FOR
WASHINGTON, DC 20003	82-3116919		25,000.	0.			AFFORDABLE HOUSING
			,				TO CATALYZE BUSINESS
A 1 GROCERY STORE							GROWTH AND SUPPORT
615 DIVISION AVENUE, NE							BUSINESS SUCCESS FOR DC
WASHINGTON, DC 20019	83-1359954		50,000.	0.			OWNED FOOD BUSINESSES
AFRICAN AMERICAN ALLIANCE OF CDFI							INTERNAL CAPACITY
CEOS - 301 EAST PINE STREET -							BUILDING FOR BLACK LED
ORLANDO, FL 32801	85-2659114		43,334.	0.			CDFI'S
<i>.</i>							
ANYUMBA CONSTRUCTION AND							
DEVELOPMENT ,LLC - 311 LANSDOWNE							FOR CAPACITY BUILDING ANI
ROAD - HAVERTOWN, PA 19083	82-1581532		277,778.	0.			BUSINESS GROWTH
ATLANTICA PROPERTIES							
541 10TH STREET, SUITE 249							FOR CAPACITY BUILDING ANI
ATLANTA, GA 30318	47-4731167		500,000.	0.			BUSINESS GROWTH
· · · ·			,				TO CATALYZE BUSINESS
BABAS'S COOKING SCHOOL LLC DBA							GROWTH AND SUPPORT
EATSPLACE - 3607 GEORGIA AVE NW -							BUSINESS SUCCESS FOR DC
WASHINGTON, DC 20010	46-1558128		19,203.	0.			OWNED FOOD BUSINESSES
BELOVED COMMUNITY INCUBATOR, INC.							
1226 VERMONT AVENUE, NW							TO GROW COOPERATIVE
WASHINGTON, DC 20005	83-3133482		25,000.	0.			INCUBATION
				.			
BIG OAKLAND, LLC							
1423 BROADWAY							FOR CAPACITY BUILDING ANI
OAKLAND, CA 94612	82-3248617		50,000.	0.			BUSINESS GROWTH
BUILDERS OF HOPE CDC							
7920 ELMBROOK DR.SUIT 103							FOR CAPACITY BUILDING AND
DALLAS, TX 75248	75-2756681		277,778.	Ο.			BUSINESS GROWTH

Part II Continuation of Grants and Other	Assistance to Dom	nestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	ırt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
							TO CATALYZE BUSINESS
CIRCLE 7 FOOD AND GROCERY MARKET							GROWTH AND SUPPORT
1211 MOUNT OLIVET ROAD, NE							BUSINESS SUCCESS FOR DC
WASHINGTON, DC 20002	46-2365684		50,000.	0.			OWNED FOOD BUSINESSES
CLIFFORD BEERS HOUSING, INC.							
, 11739 VICTORY BLVD							FOR CAPACITY BUILDING AN
NORTH HOLLYWOOD, CA 91606	95-4485263		277,778.	0.			BUSINESS GROWTH
· · · ·							
CMC DEVELOPMENT GROUP							
749 E 135TH STREET							FOR CAPACITY BUILDING ANI
BRONX, NY 10454	27-2929545		277,778.	0.			BUSINESS GROWTH
COMMUNITY HOUSING DEVELOPMENT							
CORPORATION OF NORTH RICHMOND -							
1535-A FRED JACKSON WAY -							FOR CAPACITY BUILDING ANI
RICHMOND, CA 94801	68-0235719		277,778.	0.			BUSINESS GROWTH
COMMUNITY LEAGUE OF THE HEIGHTS							
511 WEST 157TH STREET							FOR CAPACITY BUILDING ANI
NEW YORK CITY, NY 10032	13-2564241		277,778.	0.			BUSINESS GROWTH
	15 2504241		277,770.	· ·			
DALLAS CITY HOMES, INC.							
711 N. BECKLEY, SUITE D							FOR CAPACITY BUILDING ANI
DALLAS, TX 75203	75-2305037		277,778.	0.			BUSINESS GROWTH
DID-DMV SUB-GRANT DISBURSEMENT -							TO FUND ACQUISITION COSTS
NE LLC - 2001-2003 BENNING RD NE -							FOR AFFORDABLE HOUSING IN
	88-3606173		100 000	0.			UNDERSERVED COMMUNITIES
WASHINGTON, DC 20002	88-3606173		100,000.	0.			UNDERSERVED COMMONITIES
DOMOS COLIVING, LLC							
309 E PACES FERRY, STE 400							FOR CAPACITY BUILDING ANI
ATLANTA, GA 30305	83-3326483		277,778.	0.			BUSINESS GROWTH
							TO CATALYZE BUSINESS
DREAMING OUT LOUD, INC.							GROWTH AND SUPPORT
419 7TH STREET NW, 3RD FLOOR							BUSINESS SUCCESS FOR DC
WASHINGTON, DC 20004	26-1286043		144,377.	Ο.			OWNED FOOD BUSINESSES

Part II Continuation of Grants and Other A	Assistance to Don	nestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	art II.)	52-1290127 Page
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EMBOLDEN REAL ESTATE, LLC							TO FUND ACQUISITION COSTS
2227 20TH ST. NW. APT-406							FOR AFFORDABLE HOUSING IN
WASHINGTON, DC 20009	84-3559853		41,000.	0.			UNDERSERVED COMMUNITIES
FIFTH WARD COMMUNITY REDEVELOPMENT							
CORPORATION - 4300 LYONS AVENUE,							FOR CAPACITY BUILDING AND
SUITE 300 - HOUSTON, TX 77020	76-0288037		277,778.	0.			BUSINESS GROWTH
FIVE WOODS LHP,LLC							
2418 ELGIN ST.							FOR CAPACITY BUILDING ANI
HOUSTON, TX 77004	81-4610926		277,778.	0.			BUSINESS GROWTH
							TO CATALYZE BUSINESS
GFM SOUTH CAPITAL LLC							GROWTH AND SUPPORT
4001 SOUTH CAPITAL ST SW							BUSINESS SUCCESS FOR DC
WASHINGTON, DC 20032	35-2642708		133,000.	0.			OWNED FOOD BUSINESSES
GOOD PLACES, LLC							
769 VERNER STREET, NW							FOR CAPACITY BUILDING ANI
ATLANTA, GA 30318	82-1113401		200,000.	0.			BUSINESS GROWTH
IBF DEVELOPMENT, LLC							
4626 WISCONCIN AVE., NW, SUITE 323							FOR CAPACITY BUILDING ANI
WASHINGTON, DC 20016	20-5828611		277,778.	0.			BUSINESS GROWTH
							TO SUPPORT OPERATING
LOW INCOME INVESTMENT FUND							COSTS RELATED TO THE
100 PINE STREET #1800							GROWING DIVERSE HOUSING
SAN FRANCISCO, CA 94111	94-2952578		619,000.	0.			DEVELOPERS PROGRAM
MCI PROPERTY MANAGEMENT, LLC							
136 TIFFANY BOULEVARD, SUITE 335							FOR CAPACITY BUILDING AND
NEWARK, NJ 07104	46-2119743		277,778.	0.			BUSINESS GROWTH
							TO CATALYZE BUSINESS
MECHOS DOMINICAN KITCHEN OF DAKOTA							GROWTH AND SUPPORT
CROSSING,LLC - 2450 MARKET STREET,	00.0045060						BUSINESS SUCCESS FOR DC
NE, STE.801 - WAHINGTON, DC 20018	83-3245363		10,000.	٥.			OWNED FOOD BUSINESSES

CHICAGO, IL 60608

PINKE'S E.A.T.S, LLC

5103 JUST STREET, NE

WASHINGTON, DC 20019

	r I				
PURCELLVILLE, VA 20132	82-0644752	100,000.	0.		DC/MD/VA REGION
MT. VERNON MANOR, INC					
3311 WALLACE STREET, SUITE B					FOR CAPACITY BUILDING AND
PHILADELPHIA, PA 19104	23-2037301	277,778.	0.		BUSINESS GROWTH
NEW ECONOMICS FOR WOMEN					
303 S.LOMA DRIVE					FOR CAPACITY BUILDING AND
LOS ANGELES, CA 90017	95-3969029	277,778.	0.		BUSINESS GROWTH
					TO SUPPORT AND PROMOTE
NIX DEVELOPMENT COMPANY, LLC					AFFORDABLE AND WORKFORCE
6411 IVY LANE, SUITE 506					HOUSING ACROSS THE
GREENBELT, MD 20770	46-0786848	190,000.	0.		DC/MD/VA REGION
					FOR THE DEVELOPMENT AND
NORTH AMERICAN STUDENTS OF					IMPLEMENTATION OF A
COOPERATION (NASCO) - P.O.BOX					SERVICE PLAN TO
180048 - CHICAGO, IL 60618	38-2219436	35,000.	0.		TRANSITION APSARA
NORTHERN REAL ESTATE URBAN					
VENTURES,LLC - 1401 NEW YORK					
AVENUE, NE SUITE 5465 -					FOR CAPACITY BUILDING AND
WASHINGTON, DC 20002	04-3650425	500,000.	0.		BUSINESS GROWTH
PARKWAY HOUSE OWNER LLC					TO FUND ACQUISITION COSTS
1629 K STREET, NW SUITE 300					FOR AFFORDABLE HOUSING IN
WASHINGTON, DC 20006	88-0532214	100,000.	0.		UNDERSERVED COMMUNITIES
PILSEN HOUSING COOPERATIVE					
1910 S. WOLCOTT AVENUE					TO EXPAND THE PILSEN
	1 1			1	

(d) Amount of

cash grant

(e) Amount of

noncash

assistance

Ο.

0.

(f) Method of

valuation

(book, FMV,

appraisal, other)

(g) Description of

non-cash assistance

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(c) IRC section

if applicable

(b) EIN

83-3140821

81-2606222

CAPITAL IMPACT PARTNERS Schedule I (Form 990)

(a) Name and address of

organization or government

MILLER BEACH CONSULTING, LLC 140 B PURCELLVILLE GATEWAY DRIVE-18 52-1290127 Page 1

(h) Purpose of grant

or assistance

TO SUPPORT AND PROMOTE AFFORDABLE AND WORKFORCE

HOUSING ACROSS THE

Schedule I (Form 990)

HOUSING COOPERATIVE

TO CATALYZE BUSINESS

OWNED FOOD BUSINESSES

GROWTH AND SUPPORT BUSINESS SUCCESS FOR DC

30,000,

50,000,

112 UPSAAL STREET, SE WASHINGTON, DC 2003227-025136850,000.0.QUEST COMMUNITY DEVELOPMENT ORGANIZATION, INC 299 JOSEPH E. LOWERY BLVD. NW - ATLANTA, GA 3031458-2634738277,778.0.RADIANT DEVELOPMENT PARTNERS, LLC 9530 GLACIAL LANE FAIRBURN, GA 3021388-3144300277,778.0.RICH CAPITAL CONCEPTS 1710 2ND STREET, NW88-3144300277,778.0.	Description of cash assistance (h) Purpose of grant or assistance
112 UPSAAL STREET, SE WASHINGTON, DC 2003227-025136850,000.0.QUEST COMMUNITY DEVELOPMENT ORGANIZATION, INC 299 JOSEPH E. LOWERY BLVD. NW - ATLANTA, GA 3031458-2634738277,778.0.RADIANT DEVELOPMENT PARTNERS, LLC 9530 GLACIAL LANE FAIRBURN, GA 3021388-3144300277,778.0.RICH CAPITAL CONCEPTS 	TO CATALYZE BUSINESS
WASHINGTON, DC 20032 27-0251368 50,000. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	GROWTH AND SUPPORT
QUEST COMMUNITY DEVELOPMENT DRGANIZATION, INC 299 JOSEPH E. LOWERY BLVD. NW - ATLANTA, GA 3031458-2634738277,778.0.RADIANT DEVELOPMENT PARTNERS, LLC 9530 GLACIAL LANE FAIRBURN, GA 3021388-3144300277,778.0.RICH CAPITAL CONCEPTS 1710 2ND STREET, NW88-3144300277,778.0.	BUSINESS SUCCESS FOR DC
DRGANIZATION, INC 299 JOSEPH E. LOWERY BLVD. NW - ATLANTA, GA 30314 58-2634738 277,778. 0. RADIANT DEVELOPMENT PARTNERS, LLC 9530 GLACIAL LANE FAIRBURN, GA 30213 88-3144300 277,778. 0. RICH CAPITAL CONCEPTS 1710 2ND STREET, NW	OWNED FOOD BUSINESSES
3031458-2634738277,778.0.RADIANT DEVELOPMENT PARTNERS, LLC 9530 GLACIAL LANE FAIRBURN, GA 3021388-3144300277,778.0.RICH CAPITAL CONCEPTS 1710 2ND STREET, NW	FOR CAPACITY BUILDING A
9530 GLACIAL LANE FAIRBURN, GA 30213 88-3144300 277,778. 0. RICH CAPITAL CONCEPTS 1710 2ND STREET, NW	BUSINESS GROWTH
RICH CAPITAL CONCEPTS 1710 2ND STREET, NW	FOR CAPACITY BUILDING AN BUSINESS GROWTH
1710 2ND STREET, NW	TO CATALYZE BUSINESS
	GROWTH AND SUPPORT
WASHINGTON, DC 20001 47-4994013 50,000. 0.	BUSINESS SUCCESS FOR DC
	OWNED FOOD BUSINESSES
ROSEWOOD STRATEGIES, LLC 701 LAMONT STREET, NW, UNIT 56 WASHINGTON, DC 20010 82-2503007 690,000. 0.	FOR CAPACITY BUILDING AN BUSINESS GROWTH
SANDIDGE URBAN GROUP, INC.	FOR CAPACITY BUILDING AN
HERCULES, CA 94547 46-4226099 277,778. 0.	BUSINESS GROWTH
SMJ DEVELOPMENT, LLC 628 6 AVENUE BROOKLYN, NY 11215 46-5599322 277,778. 0.	FOR CAPACITY BUILDING AN BUSINESS GROWTH
THE INDUSTRIAL COMMONS	
647 HOPEWELL ROAD	FOR CAPACITY BUILDING AN
MORGANTON, NC 28655 47-2080338 30,000. 0.	BUSINESS GROWTH
THE NEIGHBORHOOD DEVELOPMENT COMPANY - 3232 GEORGIA AVENUE, NW,STE.100 - WASHINGTON, DC 20010 52-2142042 500,000. 0.	FOR CAPACITY BUILDING AN

chedule I (Form 990) CAPITAL IMPA		octio Organizationa	and Domostic Co	vernmente (Sch	dulo I (Earm 000) Pa		52-1290127 Pag
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HE REINVESTMENT FUND							TO SUPPORT OPERATING
700 MARKET STREET 19TH FLOOR							COSTS RELATED TO THE
TTN:ACCOUNTS RECEIVABLE -							GROWING DIVERSE HOUSING
HILADELPHIA, PA 19	22-2331946		619,000.	0.			DEVELOPERS PROGRAM
,			, -				TO CATALYZE BUSINESS
HREE PART HARMONY FARM							GROWTH AND SUPPORT
.O.BOX 53059							BUSINESS SUCCESS FOR DC
ASHINGTON, DC 20009	46-0949070		50,000.	0.			OWNED FOOD BUSINESSES
				- •			TO CATALYZE BUSINESS
URNING NATURAL							GROWTH AND SUPPORT
933 9TH STREET, NW							BUSINESS SUCCESS FOR DC
ASHINGTON, DC 20032	82-4722192		50,000.	0.			OWNED FOOD BUSINESSES
				- •			
RBAN OASIS DEVELOPMENT, LLC							
2 HELENA AVENUE							FOR CAPACITY BUILDING A
TLANTA, GA 30314	38-5114396		400,000.	0.			BUSINESS GROWTH
							TO SUPPORT AND PROMOTE
TTIS INVESTMENTS LLC							AFFORDABLE AND WORKFORC
725 I STREET, NW, SUITE 300							HOUSING ACROSS THE
ASHINGTON, DC 20006	85-3282344		190,000.	0.			DC/MD/VA REGION
							TO CATALYZE BUSINESS
ELLFOUND FOODS							GROWTH AND SUPPORT
619 EVARTS STREET, NE							BUSINESS SUCCESS FOR DC
ASHINGTON, DC 20018	46-2010943		40,000.	0.			OWNED FOOD BUSINESSES
Monineron, De 20010	40 2010943		40,000.				
ILSON DRAKE DEVELOPMENT, LLC							
201 S.BEECH WOOD STREET							FOR CAPACITY BUILDING A
HILADELPHIA, PA 19145	23-3100157		277,778.	0.			BUSINESS GROWTH
nilkDellfnik, fk 19145	25-5100157		211,110.	0.			BUSINESS GROWIN
OMEN'S HOME PRESERVATION, LLC							
417 W.BALTIMORE ST.							FOR CAPACITY BUILDING A
	83-4231771		277 770	0.			
ALTIMORE, MD 21223	03-4231//1		277,778.	0.			BUSINESS GROWTH

232102 10-31-22

44

recipients	cash grant	cash assistance	(book, FMV, appraisal, other)	

(c) Amount of

(d) Amount of non-

(e) Method of valuation

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

(b) Number of

PART I, LINE 2:

Schedule I (Form 990) 2022

Part III

GRANTEES MUST REPORT ACTUAL EXPENSES FOR EACH MONTH AND SUBMIT QUARTERLY

FINANCIAL REPORTS.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance

52-1290127

(f) Description of noncash assistance

Page 2

SCHEDULE J	Compensation Information		OMB No. 1	1545-004	47
(Form 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	22	,
	Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		20		
Department of the Treasury	Attach to Form 990.		Open to Inspe		ic
Internal Revenue Service Name of the organizat	Go to www.irs.gov/Form990 for instructions and the latest information.	Employer ide	-		mber
Hame of the organization	CAPITAL IMPACT PARTNERS	52-129		on nai	
Part I Questic	ns Regarding Compensation				
				Yes	No
1a Check the appro	priate box(es) if the organization provided any of the following to or for a person listed on Form	990,			
	A, line 1a. Complete Part III to provide any relevant information regarding these items.	,			
First-class o	r charter travel Housing allowance or residence for perso	nal use			
Travel for co	mpanions Payments for business use of personal re	sidence			
Tax indemn	fication and gross-up payments Health or social club dues or initiation fee	S			
Discretional	y spending account Personal services (such as maid, chauffer	ur, chef)			
•	s on line 1a are checked, did the organization follow a written policy regarding payment or				
	r provision of all of the expenses described above? If "No," complete Part III to explain		1b		
-	ion require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
trustees, and offi	cers, including the CEO/Executive Director, regarding the items checked on line 1a?		2	Х	
2 Indianta which it					
	any, of the following the organization used to establish the compensation of the organization's irector. Check all that apply. Do not check any boxes for methods used by a related organizati				
	isation of the CEO/Executive Director, but explain in Part III.	UNIO			
	on committee Written employment contract				
	t compensation consultant Compensation survey or study				
	other organizations X Approval by the board or compensation of the server of study	ommittee			
		ommittee			
4 During the year,	did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
	related organization:				
e e	nce payment or change-of-control payment?		4a		х
b Participate in or i	eceive payment from a supplemental nonqualified retirement plan?				х
c Participate in or	eceive payment from an equity-based compensation arrangement?		4c		Х
If "Yes" to any of	lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
Only section 50	l(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
	d on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n			
contingent on the					
a The organization			5a		X
	nization?		5b		X
	a or 5b, describe in Part III.				
	d on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n			
contingent on the	-				v
			6a		X X
	nization?		6b		
	a or 6b, describe in Part III.				
	d on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments lines 5 and 62 If "Yes," describe in Part III.		7		x
	lines 5 and 6? If "Yes," describe in Part III ts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to th		_		
			8		x
	did the organization also follow the rebuttable presumption procedure described in		0		
	on 53.4958-6(c)?		9		
	Reduction Act Notice, see the Instructions for Form 990.	Schedule		n 990)	2022
		Concount			

232111 10-18-22

52-1290127

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

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

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

	(B) Breakdown of W	/-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) ELLIS CARR	(i)	693,114.	0.	0.	36,067.	0.	729,181.	٥.
PRESIDENT & CEO	(ii)	0.	0.	0.	0.	0.	0.	٥.
(2) RAYMOND GUTHRIE	(i)	372,095.	0.	0.	26,734.	43,182.	442,011.	٥.
CHIEF INVESTMENT OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) NATALIE GUNN	(i)	396,827.	0.	0.	29,987.	1,630.	428,444.	0.
CHIEF FINANCIAL OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) BRIAN MCEVOY	(i)	316,032.	0.	0.	28,065.	49,868.	393,965.	0.
GENERAL COUNSEL	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) KIM DORSETT	(i)	276,554.	0.	0.	24,800.	49,868.	351,222.	0.
CHIEF HUMAN RESOURCE OFFIC	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) KURT CHILCOTT	(i)	0.	0.	322,500.	0.	0.	322,500.	0.
DIRECTOR/CONSULTANT	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) JARET DINARD INGS	(i)	240,861.	0.	Ο.	28,725.	38,065.	307,651.	٥.
SENIOR DIRECTOR OF FINANCE	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) ROBERT VILLARREAL	(i)	0.	0.	0.	0.	0.	0.	0.
CHIEF EXTERNAL AFFAIRS OFFICER	(ii)	264,937.	14,580.	0.	17,000.	8,318.	304,835.	0.
(9) LISA GRAMMER	(i)	224,727.	0.	0.	27,332.	49,868.	301,927.	0.
CONTROLLER	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) MATTHEW WEHLAND	(i)	247,773.	0.	0.	24,299.	16,435.	288,507.	0.
CHIEF OPERATING OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) SCOTT BERMAN	(i)	240,029.	0.	0.	27,156.	16,435.	283,620.	0.
SENIOR DIRECTOR, EXTERNAL AFFAIRS	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) JASON ANDERSON	(i)	226,862.	0.	0.	25,486.	30,810.	283,158.	٥.
SENIOR DIRECTOR, MARKETING	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) TED SILVA	(i)	193,690.	0.	0.	23,496.	49,488.	266,674.	٥.
SENIOR DIRECTOR, LEGAL SERVICES	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) LAUREN COUNTS	(i)	231,181.	0.	0.	22,000.	289.	253,470.	٥.
SENIOR DIRECTOR, HEAD OF N	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SC	HE	DU	LE	L

Transactions With Interested Persons

OMB	No.	1545-0047

ZUZZ	
Open To Public	

(Form 990)	Complete if the	-					rm 990, Part I art V, line 38a		, 25b, 26,	, 27, 2	8a,		2	02	2
Department of the Treasury Internal Revenue Service	Go t		Attac	h to Fo	orm 99	90 or F	orm 990-EZ.		ation.				pen To spect		lic
Name of the organization	me of the organization Employer								ident	ificati	on nu	orrected?			
	CAPITAL IN											0127			
	Benefit Trans														
	the organization						ne 25a or 25b	, or Form 9	90-EZ, Pa	art V, I	ine 40	b.	4.0	0	- 1 10
1 (a) Name of disquali	fied person	(b) Relation pers	on and or			ified	(0) Descripti	on of tran	sactio	n			es	
													_		
• Enter the emount of	ftox in ourred by	the ergenize	tion mon		or diag	ualifia		ng tha year	, under						
2 Enter the amount or section 4958	-	•		•				• •			\$				
3 Enter the amount of	f tax. if anv. on lir														
Part II Loans to	and/or From	n Interest	ed Pers	sons.											
	the organization					Part \	/, line 38a or F	orm 990, F	Part IV, lin	e 26; o	or if th	e orga	nizatic	n	
	amount on Forn	1		í –				(n = .				(h) An	nroved		1.11
(a) Name of interested person	(b) Relation with organiz		^r urpose Ioan	from	d) Loan to or (e) Original (f) Balance due principal amount			ce due		(g) In default? (h) Appr			, .	/ritten ement?	
					zation? From	I	· · · · · · · · · · · · · · · · · · ·			Yes	No	comm Yes		Yes	1
SEE SCHEDULE O	MEMBER O	SEE S	CHE		X	2	2,999,244.	14,2	29,056.	103	x	x		X	
															+
															1
Total							\$	14,22	29,056.						
Part III Grants o	r Assistance	Benefitin	g Inter	estec	l Per	sons	•								
· · · ·	the organization					,									
(a) Name of interes	sted person		ationship sted pers			(0	c) Amount of assistance		(d) Type assistan) Purp assista		f
		the	e organiza	ation											
		1													

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

Schedule L (Form 990) 2022

SEE PART V FOR CONTINUATIONS

232131 11-01-22

Part IV Business Transactions Involving Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c. (e) Sharing of (d) Description of (a) Name of interested person (b) Relationship between interested (c) Amount of organization's person and the organization transaction transaction revenues? Yes No KURT CHILCOTT 315,000. CONSULTING CONSULTANT Х KURT CHILCOTT DIRECTOR 7,500.BOARD SERVI Х Supplemental Information. Part V Provide additional information for responses to questions on Schedule L (see instructions) SCHEDULE L, PART II, LOANS TO AND FROM INTERESTED PERSONS: (A) NAME OF PERSON: SEE SCHEDULE O (B) RELATIONSHIP WITH ORGANIZATION: MEMBER OF BORROWER (C) PURPOSE OF LOAN: SEE SCHEDULE O (D) LOAN TO OR FROM ORGANIZATION? = FROM (E) ORIGINAL PRINCIPAL AMOUNT \$ 22,999,244.(F) BALANCE DUE \$ 14,229,056. (G) LOAN IN DEFAULT? = NO (H) APPROVED BY BOARD OR COMMITTEE? = YES (I) WRITTEN AGREEMENT? = YES SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS: (A) NAME OF PERSON: KURT CHILCOTT (D) DESCRIPTION OF TRANSACTION: CONSULTING SERVICES (A) NAME OF PERSON: KURT CHILCOTT (D) DESCRIPTION OF TRANSACTION: BOARD SERVICES

Schedule L (Form 990) 2022

232132 11-01-22

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service Name of the organization

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



Employer identification number 52-1290127

CAPITAL IMPACT PARTNERS

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

INCLUSIVE AND EQUITABLE COMMUNITIES BY PROVIDING PEOPLE ACCESS TO THE

CAPITAL AND OPPORTUNITIES THEY DESERVE.

FORM 990, PART 1, LINE 1 DESCRIPTION CONTINUATION:

CAPITAL IMPACT PARTNERS WAS ESTABLISHED PURSUANT TO SECTION 211 OF THE

NATIONAL CONSUMER COOPERATIVE BANK ACT AS AMENDED (THE "BANK ACT")(12

U.S.C.3051), AS A SECTION 501(C)(3) ORGANIZATION FORMED EXCLUSIVELY FOR

CHARITABLE AND EDUCATIONAL PURPOSES, INCLUDING PURPOSES THAT ARE

EXPRESSLY DEEMED CHARITABLE WITHIN THE MEANING OF SECTION 501(C)(3)

UNDER SECTION 211 (C)(2) OF THE BANK ACT. ITS PRIMARY PURPOSE IS TO

PROVIDE FINANCIAL SERVICES AND TECHNICAL SUPPORT TO COOPERATIVES AND

OTHER DEMOCRATICALLY STRUCTURED. COOPERATIVE-LIKE ORGANIZATIONS

TARGETED TOWARD NEWER, LESS ESTABLISHED ORGANIZATIONS AND UNDERSERVED

COMMUNITIES WHOSE RESIDENTS ARE DISADVANTAGED, LOW-INCOME AND/OR

ELDERLY PERSONS WITH SPECIAL NEEDS,

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

HEALTH CARE FACILITIES AND ASSISTED LIVING/CONTINUING CARE FACILITIES

IN 2022, CAPITAL IMPACT PARTNERS DISBURSED APPROXIMATELY \$52 MILLION TO

7 HEALTH FACILITIES THAT SERVE NEARLY 68,000 PATIENTS ANNUALLY.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

HEALTHY FOOD:

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 232211 10-28-22

Schedule O (Form 990) 2022 Name of the organization	Page 2 Employer identification number
CAPITAL IMPACT PARTNERS	52-1290127
CAPITAL IMPACT PARTNERS PROVIDES LOANS TO COMMUNITY BASED	
ORGANIZATIONS, GROCERY STORES, AND FOOD MARKETS TO IMPROVE THE ACCESS	
TO FRESH, HEALTH FOODS IN FOOD DESERTS AND OTHER UNDERSERVED AREAS.	
CAPITAL IMPACT PARTNERS PROVIDED FINANCING TO 1 HEALTHY FOOD PROJECT IN	
2022 TOTALING \$7.7 MILLION. THE PROJECT IS EXPECTED TO PROVIDE FRESH,	
HEALTHY FOOD ACCESS TO 104,000 LOW-AND MODERATE-INCOME PEOPLE. THE	
FINANCING IS FOCUSED TO DEVELOP AND EXPAND GROCERY STORES, HEALTHY FOOD	
MARKETS, AND TO DEVELOP INCLUSIVE FOOD SYSTEMS IN UNDERSERVED	
COMMUNITIES.	
IN 2021, THE NOURISH DC COLLABORATIVE WAS CREATED IN PARTNERSHIP WITH	
WASHINGTON D.C. LOCAL GOVERNMENT TO SUPPORT THE DEVELOPMENT OF A ROBUST	
ECOSYSTEM OF LOCALLY OWNED FOOD BUSINESSES ESPECIALLY IN NEIGHBORHOODS	
UNDERSERVED BY GROCERY STORES AND OTHER FOOD BUSINESSES. SINCE ITS	
LAUNCH, NOURISH DC HAS PROVIDED NEARLY \$15 MILLION IN FLEXIBLE LOANS	
AND TECHNICAL ASSISTANCE TO MORE THAN 80 FOOD BUSINESSES. IN 2022	
ALONE, NOURISH DC DISBURSED \$837,000 IN GRANTS TO FOURTEEN FOOD	
BUSINESSES OWNED BY PEOPLE OF COLOR IN WASHINGTON DC WARDS 5, 7, AND 8.	
WASHINGTON, DC WARDS 5, 7, AND 8, ARE COMMUNITIES THAT HAVE BEEN	
IDENTIFIED AS UNDERSERVED BY GROCERY STORES.	
EXPENSES \$ 0. INCLUDING GRANTS OF \$ 836,844. REVENUE \$ 3,125.	
GENERAL LOAN PROGRAM:	
CAPITAL IMPACT PARTNERS PROVIDES LOANS AND FINANCIAL SERVICES TO	
BORROWERS THAT HAVE BEEN HISTORICALLY UNDER-INVESTED IN. PROJECTS	
FINANCED FOCUS ON PROVIDING GOODS AND SERVICES TO LOW INCOME AND	_

ECONOMICALLY DISADVANTAGED POPULATIONS.

232212 10-28-22

EXPENSES \$ 38,582,352. INCL GRANTS OF \$ 998,334	. REVENUE \$ 8,048,929.	
NEW MARKET TAX CREDITS:		
CAPITAL IMPACT PARTNERS HAS RECEIVED ELEVEN ALLO	CATIONS OF NEW MARKETS	
TAX CREDITS (NMTC) AND HAS ALLOCATED \$742 MILLION	N, OF WHICH \$669	
MILLION HAS ALREADY BEEN DEPLOYED, TO PROVIDE HE	ALTH CARE PROVIDERS,	
HEALTHY FOOD GROCERY STORES, CHARTER SCHOOLS, AND	D OTHER COMMUNITY	
ORGANIZATIONS AFFORDABLE FINANCING NATIONWIDE. N	MTC ALLOWS CAPITAL	
IMPACT PARTNERS TO OFFER BORROWERS MORE FLEXIBLE	TERMS SUCH AS LONGER	
AMORTIZATION PERIODS, INTEREST-ONLY PAYMENTS FOR	AS LONG AS SEVEN	
YEARS, HIGHER LOAN-TO-VALUE RATIOS AND POTENTIAL	EQUITY BENEFIT AT THE	
END OF THE LOAN TERM.		
	1 277 340	
EXPENSES \$ 12,677. INCLUDING GRANTS OF \$ 0.	REVENUE \$ 1,211,340.	
EQUITABLE DEVELOPMENT INITIATIVE		
THE EQUITABLE DEVELOPMENT INITIATIVE (EDI) COMBIN	NES CAPITAL IMPACT'S	
ROLE AS A PROVIDER OF CATALYTIC CAPITAL AND ITS	DEVELOPMENT EXPERTISE	
INTO A PROGRAM THAT SUPPORTS LOCAL DEVELOPERS OF	COLOR WITH FORMALIZED	
TECHNICAL ASSISTANCE AND DEVELOPMENT FINANCING.	THE PROGRAM AIMS TO	
BUILD SKILLS OF MINORITY DEVELOPERS TO STRENGTHE	N THEIR BUSINESS AND	
BUILD THEIR WEALTH. AS OF YEAR END 2022, THE DET	ROIT PROGRAM HAS	
GRADUATED 102 PARTICIPANTS; THE DMV PROGRAM HAS		
PARTICIPANTS AS OF YEAR END. IN 2022, EDI LAUNCH	ED COHORTS IN DALLAS	
	1 DEVELOPERS,	
RESPECTIVELY.		
EXPENSES \$ 932,719. INCLUDING GRANTS OF \$ 10,1	83 737. REVENUE \$ 0	
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01010 759370 70073.0000	52 2022.04030 CAPITAL IMPACT PARTNER	.S 700

Schedule O (Form 990) 2022

CAPITAL IMPACT PARTNERS

Name of the organization

.01

Employer identification number

52-1290127

Name of the organization

CAPITAL IMPACT PARTNERS

Page 2 Employer identification number 52-1290127

HOUSING EQUITY ACCELERATOR FELLOWSHIP:

IN 2021, CIP RECEIVED \$5 MILLION FROM AMAZON TO LAUNCH THE HOUSING

EQUITY ACCELERATOR FELLOWSHIP (HEAF). THE HOUSING EQUITY ACCELERATOR

FELLOWSHIP IS PART OF AMAZON'S \$2 BILLION HOUSING EQUITY FUND, AND ITS

FOCUS IS TO SUPPORT DEVELOPERS OF COLOR AND TO CREATE AFFORDABLE

HOUSING ACROSS THE DMV. THE FELLOWSHIP WILL RUN FOR TWO YEARS, WITH

DEVELOPERS MEETING MONTHLY TO ENGAGE IN A RICH LEARNING SERIES WITH

ACCESS TO PROFESSIONAL MENTORS AND ADVISORS IN THE REAL ESTATE AND

HOUSING FIELD. THE SELECTION CRITERIA FOR THE FELLOWS INCLUDES BLACK,

INDIGENOUS, OR PEOPLE OF COLOR, FULL-TIME DEVELOPERS, AND A PIPELINE OF

COMPLETED OR DEVELOPING PROJECTS IN THE REGION. THIS PROGRAM IS FOCUSED

IN THE DMV AREA, SO FELLOWS ARE CONSIDERED BASED ON THEIR WORK IN THE

REGION. CIP KICKED OFF THIS PROGRAM IN 2022 WITH 15 PARTICIPANTS AND

HAS DEPLOYED OVER \$1 MILLION VIA GRANTS TO PARTICIPANTS OF THIS

PROGRAM.

EXPENSES \$ 1,337,423. INCLUDING GRANTS OF \$ 868,783. REVENUE \$ 0.

ENTREPRENEURS OF COLOR FUND:

IN 2018, CAPITAL IMPACT PARTNERS RECEIVED \$3.3 MILLION IN GRANT FUNDING

FROM JPMORGAN CHASE TO MANAGE THE DC-AREA ENTREPRENEURS OF COLOR FUND

(EOCF), ALLOWING CAPITAL IMPACT PARTNERS TO PARTNER WITH WACIF AND

LEDC, DC-AREA CDFIS, TO PROVIDE CAPITAL AND CAPACITY BUILDING TO

MINORITY ENTREPRENEURS IN THE REGION. IN 2021, CAPITAL IMPACT PARTNERS

RECEIVED AN ADDITIONAL \$2 MILLION CONTRIBUTION FROM JPMORGAN CHASE TO

CONTINUE MANAGING EOCF. IN ADDITION TO WACIF AND LEDC, CAPITAL IMPACT

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Schedule O (Form 990) 2022	
Name of the organization CAPITAL IMPACT PARTNERS	Employer identification number 52–1290127
PARTNERED WITH CITY FIRST ENTERPRISES (CFE) AND THE COALITION FOR	
NONPROFIT HOUSING AND ECONOMIC DEVELOPMENT (CNHED) FOR THE SECOND GRANT	
ROUND. TO DATE, THE PARTNER ORGANIZATIONS HAVE LEVERAGED THE EOCF TO	
DEPLOY \$20.9 MILLION, ASSISTING OVER 2,105 SMALL BUSINESSES.	
EXPENSES \$ 127,032. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.	
FORM 990, PART IV, LINE 34	
EFFECTIVE APRIL 1, 2021, CIP AND CDC SMALL BUSINESS FINANCE CORP.	
("CDC") ALIGNED THEIR OPERATIONS UNDER ONE CHIEF EXECUTIVE OFFICER AND	
SUBSTANTIALLY OVERLAPPING BOARDS OF DIRECTORS. CAPITAL IMPACT PARTNERS	
AND CDC REMAIN AS SEPARATE LEGAL AND TAX ENTITIES WITH NO CONTROL OVER	
THE OTHER.	
CDC IS A CALIFORNIA NOT-FOR-PROFIT ORGANIZATION COMMITTED TO SERVING	
THE CAPITAL NEEDS OF SMALL BUSINESSES IN CALIFORNIA, NEVADA, AND	
ARIZONA. CDC IS A CERTIFIED DEVELOPMENT COMPANY CERTIFIED BY THE U.S.	
SMALL BUSINESS ADMINISTRATION. ITS MISSION IS TO CHAMPION THE GROWTH OF	
DIVERSE SMALL COMPANIES IN ITS COMMUNITIES THROUGH ADVOCACY AND LENDING	
SERVICES. CDC ARRANGES INDUSTRIAL AND COMMERCIAL REAL ESTATE, AND	
BUSINESS DEVELOPMENT LOANS FOR SMALL BUSINESS COMPANIES LOCATED	
THROUGHOUT THE STATES OF CALIFORNIA, NEVADA, AND ARIZONA.	
CIP AND CDC CROSS GUARANTEE MOST OF THE OTHER PARTY'S DEBT, AND ARE	
CO-BORROWERS ON OTHER OBLIGATIONS TO ENABLE EACH ORGANIZATION TO	
BENEFIT FROM THE COMBINED FINANCIAL STRENGTH OF BOTH ORGANIZATIONS.	
CIP AND CDC HAVE SUBSTANTIALLY OVERLAPPING EXECUTIVE MANAGEMENT TEAMS	
WITH ELLIS CARR, CAPITAL IMPACT'S PRESIDENT AND CHIEF EXECUTIVE	

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Name of the organization CAPITAL IMPACT PARTNERS	Employer identification number 52-1290127
OFFICER, SERVING AS PRESIDENT AND CHIEF EXECUTIVE OFFICER OF BOTH	
ORGANIZATIONS.	
THE TRANSACTION CLOSED ON JULY 15, 2021.	
FORM 990, PART VI, SECTION B, LINE 11B:	
THE BOARD OF DIRECTORS HAS DELEGATED THE RESPONSIBILITY FOR REVIEWING THE	
FORM 990 TO THE AUDIT COMMITTEE OF THE BOARD OF DIRECTORS, PURSUANT TO THE	
COMPANY'S BOARD AND COMMITTEE RETAINED AUTHORITY AND DELEGATION OF	
AUTHORITY TO MANAGEMENT AND THE AUDIT COMMITTEE CHARTER.	
THE CHAIR OF THE AUDIT COMMITTEE REVIEWS THE FORM 990 WITH CAPITAL IMPACT	
PARTNERS' CHIEF FINANCIAL OFFICER, CONTROLLER AND TAX PREPARER BEFORE IT IS	
SUBMITTED TO THE AUDIT COMMITTEE. THE AUDIT COMMITTEE THEN INDEPENDENTLY	
REVIEWS THE FORM 990 PRIOR TO FILING. THE CHAIR OF THE AUDIT COMMITTEE	
REPORTS ON THE PROCESS AND FINDINGS OF THE AUDIT COMMITTEE AT THE NEXT	
REGULARLY SCHEDULED MEETING OF THE BOARD OF DIRECTORS.	
FORM 990, PART VI, SECTION B, LINE 12C:	
THE BOARD OF DIRECTORS REVIEWS AND APPROVES CAPITAL IMPACT PARTNERS' CODE	
OF CONDUCT AND INTERNAL CONTROL POLICY ON AN ANNUAL BASIS; THE CODE OF	
CONDUCT AND INTERNAL CONTROL POLICY INCLUDES, AMONG OTHER THINGS, CAPITAL	
IMPACT PARTNERS' CONFLICT OF INTEREST POLICY. THE CODE OF CONDUCT AND	
INTERNAL CONTROL POLICY IS MADE AVAILABLE TO ALL OFFICERS AND EMPLOYEES OF	
CAPITAL IMPACT PARTNERS AND ALL MEMBERS OF THE BOARD OF DIRECTORS, EACH OF	
WHOM IS REQUIRED TO CERTIFY AS TO MATTERS SET FORTH IN THE POLICY AND	
PROVIDE CONFLICTS OF INTEREST DISCLOSURES (IF ANY) ON AN ANNUAL BASIS.	

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10101010 759370 70073.0000

THE GENERAL COUNSEL OR CHIEF HUMAN RESOURCES OFFICER EVALUATE ALL CONFLICTS
OF WHICH THEY BECOME AWARE AND SUBMIT SUCH CONFLICTS FOR RESOLUTION TO THE
BOARD'S AUDIT COMMITTEE, IF NECESSARY. MINUTES REFLECTING ALL MEETINGS HELD
AND ACTIONS TAKEN BY THE AUDIT COMMITTEE, INCLUDING WITH RESPECT TO
CONFLICTS MATTERS, ARE INCLUDED IN THE CORPORATE RECORD BOOK.
FORM 990, PART VI, SECTION B, LINE 15:
THE BOARD OF DIRECTORS HAS DELEGATED THE RESPONSIBILITY FOR REVIEWING AND
MAKING RECOMMENDATIONS WITH RESPECT TO EXECUTIVE COMPENSATION TO ITS
EXECUTIVE COMMITTEE (THE "EXECUTIVE COMMITTEE"), PURSUANT TO THE BOARD AND
COMMITTEE RETAINED AUTHORITY AND DELEGATION OF AUTHORITY TO MANAGEMENT AND
THE EXECUTIVE COMMITTEE CHARTER.
THE EXECUTIVE COMMITTEE REVIEWS THE COMPENSATION OF THE EXECUTIVE OFFICERS
OF CAPITAL IMPACT PARTNERS; THE EXECUTIVE COMMITTEE THEN REPORTS ITS
PROCESS, FINDINGS AND RECOMMENDATIONS TO THE BOARD OF DIRECTORS FOR
INDEPENDENT REVIEW AND APPROVAL BY THE BOARD OF DIRECTORS.
THE PROCESS INCLUDES: MANAGING THE PROCESS OF COLLECTING AND REVIEWING
MARKET DATA FOR THE PRESIDENT AND CHIEF EXECUTIVE OFFICER AND THE REST OF
THE EXECUTIVE MANAGEMENT TEAM; PERIODICALLY ENGAGING INDEPENDENT
CONSULTANTS TO PERFORM INDEPENDENT MARKET ANALYSIS; EVALUATING THE
PERFORMANCE OF THE PRESIDENT AND CHIEF EXECUTIVE OFFICER; AND RECOMMENDING
ANNUAL EXECUTIVE-LEVEL COMPENSATION AND INCENTIVES (IF ANY) TO THE BOARD OF
DIRECTORS.
ALL MEETINGS AND ACTIONS OF THE EXECUTIVE COMMITTEE AND THE BOARD OF
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Name of the organization

CAPITAL IMPACT PARTNERS

Page 2 Employer identification number 52-1290127

Schedule O (Form 990) 2022	Page
Name of the organization CAPITAL IMPACT PARTNERS	Employer identification numbe 52-1290127
DIRECTORS ARE DOCUMENTED CONCURRENTLY THEREWITH AND RECORDED IN THE MINUTES	
OF CAPITAL IMPACT PARTNERS UPON APPROVAL BY THE EXECUTIVE COMMITTEE OR THE	
BOARD (AS APPLICABLE). THE BOARD OF DIRECTORS, THE GOVERNING BODY	
AUTHORIZED TO APPROVE EXECUTIVE-LEVEL COMPENSATION AND INCENTIVE	
ARRANGEMENTS THAT ARE RECOMMENDED BY THE EXECUTIVE COMMITTEE, IS COMPRISED	
ENTIRELY OF PERSONS WITHOUT A CONFLICT OF INTEREST. IN SUM, CAPITAL IMPACT	
PARTNERS IS COMPLYING WITH THE OPTIONAL REBUTTABLE PRESUMPTION MECHANISM OF	
TREASURY REGULATION SECTION 53.4958-6.	
FORM 990, PART VI, SECTION C, LINE 18:	
THE APPLICABLE FORMS ARE AVAILABLE FOR IN-PERSON INSPECTION UPON REQUEST TO	
THE EXTENT AND IN THE MANNER REQUIRED BY LAW.	
FORM 990, PART VI, SECTION C, LINE 19:	
CIP MAKES ITS GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY AVAILABLE	
JPON WRITTEN REQUEST. CIP'S ANNUAL REPORT, WHICH CONTAINS A CONDENSED	
VERSION OF ITS FINANCIAL STATEMENTS, IS POSTED ON ITS WEBSITE.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
CHANGE IN EQUITY METHOD INVESTMENTS -3,277,120.	
GAIN ON NEW MARKET TAX CREDIT UNWIND -21,845.	
TOTAL TO FORM 990, PART XI, LINE 9 -3,298,965.	
FORM 990, PART XII, LINE 2C: USE OF AUDIT COMMITTEE	
AS IN PRIOR YEARS, CIP HAS AN AUDIT COMMITTEE COMPRISED OF MEMBERS OF	
THE BOARD OF DIRECTORS. IT IS RESPONSIBLE FOR OVERSIGHT OF THE AUDIT.	

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Schedule O (Form 990) 2022	Page 2
Name of the organization CAPITAL IMPACT PARTNERS	Employer identification number 52-1290127
SCHEDULE L TRANSACTIONS WITH INTERESTED PERSONS:	
IN THE NORMAL COURSE OF BUSINESS, CUSTOMERS OF CIP'S BOARD OF DIRECTORS	
MAY BE AFFILIATED WITH COOPERATIVES RECEIVING OR ELIGIBLE TO RECEIVE	
LOANS. CIP HAS CONFLICT OF INTEREST POLICIES, WHICH REQUIRE, AMONG	
OTHER THINGS, THAT A BOARD MEMBER BE DISASSOCIATED FROM DECISIONS THAT	
POSE A CONFLICT OF INTEREST OR THE APPEARANCE OF A CONFLICT OF	
INTEREST.	
LOAN REQUESTS FROM COOPERATIVES WITH WHICH MEMBERS OF THE BOARD MAY BE	
AFFILIATED ARE SUBJECT TO THE SAME ELIGIBILITY AND CREDIT CRITERIA, AS	
WELL AS THE SAME LOAN TERMS AND CONDITIONS, AS ALL OTHER LOAN REQUESTS.	
AN ANALYSIS OF THE ACTIVITY DURING FISCAL YEAR 2022 FOR THE AGGREGATE	
AMOUNT OF THESE LOANS IS AS FOLLOWS:	
BALANCE AT DECEMBER 31, 2021 \$ 14,371,430	
NET CHANGE (142,374)	
BALANCE AT DECEMBER 31, 2022 \$ 14,229,056	
FORM 990, PART V1, SECTION A, LINE 1	
FOR ALL OF 2022, THE BOARD OF DIRECTORS OF CAPITAL IMPACT PARTNERS HAD	
EIGHTEEN (18) TOTAL DIRECTORS ALL OF WHOM ARE VOTING MEMBERS. THE	
EIGHTEEN (18) DIRECTORS CONSIST OF THE PRESIDENT OF CAPITAL IMPACT	
PARTNERS AND SEVENTEEN (17) INDEPENDENT DIRECTORS.	

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(Form 990)

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

OMB No. 1545-0047

22 **Open to Public** Inspection

Employer identification number

52-1290127

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

CAPITAL IMPACT PARTNERS

Part I

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

(a)	(b)	(c)	(d)	(e)	(f)
Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state or foreign country)	Total income	End-of-year assets	Direct controlling entity
NCBCI EDUCATION CONDUIT, LLC - 26-1807129					
1400 CRYSTAL DRIVE, SUITE 500	COMMUNITY LENDING AND				
ARLINGTON, VA 22202	DEVELOPMENT	DELAWARE			N/A
DETROIT NEIGHBORHOOD FUND, LLC - 47-1804394					
1400 CRYSTAL DRIVE, SUITE 500	COMMUNITY LENDING AND				
ARLINGTON, VA 22202	DEVELOPMENT	DELAWARE	1,492,465.	30,240,147.	N/A
FPIF, LLC - 47-4684786					
1400 CRYSTAL DRIVE, SUITE 500	COMMUNITY LENDING AND				
ARLINGTON, VA 22202	DEVELOPMENT	DELAWARE	383,896.	5,353,064.	N/A
COMMUNITY SOLUTIONS GROUP, LLC					
1400 CRYSTAL DRIVE, SUITE 500	COMMUNITY LENDING AND				
ARLINGTON, VA 22202	DEVELOPMENT	DELAWARE			N/A

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity		g) 512(b)(13) rolled ity?
				501(c)(3))		Yes	No
CDC SMALL BUSINESS FINANCE CORP - 95-3512045							
2448 HISTORIC DECATUR RD #200							
SAN DIEGO, CA 92106	LENDING	CALIFORNIA	501 (C)(3)	LINE 10	N/A		х
SAN DIEGO REGION SMALL BUSINESS DEVELOPMENT	PROVIDE ECONOMIC						
- 33-0845173, 2448 HISTORIC DECATUR RD #200,	DEVELOPMENT TO SMALL						
SAN DIEGO, CA 92106	BUSINESSES IN SAN DIEGO	CALIFORNIA	501 (C)(3)	LINE 7	N/A		х
	-						

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

Part I Continuation of Identification of Disregarded Entities

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
EQUITABLE PROSPERITY FUND I GP. LLC - 88-2750708, 1400 CRYSTAL DRIVE, SUITE 500,	GENERAL PARTNER OF				
ARLINGTON, VA 22202	EQUITABLE PROSPERITY FUND	DELAWARE			N/A
	-				
	_				
	-				
	-				
	_				
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	_				
	-				
	-				

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets	l-of-year allocations?		Code V-UBI amount in box 20 of Schedule	Genera manag partne	ownership
		country)		sections 512-514)		455615	Yes	No	K-1 (Form 1065)	Yes	10
IMPACT CDE 50, LLC -											
27-4173841, 1400 CRYSTAL											
DRIVE, SUITE 500, ARLINGTON,											
VA 22202		DE	N/A	RELATED				x	N/A	x	.01%
IMPACT CDE 51, LLC -											
47-1291695, 1400 CRYSTAL											
DRIVE, SUITE 500, ARLINGTON,											
VA 22202		DE	N/A	RELATED				x	N/A	x	.01%
IMPACT CDE 52, LLC -											
47-1300758, 1400 CRYSTAL											
DRIVE, SUITE 500, ARLINGTON,											
VA 22202		DE	N/A	RELATED				x	N/A	x	.01%
IMPACT CDE 53, LLC -											
47-1312299, 1400 CRYSTAL											
DRIVE, SUITE 500, ARLINGTON,											
VA 22202		DE	N/A	RELATED				x	N/A	x	.01%

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(C) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	ent	(i) ction (b)(13) rolled tity?
ALLIANCE SECURITIES MANAGER, LLC -		country)						Yes	No
87-4340989, 1400 CRYSTAL DRIVE, SUITE 500,									
ARLINGTON, VA 22202	INVESTMENT FUND	NY	N/A	C CORP					х
	-								
	-								
	-								

Part III	Continuation of Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or	(d) Direct controlling entity	(e) Predominant income (related, unrelated,	(f) Share of total income	(g) Share of end-of-year	(r Disprop ate alloc	ortion-	(i) Code V-UBI amount in box	(j) General o managing partner?	(k) ^r Percentage ownership
		foreign country)		excluded from tax under sections 512-514)		assets	Yes	No	20 of Schedule K-1 (Form 1065)	Yes No	,
IMPACT CDE 54, LLC -											
47-1319709, 1400 CRYSTAL											
DRIVE, SUITE 500, ARLINGTON,											
VA 22202		DE	N/A	RELATED	224.	٥.		х	N/A	x	.01%
IMPACT CDE 55, LLC -											
47-1333331, 1400 CRYSTAL											
DRIVE, SUITE 500, ARLINGTON,											
VA 22202		DE	N/A	RELATED	8.	691.		х	N/A	x	.01%
IMPACT CDE 56, LLC -											
47-1345046, 1400 CRYSTAL											
DRIVE, SUITE 500, ARLINGTON,											
VA 22202		DE	N/A	RELATED	1.	594.		х	N/A	x	.01%
IMPACT CDE 57, LLC -											
47-1356537, 1400 CRYSTAL											
DRIVE, SUITE 500, ARLINGTON,											
VA 22202		DE	N/A	RELATED	3.	742.		х	N/A	x	.01%
IMPACT CDE 58, LLC -											
47-1367379, 1400 CRYSTAL											
DRIVE, SUITE 500, ARLINGTON,											
VA 22202		DE	N/A	RELATED		590.		х	N/A	х	.01%
IMPACT CDE 59, LLC -											
47-1377414, 1400 CRYSTAL											
DRIVE, SUITE 500, ARLINGTON,											
VA 22202		DE	N/A	RELATED	12.	788.		Х	N/A	х	.01%
IMPACT CDE 60, LLC -											
47-1390655, 1400 CRYSTAL											
DRIVE, SUITE 500, ARLINGTON,											
VA 22202		DE	N/A	RELATED	0.	491.		Х	N/A	х	.01%
IMPACT CDE 61, LLC -											
82-0713728, 1400 CRYSTAL											
DRIVE, SUITE 500, ARLINGTON,											
VA 22202		DE	N/A	RELATED	29.	894.		х	N/A	х	.01%
IMPACT CDE 62, LLC -											
82-0722209, 1400 CRYSTAL											
DRIVE, SUITE 500, ARLINGTON,											
VA 22202		DE	N/A	RELATED	0.	738.		х	N/A	х	.01%

Part III	Continuation of Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or	(d) Direct controlling entity	(e) Predominant income (related, unrelated,	(f) Share of total income	(g) Share of end-of-year	(r Disprop ate alloc	ortion-	(i) Code V-UBI amount in box	(j) General c managing partner?	(k) ^r Percentage ownership
		foreign country)		excluded from tax under sections 512-514)		assets	Yes	No	20 of Schedule K-1 (Form 1065)	Yes No	,
IMPACT CDE 63, LLC -											
82-0738595, 1400 CRYSTAL											
DRIVE, SUITE 500, ARLINGTON,											
VA 22202		DE	N/A	RELATED	1.	987.		x	N/A	x	.01%
IMPACT CDE 64, LLC -											
82-0754647, 1400 CRYSTAL											
DRIVE, SUITE 500, ARLINGTON,											
VA 22202		DE	N/A	RELATED	6.	795.		x	N/A	x	.01%
IMPACT CDE 65, LLC -											
82-0795043, 1400 CRYSTAL											
DRIVE, SUITE 500, ARLINGTON,											
VA 22202		DE	N/A	RELATED	3.	649.		x	N/A	x	.01%
IMPACT CDE 66, LLC -											
82-0795043, 1400 CRYSTAL											
DRIVE, SUITE 500, ARLINGTON,											
VA 22202		DE	N/A	RELATED	16.	400.		х	N/A	x	.01%
IMPACT CDE 67, LLC -											
82-0817491, 1400 CRYSTAL											
DRIVE, SUITE 500, ARLINGTON,											
VA 22202		DE	N/A	RELATED	2.	595.		х	N/A	х	.01%
IMPACT CDE 68, LLC -											
82-0828565, 1400 CRYSTAL											
DRIVE, SUITE 500, ARLINGTON,											
VA 22202		DE	N/A	RELATED	1.	892.		х	N/A	х	.01%
IMPACT CDE 69, LLC -											
82-0847446, 1400 CRYSTAL											
DRIVE, SUITE 500, ARLINGTON,											
VA 22202		DE	N/A	RELATED	7.	943.		х	N/A	х	.01%
IMPACT CDE 70, LLC -											
82-0985879, 1400 CRYSTAL											
DRIVE, SUITE 500, ARLINGTON,											
VA 22202		DE	N/A	RELATED	3.	650.		х	N/A	х	.01%
IMPACT CDE 71, LLC -											
82-0985879, 1400 CRYSTAL											
DRIVE, SUITE 500, ARLINGTON,											
VA 22202		DE	N/A	RELATED	2.	1,042.		х	N/A	х	.01%

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h Disprop ate alloc Yes		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General o managing partner? Yes No	
IMPACT CDE 72, LLC -											
82-1007028, 1400 CRYSTAL											
DRIVE, SUITE 500, ARLINGTON,											
VA 22202		DE	N/A	RELATED	7.	895.		x	N/A	x	.01%
IMPACT CDE 73, LLC -											
82-1033817, 1400 CRYSTAL											
DRIVE, SUITE 500, ARLINGTON,											
VA 22202		DE	N/A	RELATED	17.	654.		x	N/A	x	.01%
IMPACT CDE 74, LLC -											
82-1052434, 1400 CRYSTAL											
DRIVE, SUITE 500, ARLINGTON,											
VA 22202		DE	N/A	RELATED	-1.	996.		x	N/A	x	.01%
IMPACT CDE 75, LLC -											
82-1086217, 1400 CRYSTAL											
DRIVE, SUITE 500, ARLINGTON,											
VA 22202		DE	N/A	RELATED	2.	800.		x	N/A	х	.01%
IMPACT CDE 76, LLC -											
82-1125154, 1400 CRYSTAL											
DRIVE, SUITE 500, ARLINGTON,											
VA 22202		DE	N/A	RELATED	1.	1,000.		х	N/A	X	.01%
IMPACT CDE 78, LLC -											
82-1174384, 1400 CRYSTAL											
DRIVE, SUITE 500, ARLINGTON,											
VA 22202		DE	N/A	RELATED	1.	751.		х	N/A	X	.01%
IMPACT CDE 79, LLC -											
82-1191838, 1400 CRYSTAL											
DRIVE, SUITE 500, ARLINGTON,											
VA 22202		DE	N/A	RELATED	2.	902.		х	N/A	х	.01%
COMMUNITY INVESTMENT IMPACT											
FUND, LLC - 82-3241777, 1400											
CRYSTAL DRIVE, SUITE 500,											
ARLINGTON, VA 22202		DE	N/A	RELATED	350,522.	8,947,508.		х	N/A	х	30.00%

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

lote: Complete line 1	if any entity is listed in Parts II, III, or IV of this schedule.		Ye	s I
1 During the tax yea	ar, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) inter	rest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		
	ital contribution to related organization(s)			
	ital contribution from related organization(s)			
	arantees to or for related organization(s)			
e Loans or loan gua	arantees by related organization(s)			
f Dividends from re	lated organization(s)			
g Sale of assets to	related organization(s)	1g		
	ts from related organization(s)			
i Exchange of asse	ts with related organization(s)	1i		
	, equipment, or other assets to related organization(s)			_
k Lease of facilities	, equipment, or other assets from related organization(s)	1k		
I Performance of se	ervices or membership or fundraising solicitations for related organization(s)			
m Performance of se	ervices or membership or fundraising solicitations by related organization(s)	1 m		
n Sharing of facilitie	es, equipment, mailing lists, or other assets with related organization(s)	1n		
	mployees with related organization(s)			+
p Reimbursement p	aid to related organization(s) for expenses			
	aid by related organization(s) for expenses		X	_
r Other transfer of o	cash or property to related organization(s)	<u>1r</u>		
s Other transfer of o	cash or property from related organization(s)	1s		

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) COMMUNITY INVESTMENT IMPACT FUND LLC	Q	305,937.	ACTUAL COST
(2)			
(3)			
<u>(4)</u>			
(5)			
(6)			

Schedule R (Form 990) 2022 CAPITAL IMPACT PARTNERS

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c)	Are Partne 501(org Yes	(f) Share of total income	(g) Share of end-of-year assets	(ř Dispr tior alloca Yes	opor- ate tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) Genera manag partne Yes N	or Percentage ownership

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Schedule R (Form 990) 2022

232165 09-14-22