** 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.

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047
2023
<u> </u>
Open to Public
Inspection

A F	or the	2023 calendar year, or tax year beginning	and	ending							
B c	heck if oplicable	C Name of organization			D Empl	oyer identi	fication nun	nber			
	Addres	CAPITAL IMPACT PARTNERS									
	Name change			5	52-1290127						
	Initial return Final return/	Number and street (or P.O. box if mail is not deli 1400 CRYSTAL DRIVE #500	vered to street address)	Room/suite		E Telephone number 703-647-2300					
	termin- ated	City or town, state or province, country, and Z	IP or foreign postal code		G Gross r	eceipts \$		71,955,072.			
	Ameno				H(a) Is ti	his a group	return				
	Application	F Name and address of principal officer: NATAL	IE GUNN		for	subordinate	es? 🗀	Yes 🗓 No			
	pendin	SAME AS C ABOVE			H(b) Are a	all subordinates	included?	Yes No			
<u> </u>	ax-exe	empt status: X 501(c)(3) 501(c) ()	(insert no.) 4947(a)(1)	or 52	7 If "N	No," attach	a list. See in	structions			
J۷	Vebsit	e: WWW.CAPITALIMPACT.ORG			H(c) Gro	up exempt	on number				
K F	orm of	organization: X Corporation Trust Ass	ociation Other	L Yea	r of formatio	n: 1982	M State of le	gal domicile: DC			
	rt I	Summary									
4	1	Briefly describe the organization's mission or most s	significant activities: THROUG	H CAPITA	L AND CO	MMITMENT	ı				
Governance		CAPITAL IMPACT PARTNERS HELPS BUILD (P	LEASE GO TO SCHEDULE O)							
rna	2	Check this box if the organization discon	tinued its operations or dispos	sed of mor	e than 25%	of its net a	ssets.				
ove	3	Number of voting members of the governing body (I	Part VI, line 1a)			<u>3</u>		18			
s G	4	Number of independent voting members of the government	erning body (Part VI, line 1b)			<u>4</u>		16			
	5	Total number of individuals employed in calendar ye	ear 2023 (Part V, line 2a)			<u>5</u>		183			
vitį		Total number of volunteers (estimate if necessary)					<u> </u>	0			
Activities	7 a	Total unrelated business revenue from Part VIII, colu	ımn (C), line 12				a	0.			
_	b	Net unrelated business taxable income from Form 9	90-T, Part I, line 11	<u></u>				0.			
				_	Prior		_	rent Year			
e						,666,588		27,945,484.			
en						,212,138	+	32,939,843.			
Revenue		Investment income (Part VIII, column (A), lines 3, 4,		1	,070,642	+	7,090,148.				
_		Other revenue (Part VIII, column (A), lines 5, 6d, 8c,			60	803,959		1,468,067.			
		Total revenue - add lines 8 through 11 (must equal F				,753,327		69,443,542.			
		Grants and similar amounts paid (Part IX, column (A		····	12	,887,698 0	+	18,536,832.			
		Benefits paid to or for members (Part IX, column (A)		2.4	0.						
ses	15	Salaries, other compensation, employee benefits (P			24	,292,350		27,592,772.			
Expenses	16a	Professional fundraising fees (Part IX, column (A), lir				0	•	0.			
Exp	17	Total fundraising expenses (Part IX, column (D), line			21	,228,191		27,512,990.			
	17	Other expenses (Part IX, column (A), lines 11a-11d, Total expenses. Add lines 13-17 (must equal Part IX				,408,239	+	73,642,594.			
		Revenue less expenses. Subtract line 18 from line 1				,345,088		-4,199,052.			
- S		nevertue less experises. Subtract line 16 from line 1	۷	В		Current Year		d of Year			
Net Assets or Fund Balances	20	Total assets (Part X, line 16)				.801.509	+	591,780,333.			
Asse Bali	21	Total liabilities (Part X, line 26)				,804,761	_	540,111,190.			
Vet,	22	Net assets or fund balances. Subtract line 21 from I	ine 20			,996,748	-	51,669,143.			
	rt II	Signature Block	110 20			7 7	•	, , , , , , , , , , , , , , , , , , , ,			
Unde	er pena	Ities of perjury, I declare that I have examined this return, i	ncluding accompanying schedules	and staten	nents, and to	the best of n	nv knowledae	and belief, it is			
	-	t, and complete. Declaration of preparer (other than officer					, ,	,			
			,								
Sigr	1	Signature of officer				Date					
Her		TATALIE GUNN, CHIEF FINANCIAL OFFICER									
		Type or print name and title									
		Print/Type preparer's name	Preparer's signature		Date	Check	PTII	N			
Paid		RICHARD E. MORRIS			09/11/24	self-emp	oyed P0019	0795			
Prep	arer	Firm's name COUNCILOR, BUCHANAN & MITC	HELL P.C.		ı	Firm's EIN	52-17118	39			
Use	Only	Firm's address 7910 WOODMONT AVE. STE. 50	0								
		BETHESDA, MD 20814			I	Phone no. (3	01)986-06	500			
May	the IF	RS discuss this return with the preparer shown above	e? See instructions				Х	Yes No			

Form	1990 (2023) CAPITAL IMPACT PARTNERS	52-1290127	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		Х
1	Briefly describe the organization's mission: SEE SCHEDULE O		
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	Yes	x No
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	X No
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as m Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$37,392,243. including grants of \$0.) (Revenue GENERAL LOAN PROGRAM:	8,17	7,885.
	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.		
4b	(Code:) (Expenses \$	e\$	0.
	ACTING AS THE LEAD CDFI, CIP, ALONG WITH LOW INCOME INVESTMENT FUND AND		
	REINVESTMENT FUND, WAS AWARDED \$30 MILLION BY WELLS FARGO IN 2021 AS		
	PART OF THEIR GROWING DIVERSE HOUSING DEVELOPERS INITIATIVE. THE		
	PROGRAM KICKED OFF IN MAY OF 2022, WITH THE GOAL TO INCREASE THE SUPPLY		
	OF HOMES THAT ARE AFFORDABLE AND TO SUPPORT THE SUSTAINED GROWTH AND		
	FINANCIAL INDEPENDENCE OF EXPERIENCED DEVELOPMENT FIRMS THAT ARE LED BY		
	PEOPLE OF COLOR. OVER THE COURSE OF THE 4 YEAR PROGRAM, 27 PARTICIPANTS		
	OF COLOR - 81% BLACK OR AFRICAN AMERICAN, 15% LATINX/HISPANIC, & 4%		
	ASIAN/PACIFIC ISLANDER - FROM 6 CORE GEOGRAPHIES (NY, PA, DMV, GA, TX,		
	& CA), WILL RECEIVE MONTHLY LEARNING SESSIONS, ACCESS TO MENTORS AND		
4c	(Code:) (Expenses 7,873,548. including grants of 9,853,374.) (Revenue EQUITABLE DEVELOPMENT INITIATIVE	e \$	0.
	THE EQUITABLE DEVELOPMENT INITIATIVE (EDI) COMBINES 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, STRENGTHEN THEIR BUSINESSES, AND		
	BUILD THEIR WEALTH. AS OF YEAR END 2023, THE DETROIT PROGRAM HAS		
	GRADUATED 117 PARTICIPANTS; THE DMV PROGRAM HAS GRADUATED 69		
	PARTICIPANTS AS OF YEAR END. AS OF YEAR END 2023, EDI COHORTS IN DALLAS		
	AND THE SAN FRANCISCO BAY AREA, SERVED 15 AND 24 DEVELOPERS		
	RESPECTIVELY.		
4d	Other program services (Describe on Schedule O.) (Expenses \$ 25,740. including grants of \$ 5,369,017.) (Revenue \$ 25,740.)	21,121,479.)	
4e	Total program service expenses 56,396,727.		

15160911 759370 70073.0000

52-1290127

Form 990 (2023) CAPITAL IMPACT PARTNERS Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	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		х
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			
Ŭ	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	٣		
U	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	\cdot	-		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		x
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			x
	Schedule D, Part III	8		
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	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	Х	
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
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)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes." complete			
	Schedule D, Parts XI and XII	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
_	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
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			
	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	<u></u>		
10	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,	 10		
.,	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		x
10	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	 		
18		18		x
10	1c and 8a? If "Yes," complete Schedule G, Part II	10		
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	40		x
00-	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u> </u>
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		\vdash
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		v	
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	Х	

332003 12-21-23

52-1290127

Form 990 (2023) CAPITAL IMPACT PARTNERS Part IV 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			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	04-		х
h	Schedule K. If "No," go to line 25a	24a 24b		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
Ŭ	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		
	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		Х
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%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26	Х	
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	07		х
28	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		
20	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? <i>If</i>			
-	"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		Х
	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		Х
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		х	
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	Λ	
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	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
	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	Х	ı
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
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? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
Par	Note: All Form 990 filers are required to complete Schedule O **T V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
· ai	Check if Schedule O contains a response or note to any line in this Part V			
	Shook if Soficialis of tosponse of note to any line in this t art v		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		.03	.40
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	

332004 12-21-23

Form 990	(2020)			1290127	Pa	ige 5
Part V	Statements Regarding	g Other	IRS Filings and Tax Compliance (continued)			
					Yes	No

			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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	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	_		17
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
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).	F-		Х
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<u>5a</u> 5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	30		
ou	any contributions that were not tax deductible as charitable contributions?	6a		х
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		Х
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		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
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	37./3	Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	N/A 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	IN / 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? N/A	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			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders N/A 11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	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. Is the organization licensed to issue qualified health plans in more than one state? N/A	40-		
а		13a		
h	Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the			
b	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	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		Х
	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		Х
	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.			

332005 12-21-23

CAPITAL IMPACT PARTNERS Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response

	to line 6a, 6b, or 10b below, describe the circumstances, processes, or changes on scriedule 0. See instructions.			
_	Check if Schedule O contains a response or note to any line in this Part VI			Х
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 18			
	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.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 1			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4_		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
b	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 reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	l		
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	v	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		v	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	١	v	
	on Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		v	
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b		
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a		v	
	taxable entity during the year?	16a	Х	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's		37	
800	exempt status with respect to such arrangements?	16b	Х	
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed CA, DE			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s	only)	avaıla	ble
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	tinano	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	NATALIE GUNN C/O CAPITAL IMPACT PARTNERS - 703-647-2360			
	1400 CRYSTAL DRIVE, SUITE 500, ARLINGTON, VA 22202			

Form 990 (2023) CAPITAL IMPACT PARTNERS 52-1290127 Page **7**

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. 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.

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

- 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.

(A) Name and title	(B) Average hours per	box	not c , unle cer ar	Pos heck ss per	more rson i	than is bot	h an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of				
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Institutional trustee Officer		Key employee Highest compensated employee Former		Key employee Highest compensated employee Former		Officer Key employee Highest compensated employee		from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
(1) ELLIS CARR	20.00													
PRESIDENT & CEO	20.00	Х		Х		_		862,564.	0.	39,208.				
(2) NATALIE GUNN	20.00													
CHIEF FINANCIAL OFFICER	20.00			Х				440,449.	0.	63,398.				
(3) RAYMOND GUTHRIE	40.00													
CHIEF INVESTMENT OFFICER				Х				429,245.	0.	69,917.				
(4) BRIAN MCEVOY	20.00													
GENERAL COUNSEL	20.00			Х				360,194.	0.	82,038.				
(5) MATTHEW WEHLAND	20.00													
CHIEF OPERATING OFFICER	20.00			Х				349,095.	0.	45,520.				
(6) JARET DINARD INGS	20.00													
SENIOR DIRECTOR OF FINANCE	20.00			Х				319,757.	0.	73,173.				
(7) KARLA GILL	20.00													
CHIEF TECHNOLOGY OFFICER	20.00			Х				334,830.	0.	37,949.				
(8) KIM DORSETT	20.00													
CHIEF HUMAN RESOURCE'S OFFICER	20.00			Х				308,457.	0.	56,354.				
(9) MALINDA CHRISTENSEN	40.00													
SVP, COMMUNITY DEVELOPMENT						Х		292,003.	0.	40,693.				
(10) LAUREN COUNTS	40.00													
SR DIR, HEAD OF NATIONAL PROGRAMS						Х		285,405.	0.	23,707.				
(11) LISA GRAMMER	40.00													
CONTROLLER						Х		253,199.	0.	52,880.				
(12) JASON ANDERSON	40.00													
SENIOR DIRECTOR, MARKETING						Х		246,424.	0.	52,352.				
(13) MASOUDA OMAR	40.00													
HEAD OF SMALL BUS & COMM DEV CR						Х		234,286.	0.	40,680.				
(14) KURT CHILCOTT	7.00													
DIRECTOR/CONSULTANT	7.00	Х						212,500.	0.	0.				
(15) JENNIFER SMITH DOLIN	1.00													
DIRECTOR	1.00	Х						6,250.	0.	0.				
(16) GARY CUNNINGHAM	1.00													
DIRECTOR	1.00	Х	L		L			6,250.	0.	0.				
(17) PEDRO GOITIA	1.00													
DIRECTOR	1.00	Х					L	5,000.	0.	0.				

332007 12-21-23 Form **990** (2023)

Form 990 (2023) CAPITAL IMPACT PARTNERS 52-1290127 Page 8

Form 990 (2023) CAPITAL IMPAG									52-129012	Page o
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)										
(A)	(D)	(E)	(F)							
Name and title	Average	(do		Pos		າ than ເ	nne	Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	rson i	is both	n an	compensation	compensation	amount of
	week		cer an	a a a	recio	Trus	lee)	from	from related	other
	(list any hours for	irecto						the	organizations	compensation
	related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization
	organizations	Individual trustee or director	In stit utio nal tru stee		ee/	mpen		1099-NEC)	1099-1120)	and related
	below	dualt	ution	-	Key employee	st co	ь			organizations
	line)	Indiv	Instit	Officer	Key e	Highest compensated employee	Former			
(18) OSWALDO ACOSTA	1.00									
DIRECTOR	1.00	Х						5,000.	0.	0.
(19) DAN VARNER	1.00									
DIRECTOR	1.00	Х						5,000.	0.	0.
(20) RICK BENITO	1.00									
DIRECTOR	1.00	Х				<u> </u>		5,000.	0.	0.
(21) ERIK CALDWELL	1.00									
DIRECTOR	1.00	Х						5,000.	0.	0.
(22) ALAINA BEVERLY	1.00									
DIRECTOR	1.00	Х						5,000.	0.	0.
(23) CASEY FANNON	1.00									
DIRECTOR	1.00	Х						5,000.	0.	0.
(24) GAIL MARKULIN	1.00									
DIRECTOR	1.00	Х						5,000.	0.	0.
(25) TYLER ORION	1.00									
DIRECTOR	1.00	Х				_		5,000.	0.	0.
(26) FRANK ROBINSON	1.00									
DIRECTOR	1.00	Х						5,000.	0.	0.
1b Subtotal								4,990,908.	0.	677,869.
c Total from continuation sheets to Part VI	I, Section A							7,500.	0.	0.
d Total (add lines 1b and 1c)	4,998,408.	0.	677,869.							

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization

106

			Yes	No
3	Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on			
	line 1a? If "Yes," complete Schedule J for such individual	3		Х
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization			
	and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	Х	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services			
	rendered to the organization? If "Yes." complete Schedule J for such person	5		Х

Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
PILLSBURY WINTHROP SHAW, 1200 SEVENTEENTH	2000,p.10.11.01.001.11000	
STREET, NW, WASHINGTON, DC 20036	LEGAL SERVICE FEE	1,508,630.
COHNREZNICK LLP, 500 EAST PRATT STREET,		
SUITE 200, BALTIMORE, MD 21202	AUDIT AND TAX SERVICES	603,990.
EXCELLA, INC.		
2300 WILSON BLVD #600, ARLINGTON, VA 22201	CONTRACTUAL SERVICES	592,533.
NEW MAJORITY CAPITAL MANAGEMENT LLC		
225 DYER STREET, PROVIDENCE, RI 02903	INVESTMENT REFERRAL FEE	563,840.
SPENCER STUART, 353 N. CLARK STREET, SUITE		
2400, CHICAGO, IL 60654	PROFESSIONAL SERVICES	300,500.
2 Total number of independent contractors (including but not limited t	to those listed above) who received more than	
\$100,000 of compensation from the organization	13	
		000

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 CAPITAL IMPACT PARTNERS 52-1290127

Form 990 CAPITAL IMPAG	CT PARTNERS								52-12901	L27
Part VII Section A. Officers, Directors, Tru	ıstees, Key En	nplo	yee	s, a	nd H	ligh	est (Compensated Employe	ees (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average			Pos	ition			Reportable	Reportable	Estimated
	hours per	(cl	heck	all	that	app	ly)	compensation from	compensation from related	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)	compensation from the organization and related organizations
(27) TOM TOPUZES	1.00	_	 		-	 	_			
DIRECTOR	1.00	х						5,000.	0.	0.
(28) L. RAY MONCRIEF	1.00							,		
DIRECTOR	1.00	Х						2,500.	0.	0.
(29) GRACE CHIONUMA	1.00									
DIRECTOR	1.00	Х						0.	0.	0.
(30) SHERYL CAMERON	1.00									
DIRECTOR	1.00	Х						0.	0.	0.
Total to Dort VIII Continu A line 1 a	I	l	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	7,500.		
Γotal to Part VII, Section A, line 1c								1,300.		

52-1290127

Form 990 (2023) CAPITAL IM

Pa	LVI								
		Check if Schedule O c	onta	ains a response	or note to any lin		(D)	(C)	
						(A) Total revenue	(B) Related or exempt	(C) Unrelated	(D) Revenue excluded
						Total Toveride		business revenue	from tax under
									sections 512 - 514
ts st	1 a	Federated campaigns		1a					
Contributions, Gifts, Grants and Other Similar Amounts	k	Membership dues		1b					
	(Fundraising events		1c					
ar jit	(ابدا					
s, G	•	Government grants (contri	butio	ons) 1e					
Sign	f	All other contributions, gifts,							
her		similar amounts not included			27,945,484.				
ortine of the second		Noncash contributions included in I							
Sor	Ì	1 Total. Add lines 1a-1f				27,945,484.			
<u> </u>					Business Code				
a)	2 8	INTEREST EARNED ON	LOAI	NS	900099	25,217,968.	25,217,968.		
ķ	 k				900099	3,708,109.	3,708,109.		
šer			NCO	ME	900099	3,661,528.	3,661,528.		
m S	,	,			900099	352,238.	352,238.		
gra Re	•								
Program Service Revenue	f		rovor		900099				
	•	Total. Add lines 2a-2f				32,939,843.			
	3	Investment income (includ				, , , , , , , , , , , , ,			
	Ū	•	•		•	6,940,921.			6,940,921.
	4	Income from investment o				7 - 7 7			7 - 7 - 7
	5	Royalties			il Occeds				
	Ū	rioyanioo		(i) Real	(ii) Personal				
	6 :	Gross rents	6a	(7	(.,,				
		Less: rental expenses	6b						
	,	Rental income or (loss)	6c						
	Ì	Net rental income or (loss)							
		Gross amount from sales of		(i) Securities	(ii) Other				
	, ,	assets other than inventory	7a	'	(, 5				
		Less: cost or other basis	1 a	2,000,707					
a			7b	2,511,530.					
n i			7c						
Revenue		, , , , , , , , , , , , , , , , , , , ,	$\overline{}$			149,227.	149,227.		
er B		d Net gain or (loss)				117,227.	219,227.		
Oth	0 6	including \$	ig cvi	of					
		contributions reported on	lina						
		Part IV, line 18		· I					
	ı			ا ما					
	,	Net income or (loss) from the		·····					
	۵.	Gross income from gamin							
		Part IV, line 19	-						
	ŀ			9b					
		Net income or (loss) from							
		Gross sales of inventory, le		-					
		and allowances							
	ŀ			1					
		Net income or (loss) from			1				
			_ 4.00		Business Code				
sno	11 a	CONTRACT REVENUE			900099	1,244,007.	1,244,007.		
nec	k				900099	224,060.	224,060.		
ella						,	, ,		
Miscellaneous Revenue	`								
Σ	•	Total. Add lines 11a-11d				1,468,067.			
	12	Total revenue. See instruction				69,443,542.	34,557,137.	0.	6,940,921.

332009 12-21-23

52-1290127

Part IX Statement of Functional Expenses

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

_	Check if Schedule O contains a respons	se or note to any line in t	his Part IX(B)	(C)	(D)
	not include amounts reported on lines 6b, Bb, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	18,536,832.	18,536,832.		
	Grants and other assistance to domestic	, ,	, ,		
2	individuals. See Part IV, line 22 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				
	Compensation of current officers, directors,	4 154 649	2 026 040	710 200	410 20
	trustees, and key employees	4,154,648.	3,026,040.	710,308.	418,30
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
	Other salaries and wages	18,390,212.	11,757,639.	5,867,900.	764,67
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	1,730,565.	1,085,569.	548,814.	96,18
9	Other employee benefits	1,933,022.	1,170,334.	667,031.	95,65
10	Payroll taxes	1,384,325.	956,670.	354,644.	73,01
11	Fees for services (nonemployees):				
а	Management	306,468.		275,821.	30,64
	Legal	796,247.	99,944.	626,673.	69,63
	Accounting	339,668.	42,635.	267,330.	29,70
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	99,776.		99,776.	
	Other. (If line 11g amount exceeds 10% of line 25,				
_	column (A), amount, list line 11g expenses on Sch O.)	3,852,824.	2,077,793.	1,473,169.	301,86
12	Advertising and promotion				
	Office expenses	820,456.	230,545.	525,207.	64,70
	Information technology	1,128,570.	50,189.	970,543.	107,83
	Royalties	, ,	,	,	•
	Occupancy	1,261,229.	487,943.	695,521.	77,76
	I	840,135.	409,167.	387,871.	43,09
	Travel Payments of travel or entertainment expenses	,	,	,	,
	for any federal, state, or local public officials				
	· · · · · · · · · · · · · · · · · · ·				
	Conferences, conventions, and meetings	16,489,064.	16,489,064.		
20	Interest	10,405,004.	10,405,004.		
21	Payments to affiliates	189,732.	60,287.	129,445.	
22	Depreciation, depletion, and amortization	344,740.	00,207.	310,266.	34,47
23	Insurance	344,740.		310,200.	34,47
	Other expenses. Itemize expenses not covered 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	1,009,683.	103,414.	815,642.	90,62
b	TRAINING	295,571.	73,835.	199,562.	22,17
	LOAN FEES	47,818.	47,818.	•	•
•	PROVISION FOR LOAN LOSS	-308,991.	-308,991.		
_	All other expenses	,	, -		
	Total functional expenses. Add lines 1 through 24e	73,642,594.	56,396,727.	14,925,523.	2,320,34
	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)				

Form 990 (2023) Part X | Balance Sheet

Pai	rt X	Balance Sheet					
		Check if Schedule O contains a response or no	ote to an	y 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	70,912,912.	2	53,673,549		
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			7,350,383.	4	7,144,150
	5	Loans and other receivables from any current of					
		trustee, key employee, creator or founder, sub-					
		controlled entity or family member of any of the	ese perso	ons		5	
	6	Loans and other receivables from other disqua	lified per	sons (as defined			
		under section 4958(f)(1)), and persons describe	ed in sec	tion 4958(c)(3)(B)		6	
ts	7	Notes and loans receivable, net			399,371,537.	7	519,727,352
Assets	8	Inventories for sale or use				8	
Ä	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	3,360,208.			
	b	Less: accumulated depreciation	10b	2,099,035.	1,070,233.	10c	1,261,173
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line	11		2,470,306.	12	3,266,826
	13	Investments - program-related. See Part IV, line	e 11		92,987,066.	13	95,210,432
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11			9,639,072.	15	11,496,85
	16	Total assets. Add lines 1 through 15 (must eq			583,801,509.	16	691,780,333
	17	Accounts payable and accrued expenses			5,308,749.	17	9,567,252
	18	Grants payable		18			
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities		20			
	21	Escrow or custodial account liability. Complete				21	
es	22	Loans and other payables to any current or for					
₿		trustee, key employee, creator or founder, sub-					
Liabilities		controlled entity or family member of any of the				22	
_	23	Secured mortgages and notes payable to unre		· · · · · · · · · · · · · · · · · · ·	396,734,938.	23	508,816,419
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, p					
		parties, and other liabilities not included on line	es 17-24)	. Complete Part X	16 761 071		04 505 546
		of Schedule D			16,761,074.		21,727,519
	26				418,804,761.	26	540,111,190
S		Organizations that follow FASB ASC 958, ch	eck her	e X			
Ce		and complete lines 27, 28, 32, and 33.			115 (54 140		106 247 016
alar	27	Net assets without donor restrictions			115,654,148.	27	106,347,816
Ä	28	Net assets with donor restrictions			49,342,600.	28	45,321,327
ŭ		Organizations that do not follow FASB ASC	958, che	eck here			
ΥF		and complete lines 29 through 33.					
ts (29	Capital stock or trust principal, or current funds				29	
sse	30	Paid-in or capital surplus, or land, building, or				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated i			164 006 740	31	151 660 143
Re	32	Total net assets or fund balances			164,996,748.	32	151,669,143
	33	Total liabilities and net assets/fund balances			583,801,509.	33	691,780,333 Form 990 (202

Uniform Guidance, 2 C.F.R. Part 200, Subpart F?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

Form 990 (2023)

Х За

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

Open to Public

OMB No. 1545-0047

Name of the organization **Employer identification number** CAPITAL IMPACT PARTNERS 52-1290127 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from 10 activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions))

Schedule A (Form 990) 2023 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.)

Sec	ction A. Public Support		•	,			
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and		. ,		()	, ,	,,
	membership fees received. (Do not						
	include any "unusual grants.")	4,687,574.	29,250,083.	30,485,802.	25,666,588.	27,945,484.	118,035,531.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	4,687,574.	29,250,083.	30,485,802.	25,666,588.	27,945,484.	118,035,531.
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)						37,286,000.
6	Public support. Subtract line 5 from line 4.						80,749,531.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4	4,687,574.	29,250,083.	30,485,802.	25,666,588.	27,945,484.	118,035,531.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	3,653,545.	829,625.	1,091,910.	2,821,918.	6,940,921.	15,337,919.
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.)	107,768.	347,304.	179,474.	803,959.	1,468,067.	2,906,572.
11	Total support. Add lines 7 through 10						136,280,022.
12	Gross receipts from related activities,	etc. (see instructio	ns)			12	126,880,525.
13	First 5 years. If the Form 990 is for th	e organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 5	01(c)(3)	
	organization, check this box and stop	here					
Sec	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2023 (li	ine 6, column (f), di	vided by line 11, c	olumn (f))		14	59.25 %
15	Public support percentage from 2022	Schedule A, Part I	I, line 14			15	61.50 %
16a	33 1/3% support test - 2023. If the o	organization did no	t check the box on	line 13, and line 1	4 is 33 1/3% or m	ore, check this bo	x and
	$\ensuremath{\mathbf{stop}}$ here. The organization qualifies	as a publicly suppo	orted organization				X
b	33 1/3% support test - 2022. If the o						
	and stop here. The organization qual	ifies as a publicly s	upported organiza	tion			
17a	17a 10% -facts-and-circumstances test - 2023. 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 te	st. The organization	n qualifies as a pul	olicly supported or	ganization		
b	10% -facts-and-circumstances test	- 2022. If the orga	anization did not c	heck a box on line	13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets th	ne facts-and-circum	stances test, chec	k this box and st	op here. Explain ir	Part VI how the	
	organization meets the facts-and-circu	umstances test. Th	e organization qua	lifies as a publicly	supported organiz	ation	
18	Private foundation. If the organizatio	n did not check a b	oox on line 13, 16a	, 16b, 17a, or 17b	, check this box ar	nd see instructions	s
		<u> </u>		<u>-</u>	·	Schedule A	(Form 990) 2023

332022 12-21-23

Page 2

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.)

Sec	etion A. Public Support	siow, picase comp	oloto i dit ii.j				
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the 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						
	Public support. (Subtract line 7c from line 6.)						
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
		(a) 2013	(6) 2020	(6) 2021	(d) ZOZZ	(6) 2020	(i) rotai
	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						
	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is						
12	regularly carried on 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 the	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3) organization	on,
	check this box and stop here						
Sec	ction C. Computation of Publi	c Support Per	rcentage				
15	Public support percentage for 2023 (li	ne 8, column (f), c	divided by line 13,	column (f))		15	%
	Public support percentage from 2022					16	%
Sec	ction D. Computation of Inves	tment Income	e Percentage				
17	Investment income percentage for 20	23 (line 10c, colur	mn (f), divided by I	ine 13, column (f))		17	%
18	Investment income percentage from 2	2022 Schedule A,	Part III, line 17			18	%
19a	33 1/3% support tests - 2023. If the	organization did r	not check the box	on line 14, and line	e 15 is more than 3	33 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar	nd stop here. The	organization qual	ifies as a publicly s	supported organiza	ation	
b	33 1/3% support tests - 2022. If the line 18 is not more than 33 1/3%, che	•			•	•	
20	Private foundation. If the organization						

332023 12-21-23

Schedule A (Form 990) 2023

Schedule A (Form 990) 2023

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.)

	Yes	No
1		
2		
_		
3a		
OI:		
3b		
30		
3c		
4a		
Tu		
4b		
4c		
10		
5a		
Ja		
5b		
5c		
6		
0		
7		
8		
9a		
9b		
9c		
10a		
40.		
10b		

Pa	TIV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			l
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		
	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		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	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 supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	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,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			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	tion D. All Type III Supporting Organizations			
			Yes	No
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		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	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 in	struction	s).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	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.	2a		
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.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а				
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
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.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organi	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on N	Nov. 20, 1970 (explain in I	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	st complete	Sections A through E.	
Sect	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		
Sect	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		
Sect	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		
7	Check here if the current year is the organization's first as a non-functional	ally integrate	d Type III supporting orga	nization (see
	instructions).			

Schedule A (Form 990) 2023

	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)							
Secti	on D - Distributions				Current Year			
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1				
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported						
	organizations, in excess of income from activity			2				
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3				
4	Amounts paid to acquire exempt-use assets			4				
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5				
6	Other distributions (describe in Part VI). 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 2023 from Section C, line 6			9				
10	Line 8 amount divided by line 9 amount	Τ		10				
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023		(iii) Distributable Amount for 2023			
1	Distributable amount for 2023 from Section C, line 6							
2	Underdistributions, if any, for years prior to 2023 (reason-							
	able cause required - explain in Part VI). See instructions.			_				
3	Excess distributions carryover, if any, to 2023							
a	From 2018							
b	From 2019							
<u> </u>	From 2020		_					
d	From 2021							
<u> e</u>	From 2022							
f_	Total of lines 3a through 3e							
<u>g</u>	Applied to underdistributions of prior years			_				
<u>h</u>	Applied to 2023 distributable amount							
<u> </u>	Carryover from 2018 not applied (see instructions)			\dashv				
_ <u>i</u> _	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			\dashv				
4	Distributions for 2023 from Section D,							
	line 7: \$			-				
	Applied to underdistributions of prior years			-				
	Applied to 2023 distributable amount							
	Remainder. Subtract lines 4a and 4b from line 4.			-				
5	Remaining underdistributions for years prior to 2023, if							
	any. Subtract lines 3g and 4a from line 2. For result greater							
6	than zero, explain in Part VI. See instructions. Remaining underdistributions for 2023. Subtract lines 3h							
0	and 4b from line 1. For result greater than zero, explain in							
	Part VI. See instructions.							
7	Excess distributions carryover to 2024. Add lines 3							
•	and 4c.							
8	Breakdown of line 7:							
	Excess from 2019							
	Excess from 2020							
	Excess from 2021							
	Excess from 2022							
	Excess from 2023							

Schedule A (Form 990) 2023

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
	(See instructions.)

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

Employer identification number

(CAPITAL IMPACT PARTNERS	52-1290127
Organization type (chec	k one):	
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	
, ,	n is covered by the General Rule or a Special Rule . (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special F	Rule. See instructions.
General Rule		
-	tion filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totali any one contributor. Complete Parts I and II. See instructions for determining a contribute	
Special Rules		
sections 509(a)(contributor, dur	tion described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% suppo (1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, a ring the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on EZ, line 1. Complete Parts I and II.	and that received from any one
contributor, dur literary, or educ	tion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from the year, total contributions of more than \$1,000 exclusively for religious, charitable, ational purposes, or for the prevention of cruelty to children or animals. Complete Parts In (b) instead of the contributor name and address), II, and III.	scientific,
year, contribution is checked, enter purpose. Don't	tion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from sexclusively for religious, charitable, etc., purposes, but no such contributions totaled er here the total contributions that were received during the year for an exclusively religion complete any of the parts unless the General Rule applies to this organization because able, etc., contributions totaling \$5,000 or more during the year	more than \$1,000. If this box bus, charitable, etc., it received nonexclusively
answer "No" on Part IV, I	n that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B ine 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-Filing requirements of Schedule B (Form 990).	
For Paperwork Reduction	Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.	Schedule B (Form 990) (2023)

Name of organization	Employer 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		\$\$.	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
2		\$\$,789,600.	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
3		\$\$	Person X Payroll		
(a)	(b)	(c)	(d)		
No. <u>4</u>	Name, address, and ZIP + 4	### Total contributions 10,217,000.	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
5		\$\$	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_		\$\$	Person X Payroll		

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		
7		\$\$	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
8	Name, address, and ZIF + 4	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a)	(b)	(c) Total contributions	(d)		
No. 9	Name, address, and ZIP + 4	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a)	(b)	(c)	(d)		
10	Name, address, and ZIP + 4	\$\$	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
11	Trains, and odd, und all 1 1	\$\$	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		
12	ivalile, duuless, aliü ZIP + 4	\$\$ 300,300.	Person X Payroll Noncash (Complete Part II for		

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$ 250,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14	Nume, address, and Zii + 4	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 15	Name, address, and ZIP + 4	Total contributions \$ 696,500.	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
16	Name, address, and ZIF + 4	\$ \$ 100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
17		\$\$	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
18	Hame, audi 655, and £IF + 4	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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		
19		\$	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
20	Name, address, and ZIF + 4	\$\$	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		
21		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a)	(b)	(c)	(d)		
No. 22	Name, address, and ZIP + 4	Total contributions \$\$ 35,000.	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
23	INGILIE, AUGI ESS, ALIU ZIF + 4	\$\$	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		
24	Tullio, addi coo, and Ell TT	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)		

Name of organization	Employer 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			
25		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a)	(b)	(c)	(d)			
No. 26	Name, address, and ZIP + 4	Total contributions \$ 10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
27	- Hame, dad ees, and zin T T	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a)	(b)	(c)	(d)			
No. 28	Name, address, and ZIP + 4	Total contributions \$ 50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a)	(b)	(c)	(d)			
No. 29	Name, address, and ZIP + 4	\$\$ 50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
140.	Haine, audi ess, and Eir + 4	\$	Person Payroll Occupate Part II for noncash contributions.)			

Part II	Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		

varne or or	rganization			Employer identification number	
Part III	IMPACT PARTNERS Exclusively religious, charitable, etc., contribution	ns to organizations described in secti	ion 501(c)(7), (8), or (10) th	52-1290127 nat total more than \$1,000 for the year	
	from any one contributor. Complete columns (a) t completing Part III, enter the total of exclusively religious, ch	hrough (e) and the following line entry.	For organizations		
	Use duplicate copies of Part III if additional sp	pace is needed.		,	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held	
-		(e) Transfer of gift			
-	Transferee's name, address, and	d ZIP + 4	Relationship of tra	nsferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held	
Parti			_		
	(e) Transfer of gift				
-	Transferee's name, address, and	J ZIF + 4	nelationship of tra	Insferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held	
			_		
-	(e) Transfer of gift				
-	Transferee's name, address, and ZIP + 4		Relationship of tra	nsferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held	
-					
	Transferee's name, address, an	(e) Transfer of gift	Relationship of tra	nsferor to transferee	
-			Total on only of the		

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047 Inspection

Name of the organization

CAPITAL IMPACT PARTNERS

Employer identification number 52-1290127

Par	Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the				
	organization answered "Yes" on Form 990, Part IV, line 6.				
	(a)) Donor advised funds	(b) Funds and other accounts		
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in writing that	t the assets held in donor advis	ed funds		
	are the organization's property, subject to the organization's exclusive le	egal control?	Yes No		
6	Did the organization inform all grantees, donors, and donor advisors in $\boldsymbol{\nu}$	writing that grant funds can be	used only		
	for charitable purposes and not for the benefit of the donor or donor ad	visor, or for any other purpose	conferring		
	impermissible private benefit?				
Par	t II Conservation Easements. Complete if the organization	answered "Yes" on Form 990,	Part IV, line 7.		
1	Purpose(s) of conservation easements held by the organization (check a	all that apply).			
	Preservation of land for public use (for example, recreation or edu	ucation) Preservation of	f a historically important land area		
	Protection of natural habitat	Preservation of	f a certified historic structure		
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualified conser	vation contribution in the form			
	day of the tax year.		Held at the End of the Tax Year		
_					
b					
С	Number of conservation easements on a certified historic structure inclu-		2c		
d	Number of conservation easements included on line 2c acquired after J				
_	on a historic structure listed in the National Register				
3	Number of conservation easements modified, transferred, released, exti	inguished, or terminated by the	organization during the tax		
	year				
4	Number of states where property subject to conservation easement is lo				
5	Does the organization have a written policy regarding the periodic moni		Yes No		
6	violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling o	of violations, and enforcing cons			
U	Stan and volunteer hours devoted to monitoring, inspecting, nanding o	or violations, and emorcing cons	servation easements during the year		
7	Amount of expenses incurred in monitoring, inspecting, handling of violation	ations and enforcing conserva	tion easements during the year		
•	7 thouse of expenses incurred in monitoring, inspecting, narraining of viole	ations, and officing consolva	tion describing daring the year		
8	Does each conservation easement reported on line 2d above satisfy the	e requirements of section 170(h)(4)(B)(i)		
_	and section 170(h)(4)(B)(ii)?				
9	In Part XIII, describe how the organization reports conservation easeme				
	balance sheet, and include, if applicable, the text of the footnote to the	·			
	organization's accounting for conservation easements.	J			
Par	t III Organizations Maintaining Collections of Art, His	storical Treasures, or Ot	her 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 re	eport in its revenue statement a	and balance sheet works		
	of art, historical treasures, or other similar assets held for public exhibiti	ion, education, or research in fu	ırtherance of public		
	service, provide in Part XIII the text of the footnote to its financial statements that describes these items.				
b	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 furth	nerance of public service,		
	provide the following amounts relating to these items.				
	(i) Revenue included on Form 990, Part VIII, line 1		\$ <u></u>		
2	If the organization received or held works of art, historical treasures, or				
	the following amounts required to be reported under FASB ASC 958 rel	lating to these items:			
а	Revenue included on Form 990, Part VIII, line 1		\$		
b	Assets included in Form 990, Part X				
	For Paperwork Reduction Act Notice, see the Instructions for Form		Schedule D (Form 990) 2023		

Par	t III Organizations Maintaining C	ollections of Ar	t, Historical Tre	asures, or Otl	ner Simil	ar Assets	(continue	ed)
3	Using the organization's acquisition, accession	on, and other record	s, check any of the f	ollowing that mak	e significan	t use of its		
	collection items (check all that apply).							
а	Public exhibition	d	l Dan or excl	hange program				
b	Scholarly research	е	Other					
С	Preservation for future generations							
4	Provide a description of the organization's co	ollections and explain	n how they further th	e organization's e	xempt purp	oose in Part	XIII.	
5	During the year, did the organization solicit o	r receive donations o	of art, historical treas	sures, or other sim	ilar assets			
	to be sold to raise funds rather than to be ma						Yes	No
Par	t IV Escrow and Custodial Arran		te if the organization	answered "Yes"	on Form 99	0, Part IV, li	ne 9, or	
	reported an amount on Form 990, Par	t X, line 21.						
1a	Is the organization an agent, trustee, custodi	•	•			_		
	on Form 990, Part X?					L	Yes	No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table:					
							Amount	
	Beginning balance					:		
	Additions during the year							
	Distributions during the year							
	Ending balance				<u>1f</u>		7 1	
	Did the organization include an amount on Fo				•	L	」Yes │	No
Par	If "Yes," explain the arrangement in Part XIII.							
Fai	t V Endowment Funds Complete if					e years back	(a) Four vo	are back
	Designation of consultations	(a) Current year	(b) Prior year	(c) Two years bac	+` ′		(e) Four ye	
	Beginning of year balance	49,342,600.	47,974,195.	33,568,035		,445,685.		7,024.
	Contributions	27,851,484.	16,601,363.	, ,		,250,083.		7,574.
	Net investment earnings, gains, and losses	304,422.	77,325.	30,639	'·	62,924.	24	9,945.
	Grants or scholarships							
е	Other expenditures for facilities	32 177 170	15 310 293	14,110,281	٥	100 657	6 95	0 050
	and programs	32,111,113.	15,310,283.	14,110,20.	. 0	,190,657.	0,95	8,858.
	Administrative expenses	45,321,327.	49,342,600.	47,974,195	33	568 035	27 44	5,685.
	End of year balance				. 33	,568,035.	27,44	3,003.
2	Provide the estimated percentage of the curr	ent year end balance) neid as:				
	Board designated or quasi-endowment Permanent endowment .0000		%					
		%						
C	Term endowment 100 The percentages on lines 2a, 2b, and 2c should be considered as a constant of the constant							
22	Are there endowment funds not in the posse	•	tion that are hold an	nd administered fo	r tho			
Ja	organization by:	331011 Of the organiza	ition that are neid an	id administered to	uie		Ye	es No
	(i) Unrelated organizations?						3a(i)	х
							3a(ii)	х
b	If "Yes" on line 3a(ii), are the related organiza						3b	
4	Describe in Part XIII the intended uses of the							
Par	t VI Land, Buildings, and Equipm							
	Complete if the organization answered	d "Yes" on Form 990	, Part IV, line 11a. S	ee Form 990, Part	X, line 10.			
	Description of property	(a) Cost or o	ther (b) Cost	or other (c) Accumula	ated	(d) Book v	alue
	,	basis (investr	nent) basis	(other)	depreciation	on	. ,	
1a	Land							
	Buildings							
	Leasehold improvements		1	,932,763.	1,085	5,515.	84	7,248.
	Equipment			342,323.	323	3,352.	1	.8,971.
	Other		1	,085,122.	690),168.	39	4,954.
	. Add lines 1a through 1e. (Column (d) must e		X. line 10c. column	(B))			1,26	1,173.
						Schedule	D (Form 9	90) 2023

David VIII	1	Otto a O a a
Part VII	i 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. (h) must equal Form 990 Part V. line 12 col. (R))		

Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))

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	1,536,700.	COST			
(2) INNOVATION INVESTMENT PORTFOLIO	863,094.	COST			
(3) INVESTMENT IN ASM LLC	13,668,146.	COST			
(4) INVESTMENT IN CIIF	8,963,274.	COST			
(5) INVESTMENT IN CSFP	343,752.	COST			
(6) INVESTMENT IN EPF I GP LLC	10,709,439.	COST			
(7) INVESTMENT IN ROC USA	4,069,129.	COST			
(8) MORTGAGE BACKED AND US TREASURY					
(9) SECURITIES	33,822,580.	END-OF-YEAR MARKET VALUE			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))	95,210,432.				

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)	

Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))

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	9,735,754.
(3) LEASE LIABILITIES	11,991,765.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	21,727,519.

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

Schedule D (Form 990) 2023

Sche	dule D (Form 990) 2023 CAPITAL IMPACT PARTNERS			52-1290	127 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Statem	ents With F	Revenue per Re	turn	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a.			
1	Total revenue, gains, and other support per audited financial statements			1	69,980,725.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	-2,916,586.		
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	1 - 1	3,553,545.		
е	Add lines 2a through 2d			2e	636,959.
3	Subtract line 2e from line 1			3	69,343,766.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	99,776.		
С	Add lines 4a and 4b			4c	99,776.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)			5	69,443,542.
Par	t XII Reconciliation of Expenses per Audited Financial Stater	ments With	Expenses per R	Return	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a.			
1	Total expenses and losses per audited financial statements			1	80,007,623.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	6,464,805.		
е	Add lines 2a through 2d			2e	6,464,805.
3	Subtract line 2e from line 1			3	73,542,818.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	99,776.		
С	Add lines 4a and 4b			4c	99,776.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	73,642,594.
	t XIII Supplemental Information				
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa			; Part X, line	2; Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any ac	dditional inform	ation.		
PART	V, LINE 4:				
NET	ASSETS WITH DONOR RESTRICTIONS ARE USED FOR CIP'S PROGRAMS,	INCLUDING			
A RE	VOLVING LOAN FUND TO FINANCE DEVELOPMENT AND EXPANSION OF SM	IALL			
BUSI	NESSES.				
	W				
PART	X, LINE 2:				
61. D.T.	THE TABLET PLEATURE IS STREET, IN THE TABLE TO BE THE TABLE IN THE TABLE				
CAPI	TAL IMPACT PARTNERS IS GENERALLY EXEMPT FROM FEDERAL INCOME	TAXES			
	D. WILL DROWLETONS OF GEGETON FOLICE (2) OF THE THEORY PROPERTY				
UNDE	R THE PROVISIONS OF SECTION 501(C)(3) OF THE INTERNAL REVENU	E CODE. IN			
		- T.D.I.W.T.O.V.			
ADDITION, CAPITAL IMPACT PARTNERS QUALIFIES FOR CHARITABLE CONTRIBUTION					
DEDUCTIONS AND HAS BEEN CLASSIFIED AS AN ORGANIZATION THAT IS NOT A					
DD	AND DOINIDATION THROND BUILDING TO VOT DEVIATE TO THE TOTAL	IDG 1555			
- FKTA	ATE FOUNDATION. INCOME WHICH IS NOT RELATED TO EXEMPT PURPOS	ES, LESS			
3.0.0-	TOTAL DEDUCATIONS IS SUBTROW TO PERFORM CORPORATE TOTAL	VDC			
APPL	ICABLE DEDUCTIONS, IS SUBJECT TO FEDERAL CORPORATE INCOME TA	AAES.			

52-1290127

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				
NEW MARKET TAX CREDIT ENTITIES	22,005.	COST				
OTHER INVESTMENTS	286,052.	EOY MARKET VALUE				
WORKFORCE AFFORDABLE HOUSING FUND 1, LLC	20,926,261.	COST				

Schedule D (Form 990)

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Schedule I (Form 990) 2023

CAPITAL IMPAC	T PARTNERS						52-1290127
Part I General Information on Grants a	nd Assistance						
1 Does the organization maintain records t	to substantiate the	amount of the grants	s or assistance, the	grantees' eligibility	for the grants or assi	stance, and the selection	
criteria used to award the grants or assis	stance?						X Yes No
2 Describe in Part IV the organization's pro	ocedures for monit	toring the use of grant	funds in the United	States.			
Part II Grants and Other Assistance to	•				anization answered "Y	es" on Form 990, Part	IV, line 21, for any
recipient that received more than \$	1	1	1		(f) Mathad of	Г	т
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 noncash assistance	(h) Purpose of grant or assistance
LOW INCOME INVESTMENT FUND							
100 PINE STREET #1800							FOR CAPACITY BUILDING AND
SAN FRANCISCO, CA 94111	94-2952578	501(C)(3)	3,599,333.	0.			BUSINESS GROWTH
	71 2302070	002(0)(0)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	•			
THE REINVESTMENT FUND							
1700 MARKET STREET 19TH FLOOR							FOR CAPACITY BUILDING AND
PHILADELPHIA, PA 19103	22-2331946	501(C)(3)	3,599,333.	0.			BUSINESS GROWTH
CDC SMALL BUSINESS FINANCE CORP							
2448 HISTORIC DECATUR RD. STE 200							FOR CAPACITY BUILDING AND
SAN DIEGO, CA 92106	95-3512045	501(C)(3)	2,498,408.	0.			BUSINESS GROWTH
							TO SUPPORT AND PROMOTE
A-PEACE, LLC							AFFORDABLE AND WORKFORCE
1429 22ND ST SE				_			HOUSING ACROSS THE
WASHINGTON, DC 20020	11-3642427		450,000.	0.			DC/MD/VA REGION
VITIS INVESTMENTS LLC							
1725 I STREET, NW, SUITE 300							FOR CAPACITY BUILDING AND
WASHINGTON, DC 20006	85-3282344		410,000.	0.			BUSINESS GROWTH
WASHINGTON, DC 20000	03 3202344		410,000.	0.			TO SUPPORT AND PROMOTE
MEDICI ROAD, INC.							AFFORDABLE AND WORKFORCE
						HOUSING ACROSS THE	
WASHINGTON, DC 20006	81-3752369	501(C)(3)	343,395.	0.			DC/MD/VA REGION
2 Enter total number of section 501(c)(3) as	nd government or	ganizations listed in th	· · · · · · · · · · · · · · · · · · ·		L	L	•
3 Enter total number of other organizations	-	-					

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

Part II Continuation of Grants and Other A	Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)						
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EMPOIDEN DEAL ECHAME IIC							TO SUPPORT AND PROMOTE
EMBOLDEN REAL ESTATE, LLC							AFFORDABLE AND WORKFORCE
2227 20TH ST. NW. APT-406	01 2752260		224 000	_			HOUSING ACROSS THE
WASHINGTON, DC 20009	81-3752369		334,000.	0.			DC/MD/VA REGION
Bud ID 1722 II d							TO SUPPORT AND PROMOTE
EUCLID 1722 LLC							AFFORDABLE AND WORKFORCE
7467 RIDGE ROAD, STE 310	04 5140000		200 000	_			HOUSING ACROSS THE
HANOVER, MD 21076	84-5148828		300,000.	0.			DC/MD/VA REGION
							TO SUPPORT AND PROMOTE
PARAGON GOOD HOPE							AFFORDABLE AND WORKFORCE
7467 RIDGE ROAD,STE 310							HOUSING ACROSS THE
HANOVER, MD 21076	84-5148828		300,000.	0.			DC/MD/VA REGION
RADIANT DEVELOPMENT PARTNERS, LLC							
9530 GLACIAL LANE							FOR CAPACITY BUILDING AND
FAIRBURN, GA 30213	88-3144300		277,778.	0.			BUSINESS GROWTH
							TO CATALYZE BUSINESS
FIVE WOODS LHP, LLC							GROWTH AND SUPPORT
2418 ELGIN ST							BUSINESS SUCCESS FOR DC
HOUSTON, TX 77004	81-4610926		222,222.	0.			OWNED FOOD BUSINESSES
							TO SUPPORT AND PROMOTE
WILTRUST GROUP LLC							AFFORDABLE AND WORKFORCE
5208 COLORADO AVENUE,NW							HOUSING ACROSS THE
WASHINGTON, DC 20011	83-4516635		201,509.	0.			DC/MD/VA REGION
MILLER BEACH CONSULTING, LLC							TO FUND ACQUISITION COSTS
140 B PURCELLVILLE GATEWAY DRIVE-1	3						FOR AFFORDABLE HOUSING IN
PURCELLVILLE, VA 20132	82-0644752		200,000.	0.			UNDERSERVED COMMUNITIES
							TO SUPPORT AND PROMOTE
GEORGIA 3107, LLC							AFFORDABLE AND WORKFORCE
7468 RIDGE ROAD,STE 318							HOUSING ACROSS THE
HANOVER, MD 21076	84-2982041		200,000.	0.			DC/MD/VA REGION
							TO CATALYZE BUSINESS
GOOD PLACES, LLC							GROWTH AND SUPPORT
769 VERNER STREET, NW							BUSINESS SUCCESS FOR DC
ATLANTA, GA 30318	82-1113401		200,000.	0.			OWNED FOOD BUSINESSES
,			1 , , , , , , , ,	· · · · · · · · · · · · · · · · · · ·	1	1	

Schedule I (Form 990)

Page 1

Part II Continuation of Grants and Other A	Assistance to Don	nestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	1 ugo 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
NIX DEVELOPMENT COMPANY, LLC							
6411 IVY LANE, SUITE 506							FOR CAPACITY BUILDING AND
GREENBELT, MD 20770	46-0786848		197,024.	0.			BUSINESS GROWTH
GREENBELL, MD 20770	40-0700040		197,024.	٠.			TO CATALYZE BUSINESS
RIC CAMIAND IIC							GROWTH AND SUPPORT
BIG OAKLAND, LLC 1423 BROADWAY							
	82-3248617		175 555	0.			BUSINESS SUCCESS FOR DC
OAKLAND, CA 94612	82-3248617		175,555.	0.			OWNED FOOD BUSINESSES
LOGWINDE HOLDINGS ING							TO SUPPORT AND PROMOTE
LOCKHART HOLDINGS INC							AFFORDABLE AND WORKFORCE
340 ADAMS ST, NE UNIT 102	02 0000070		150 000	0			HOUSING ACROSS THE
WASHINGTON, DC 20002	83-0928978		159,000.	0.			DC/MD/VA REGION
avi privito previta i i a							TO SUPPORT AND PROMOTE
SMJ DEVELOPMENT, LLC							AFFORDABLE AND WORKFORCE
628 6 AVENUE	46 550000		150 000				HOUSING ACROSS THE
BROOKLYN, NY 11215	46-5599322		158,889.	0.			DETROIT REGION
							TO SUPPORT AND PROMOTE
PARKWAY HOUSE OWNER LLC							AFFORDABLE AND WORKFORCE
1629 K STREET, NW SUITE 300							HOUSING ACROSS THE
WASHINGTON, DC 20006	88-0532214		150,000.	0.			DC/MD/VA REGION
							TO CATALYZE BUSINESS
CLIFFORD BEERS HOUSING, INC.							GROWTH AND SUPPORT
11739 VICTORY BLVD							BUSINESS SUCCESS FOR DC
NORTH HOLLYWOOD, CA 91606	95-4485263	501(C)(3)	138,889.	0.			OWNED FOOD BUSINESSES
							TO SUPPORT AND PROMOTE
MARLEX COMMUNITY							AFFORDABLE AND WORKFORCE
2700 NEABSCO COMMON PLACE, SUITE 1							HOUSING ACROSS THE
WOODBRIDGE, VA 22193	92-3149149		20,000.	0.			DC/MD/VA REGION
MCI PROPERTY MANAGEMENT, LLC							
136 TIFFANY BOULEVARD, SUITE 335							FOR CAPACITY BUILDING AND
NEWARK, NJ 07104	46-2119743		138,889.	0.			BUSINESS GROWTH
WOMEN'S HOME PRESERVATION, LLC							INTERNAL CAPACITY
1417 W.BALTIMORE ST.							BUILDING FOR BLACK LED
BALTIMORE, MD 21223	83-4231771		138,889.	0.			CDFI'S

Schedule I (Form 990)

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
							TO SUPPORT OPERATING
SANDIDGE URBAN GROUP, INC.							COSTS RELATED TO THE
143 SCOTTS VALLEY				_			GROWING DIVERSE HOUSING
HERCULES, CA 94547	46-4226099		138,889.	0.			DEVELOPERS PROGRAM
COMMUNITY HOUSING DEVELOPMENT							TO CATALYZE BUSINESS
CORPORATION OF NORTH RICHMOND -							GROWTH AND SUPPORT
1535-A FRED JACKSON WAY -							BUSINESS SUCCESS FOR DC
RICHMOND, CA 94801	68-0235719		138,889.	0.			OWNED FOOD BUSINESSES
QUEST COMMUNITY DEVELOPMENT							
ORGANIZATION, INC 299 JOSEPH E.							
LOWERY BLVD. NW - ATLANTA, GA							FOR CAPACITY BUILDING AND
30314	58-2634738		138,889.	0.			BUSINESS GROWTH
NEW ECONOMICS FOR WOMEN							
303 S.LOMA DRIVE							FOR CAPACITY BUILDING AND
LOS ANGELES, CA 90017	95-3969029	501(C)(3)	138,889.	0.			BUSINESS GROWTH
							TO CATALYZE BUSINESS
DOMOS COLIVING, LLC							GROWTH AND SUPPORT
309 E PACES FERRY STE. 400							BUSINESS SUCCESS FOR DC
ATLANTA, GA 30305	83-3326483		138,889.	0.			OWNED FOOD BUSINESSES
							TO SUPPORT AND PROMOTE
ANYUMBA CONSTRUCTION AND							AFFORDABLE AND WORKFORCE
DEVELOPMENT, LLC - 311 LANSDOWNE							HOUSING ACROSS THE
ROAD - HAVERTOWN, PA 19083	82-1581532		138,889.	0.			DC/MD/VA REGION
MT. VERNON MANOR, INC							
3311 WALLACE STREET, SUITE B							FOR CAPACITY BUILDING AND
PHILADELPHIA, PA 19104	23-2037301		138,889.	0.			BUSINESS GROWTH
							TO CATALYZE BUSINESS
FIFTH WARD COMMUNITY							GROWTH AND SUPPORT
4300 LYONS AVE., SUITE 300							BUSINESS SUCCESS FOR DC
HOUSTON, TX 77020	76-0288037	501(C)(3)	138,889.	0.			OWNED FOOD BUSINESSES
							TO CATALYZE BUSINESS
IBF DEVELOPMENT, LLC							GROWTH AND SUPPORT
4626 WISCONCIN AVE., NW, SUITE 323							BUSINESS SUCCESS FOR DC
WASHINGTON, DC 20016	20-5828611		138,889.	0.			OWNED FOOD BUSINESSES

Schedule I (Form 990)

Page 1

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant organization or government valuation non-cash assistance or assistance if applicable cash grant noncash (book, FMV, assistance appraisal, other) TO CATALYZE BUSINESS COMMUNITY LEAGUE OF THE HEIGHTS GROWTH AND SUPPORT 511 WEST 157TH STREET BUSINESS SUCCESS FOR DC NEW YORK CITY, NY 10032 13-2564241 501(C)(3) 138,889 0. OWNED FOOD BUSINESSES TO CATALYZE BUSINESS DALLAS CITY HOMES GROWTH AND SUPPORT 711 N BECKLEY, SUITE D BUSINESS SUCCESS FOR DC DALLAS, TX 75203 75-2305037 138,889 0 OWNED FOOD BUSINESSES TO CATALYZE BUSINESS CMC DEVELOPMENT GROUP GROWTH AND SUPPORT 749 E 135TH STREET BUSINESS SUCCESS FOR DC BRONX, NY 10454 27-2929545 138,889 0. OWNED FOOD BUSINESSES TO CATALYZE BUSINESS BUILDERS OF HOPE CDC GROWTH AND SUPPORT 7920 ELMBROOK DR.SUIT 103 BUSINESS SUCCESS FOR DC DALLAS, TX 75248 75-2756681 0 OWNED FOOD BUSINESSES 138,889, TO CATALYZE BUSINESS GROWTH AND SUPPORT LATINO ECONOMIC DEVELOPMENT CENTER 641 S STREET NW BUSINESS SUCCESS FOR DC 52-1749216 501(C)(3) 0. OWNED FOOD BUSINESSES WASHINGTON, DC 20001 132,709, 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 501(C)(3) 0. OWNED FOOD BUSINESSES 100,694 WASHINGTON AREA COMMUNITY INVESTMENT FUND, INC. - 2012 RHODE ISLAND AVENUE, NE - WASHINGTON, DC FOR CAPACITY BUILDING AND BUSINESS GROWTH 20018 54-1442466 501(C)(3) 100 558. 0. TO CATALYZE BUSINESS EATSPLACE GROWTH AND SUPPORT BUSINESS SUCCESS FOR DC 3607 GEORGIA AVE NW WASHINGTON, DC 20010 46-1558128 88,460, 0. OWNED FOOD BUSINESSES URBAN OASIS DEVELOPMENT 52 HELENA AVE FOR CAPACITY BUILDING AND BUSINESS GROWTH ATLANTA, GA 30314 82-2297332 77,778. 0.

Schedule I (Form 990)

Page 1

Part II Continuation of Grants and Other	er Assistance to Don	nestic Organizations	and Domestic Go	vernments (Scho	edule I (Form 990), Pa	urt 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 SUPPORT AND PROMOTE
255 E FERRY,LLC							AFFORDABLE AND WORKFORCE
2785 E. GRAND BLVD							HOUSING ACROSS THE
DETROIT , MI 48211	88-3798208		75,000.	0.			DETROIT REGION
							TO CATALYZE BUSINESS
CITY FIRST ENTERPRISES INC.							GROWTH AND SUPPORT
1342 FLORIDA AVE NW							BUSINESS SUCCESS FOR DC
WASHINGTON, DC 20009	52-2101165	501(C)(3)	63,726.	0.			OWNED FOOD BUSINESSES
							TO SUPPORT AND PROMOTE
7326 WEST MCNICHOLS							AFFORDABLE AND WORKFORCE
779 PIPER AVENUE							HOUSING ACROSS THE
DETROIT, MI 48215	87-4705445		60,000.	0.			DETROIT REGION
							TO CATALYZE BUSINESS
THE FRESH FOOD FACTOR							GROWTH AND SUPPORT
1231 GOOD HOPE RD SE							BUSINESS SUCCESS FOR DC
WASHINGTON, DC 20020	83-3882447		50,000.	0.			OWNED FOOD BUSINESSES
							TO SUPPORT AND PROMOTE
LEWIS HOLDINGS DEVEL							AFFORDABLE AND WORKFORCE
1420 WASHINGTON BLVD, STE 301							HOUSING ACROSS THE
DETROIT, MI 48226	20-3268384		50,000.	0.			DETROIT REGION
							TO CATALYZE BUSINESS
THE COMPOST CO							GROWTH AND SUPPORT
42 UNION ST							BUSINESS SUCCESS FOR DC
GREENFIELD, MA 01301	82-5442452		50,000.	0.			OWNED FOOD BUSINESSES
							TO CATALYZE BUSINESS
MESS HALL							GROWTH AND SUPPORT
703 EDGEWOOD STREET, NE							BUSINESS SUCCESS FOR DC
WASHINGTON, DC 20017	45-1431314		50,000.	0.			OWNED FOOD BUSINESSES
•			1				TO CATALYZE BUSINESS
THREE PART HARMONY FARM							GROWTH AND SUPPORT
P.O.BOX 53059							BUSINESS SUCCESS FOR DC
WASHINGTON, DC 20009	46-0949070		50,000.	0.			OWNED FOOD BUSINESSES
•			<u> </u>				TO SUPPORT AND PROMOTE
KC3 DEVELOPMENT CO.							AFFORDABLE AND WORKFORCE
17301 LIVERNOIS # 206							HOUSING ACROSS THE
DETROIT, MI 48221	86-3081407		47,000.	0.			DETROIT REGION
,					l .	1	0-11-1-1/5000)

Schedule I (Form 990)

Page 1

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant organization or government valuation non-cash assistance or assistance if applicable cash grant noncash (book, FMV, assistance appraisal, other) TO CATALYZE BUSINESS VISIONARY MANAGEMENT GROWTH AND SUPPORT 500 IRVING ST NW BUSINESS SUCCESS FOR DC WASHINGTON, DC 20010 46-1619045 45,000 0. OWNED FOOD BUSINESSES TO CATALYZE BUSINESS GREEN FISH GROWTH AND SUPPORT 5326 E CAPITOL STREET NE BUSINESS SUCCESS FOR DC WASHINGTON, DC 20019 82-3953840 0 OWNED FOOD BUSINESSES 45,000 TO SUPPORT AND PROMOTE THE BEAUTON LLC AFFORDABLE AND WORKFORCE 5336 BEAUBEN C/O OFFICE HOUSING ACROSS THE DETROIT, MI 48202 80-2302634 45,000 0. DETROIT REGION TO CATALYZE BUSINESS NORTHWEST COOPERATIVE GROWTH AND SUPPORT PO BOX 256 BUSINESS SUCCESS FOR DC OLYMPIA, WA 98507 91-1355457 501(C)(3) 45,000 0 OWNED FOOD BUSINESSES OPEN CRUMB 1243 GOOD HOPE ROAD SE FOR CAPACITY BUILDING AND WASHINGTON, DC 20020 0. BUSINESS GROWTH 81-5178705 40,000 TO CATALYZE BUSINESS AFRITHRIVE, INC. GROWTH AND SUPPORT 14030 CONNECTICUT AVENUE SUITE 609B BUSINESS SUCCESS FOR DC SILVER SPRING, MD 20906 0. OWNED FOOD BUSINESSES 84-2431077 40,000 TO CATALYZE BUSINESS GROWTH AND SUPPORT THE GASTON GROUP 1618 GAINESVILLE STREET SE BUSINESS SUCCESS FOR DC OWNED FOOD BUSINESSES WASHINGTON, DC 20020 81-5361929 40 000 0. TO CATALYZE BUSINESS OH MY ORGANIC FOOD GROWTH AND SUPPORT BUSINESS SUCCESS FOR DC 2800 10TH ST NE WASHINGTON, DC 20017 47-4568541 40,000. 0. OWNED FOOD BUSINESSES TO CATALYZE BUSINESS LA COCINA VA GROWTH AND SUPPORT BUSINESS SUCCESS FOR DC 2948 FOLSOM STREET SAN FRANCISCO, CA 94110 58-3838549 501(C)(3) 40 000 0. OWNED FOOD BUSINESSES

Schedule I (Form 990)

Page 1

Part II Continuation of Grants and Other	er Assistance to Don	nestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt 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
COLUMNIEW INC							
SOUTHEATS							EOD GADAGIEV DITIDING AND
3353 ALDEN PL NE	83-3003915		40 000	,			FOR CAPACITY BUILDING AND
WASHINGTON, DC 20019	03-3003913		40,000.	0.			BUSINESS GROWTH
DOOK CHEADY EADW							TO CATALYZE BUSINESS
ROCK STEADY FARM							GROWTH AND SUPPORT
41 KAYE RD	04 0040400		40.000				BUSINESS SUCCESS FOR DC
MILLERTON , NY 12546	81-0843429		40,000.	0.			OWNED FOOD BUSINESSES
							TO CATALYZE BUSINESS
DYD TRADING, LLC							GROWTH AND SUPPORT
4401 SOUTH CAPITOL STREET SW							BUSINESS SUCCESS FOR DC
WASHINGTON, DC 20032	85-2443478		40,000.	0.			OWNED FOOD BUSINESSES
							TO CATALYZE BUSINESS
INSPIRE DMV HOSPITAL							GROWTH AND SUPPORT
4839 BASS PL SE							BUSINESS SUCCESS FOR DC
WASHINGTON, DC 20019	84-3672445		40,000.	0.			OWNED FOOD BUSINESSES
							TO CATALYZE BUSINESS
GETHSEMANE UNITED ME							GROWTH AND SUPPORT
910 ADDISON ROAD, SOUTH							BUSINESS SUCCESS FOR DC
CAPITOL HEIGHTS, MD 20743	52-1361127		40,000.	0.			OWNED FOOD BUSINESSES
							TO CATALYZE BUSINESS
B.LIN CATERING							GROWTH AND SUPPORT
2410 T STREET NE							BUSINESS SUCCESS FOR DC
WASHINGTON, DC 20002	46-2698097		35,000.	0.			OWNED FOOD BUSINESSES
							TO CATALYZE BUSINESS
THE FARM AT OUR HOUSE							GROWTH AND SUPPORT
3 DUKE CT							BUSINESS SUCCESS FOR DC
ROCKVILLE, MD 20850	27-0559993		35,000.	0.			OWNED FOOD BUSINESSES
'			,				
MENKEM, LLC							
4202 BENNING RD NE							FOR CAPACITY BUILDING AND
WASHINGTON, DC 20019	82-2904253		35,000.	0.			BUSINESS GROWTH
	02 2301233		33,000.	· · ·			TO CATALYZE BUSINESS
BIRTHMARK DOULA COLL-COOP							GROWTH AND SUPPORT
6100 CANAL BLVD							BUSINESS SUCCESS FOR DC
	84-3591201		25 000	0.			
NEW ORLEANS, LA 70124	04-3331201		35,000.	<u> </u>			OWNED FOOD BUSINESSES

Page 1

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant organization or government if applicable valuation non-cash assistance or assistance cash grant noncash (book, FMV, assistance appraisal, other) TO CATALYZE BUSINESS FLAVORS, LLC GROWTH AND SUPPORT 6504 AMERICA BOULEVARD, SUITE 105A BUSINESS SUCCESS FOR DC HYATTSVILLE, MD 20782 81-1088149 35,000 0. OWNED FOOD BUSINESSES TO SUPPORT AND PROMOTE CITY ON THE RISE DEV AFFORDABLE AND WORKFORCE 138 BERESFORD STREET HOUSING ACROSS THE HIGHLAND PARK, MI 48203 83-2403673 30,000 0 DETROIT REGION MARTY'S FOOD & CATERING 2301 11TH STREET NW UNIT 720 FOR CAPACITY BUILDING AND WASHINGTON, DC 20001 83-2179497 30,000 0. BUSINESS GROWTH TO CATALYZE BUSINESS GROWTH AND SUPPORT JUST AJS FOODS 2800 10TH ST NE BUSINESS SUCCESS FOR DC WASHINGTON, DC 20017 83-1340255 0 OWNED FOOD BUSINESSES 30,000 TO CATALYZE BUSINESS ECO CITY FARMS GROWTH AND SUPPORT 6010 TAYLOR ROAD BUSINESS SUCCESS FOR DC RIVERDALE , MD 20737 26-4196401 0. OWNED FOOD BUSINESSES 30,000 TO SUPPORT AND PROMOTE GENESIS HARBOR OF OP AFFORDABLE AND WORKFORCE PO BOX 7495 HOUSING ACROSS THE 26-3632021 501(C)(3) 0. DETROIT REGION DETROIT, MI 48207 30,000 TO SUPPORT AND PROMOTE AFFORDABLE AND WORKFORCE 16530 EAST WARREN, LLC 16816 SHAFTSBURY AVE HOUSING ACROSS THE DETROIT REGION DETROIT, MI 48219 85-3031500 26 300 0. TO SUPPORT AND PROMOTE KARASI DEVELOPMENT AFFORDABLE AND WORKFORCE HOUSING ACROSS THE 1401 W. FORT ST #44283 DETROIT, MI 48244 47-4012775 25,000. 0. DETROIT REGION TO CATALYZE BUSINESS BLU DECEMBER GROWTH AND SUPPORT BUSINESS SUCCESS FOR DC 4218 10TH STREET NE WASHINGTON, DC 20017 42-1733962 25 000 0. OWNED FOOD BUSINESSES

Schedule I (Form 990)

Page 1

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant organization or government if applicable valuation non-cash assistance or assistance cash grant noncash (book, FMV, assistance appraisal, other) TO SUPPORT AND PROMOTE SPRINGBOARD HOLDINGS AFFORDABLE AND WORKFORCE 120 SEWARD ST APT 406 HOUSING ACROSS THE DETROIT, MI 48202 92-1510882 20,000 0. DETROIT REGION CONSTITUENTS SERVICE 201 MASSACHUSETTS AVE. NE B-1 FOR CAPACITY BUILDING AND WASHINGTON, DC 20002 45-1713425 0 BUSINESS GROWTH 20,000 CLASS ACT DETROIT 20501 LIVERNOIS AVE, P.O.BOX 21827 FOR CAPACITY BUILDING AND DETROIT, MI 48221 82-2035354 501(C)(3) 20,000 0. BUSINESS GROWTH TO SUPPORT AND PROMOTE AFFORDABLE AND WORKFORCE R AND J DEVELOPMENT 2813 BRUSH STREET HOUSING ACROSS THE DETROIT, MI 48201 05-0623790 0 DETROIT REGION 20,000 TO SUPPORT AND PROMOTE THE BLUEPRINT GROUP AFFORDABLE AND WORKFORCE 6201 PIEDMONT HOUSING ACROSS THE DETROIT, MI 48288 0. DETROIT REGION 87-1741203 16,875. TO CATALYZE BUSINESS COVENANT HOUSE WASHINGTON GROWTH AND SUPPORT 2001 MISSISSIPPI AVE SE BUSINESS SUCCESS FOR DC WASHINGTON, DC 20020 13-3537709 0. OWNED FOOD BUSINESSES 15,000 TO SUPPORT AND PROMOTE AFFORDABLE AND WORKFORCE MAKE IT HAPPEN AFFOR 15830 SCHAEFER HIGHWAY HOUSING ACROSS THE DETROIT REGION DETROIT, MI 48227 46-4444709 10 000 0. TO SUPPORT AND PROMOTE CHAMP NATION ORGANIZ AFFORDABLE AND WORKFORCE HOUSING ACROSS THE 16191 ILENE ST DETROIT, MI 48221 92-1046327 10,000. 0. DETROIT REGION TO SUPPORT AND PROMOTE PRECISION PROPERTY AFFORDABLE AND WORKFORCE HOUSING ACROSS THE 18034 MUIRLAND DETROIT, MI 48221 74-3261119 0. DETROIT REGION 10 000

Schedule I (Form 990)

Page 1

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant organization or government if applicable valuation non-cash assistance or assistance cash grant noncash (book, FMV, assistance appraisal, other) TO SUPPORT AND PROMOTE JEFFERSON PROPERTY A AFFORDABLE AND WORKFORCE 18701 GRAND RIVER #208 HOUSING ACROSS THE DETROIT, MI 48223 83-3143398 10,000 0. DETROIT REGION TO SUPPORT AND PROMOTE DETROIT VACANT LAND AFFORDABLE AND WORKFORCE 253 ERSKINE STREET SUITE #302 HOUSING ACROSS THE DETROIT MI 48201 85-1395254 501(C)(3) 10,000 0 DETROIT REGION TO SUPPORT AND PROMOTE THE BENKEL COMPANY AFFORDABLE AND WORKFORCE 269 WALKER STREET STE 504 HOUSING ACROSS THE DETROIT, MI 48207 94-3444947 10,000 0. DETROIT REGION TO SUPPORT AND PROMOTE REBOUND COMMUNITY DEVELOPMENT AFFORDABLE AND WORKFORCE 2785 E GRAND BLVD HOUSING ACROSS THE DETROIT, MI 48211 47-1582369 0 DETROIT REGION 10,000 TO SUPPORT AND PROMOTE AFFORDABLE AND WORKFORCE JPAM DEVELOPMENT LLC 30665 NORTHWESTERN HWY HOUSING ACROSS THE SOUTHFIELD MI 48334 0. DETROIT REGION 92-1553456 10,000 TO SUPPORT AND PROMOTE AFFORDABLE AND WORKFORCE PAD-SHELL-001, LLC 440 BURROUGHS ST STE 121 HOUSING ACROSS THE DETROIT, MI 48202 88-2356109 DETROIT REGION 10,000 0. TO SUPPORT AND PROMOTE AFFORDABLE AND WORKFORCE RENAISSANCE VILLAGE 5555 CONNER SUITE 3243 HOUSING ACROSS THE DETROIT REGION DETROIT, MI 48213 46-5021327 10 000 0. TO SUPPORT AND PROMOTE AFFORDABLE AND WORKFORCE CLOUDBURST VISIONS HOUSING ACROSS THE 6201 PLEDMONT ST DETROIT, MI 48228 47-5681016 10,000. 0. DETROIT REGION TO SUPPORT AND PROMOTE MOORE PLACE LLC AFFORDABLE AND WORKFORCE HOUSING ACROSS THE 2082 HAZELWOOD STREET DETROIT, MI 48206 85-3897169 9 900. 0. DETROIT REGION

Schedule I (Form 990)

Page 1

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant organization or government if applicable cash grant valuation non-cash assistance or assistance noncash (book, FMV, assistance appraisal, other) TO SUPPORT AND PROMOTE BHI CONSTRUCTION AFFORDABLE AND WORKFORCE 6200 NORTH CAPITOL ST.NW #60163 HOUSING ACROSS THE DC/MD/VA REGION WASHINGTON, DC 20039 84-4313055 104,892. 0.

Page 1

CAPITAL IMPACT PARTNERS 52-1290127 Schedule I (Form 990) 2023 Page 2 Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. (e) Method of valuation (book, FMV, appraisal, other) (a) Type of grant or assistance (b) Number of (c) Amount of (d) Amount of non-(f) Description of noncash assistance recipients cash grant cash assistance Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. PART I, LINE 2: GRANTEES MUST REPORT ACTUAL EXPENSES FOR EACH MONTH AND SUBMIT QUARTERLY FINANCIAL REPORTS.

SCHEDULE J (Form 990)

Compensation Information

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

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

Attach to Form 990.

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

2023

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

CAPITAL IMPACT PARTNERS

Employer identification number 52-1290127

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			l
	Travel for companions Payments for business use of personal residence			l
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			l
				l
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee X Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			l
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			l
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
С	Participate in or receive 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 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			77
	The organization?	5a		X
b	Any related organization?	5b		
_	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:	0-		v
	The organization?	6a		Х
b	Any related organization?	6b		<u> </u>
-	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	7		х
0	not described on lines 5 and 6? If "Yes," describe in Part III	7		
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			x
0	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		i

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

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	I-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)	862,564.	0.	0.	39,208.	0.	901,772.	0.
PRESIDENT & CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) NATALIE GUNN	(i)	440,449.	0.	0.	39,114.	24,284.	503,847.	0.
CHIEF FINANCIAL OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) RAYMOND GUTHRIE	(i)	429,245.	0.	0.	26,734.	43,183.	499,162.	0.
CHIEF INVESTMENT OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) BRIAN MCEVOY	(i)	360,194.	0.	0.	29,590.	52,448.	442,232.	0.
GENERAL COUNSEL	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) MATTHEW WEHLAND	(i)	349,095.	0.	0.	28,218.	17,302.	394,615.	0.
CHIEF OPERATING OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) JARET DINARD INGS	(i)	319,757.	0.	0.	30,541.	42,632.	392,930.	0.
SENIOR DIRECTOR OF FINANCE	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) KARLA GILL	(i)	334,830.	0.	0.	20,716.	17,233.	372,779.	0.
CHIEF TECHNOLOGY OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) KIM DORSETT	(i)	308,457.	0.	0.	26,323.	30,031.	364,811.	0.
CHIEF HUMAN RESOURCE'S OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) MALINDA CHRISTENSEN	(i)	292,003.	0.	0.	23,460.	17,233.	332,696.	0.
SVP, COMMUNITY DEVELOPMENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) LAUREN COUNTS	(i)	285,405.	0.	0.	23,568.	139.	309,112.	0.
SR DIR, HEAD OF NATIONAL PROGRAMS	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) LISA GRAMMER	(i)	253,199.	0.	0.	28,596.	24,284.	306,079.	0.
CONTROLLER	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) JASON ANDERSON	(i)	246,424.	0.	0.	27,356.	24,996.	298,776.	0.
SENIOR DIRECTOR, MARKETING	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) MASOUDA OMAR	(i)	234,286.	0.	0.	16,396.	24,284.	274,966.	0.
HEAD OF SMALL BUS & COMM DEV CR	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) KURT CHILCOTT	(i)	0.	0.	212,500.	0.	0.	212,500.	0.
DIRECTOR/CONSULTANT	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							

Page 3

SCHEDULE L

Department of the Treasury

Internal Revenue Service

(Form 990)

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c; or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name	e of the organization							Emp	oloyer	identi	ficatio	n nu	mber
	C	APITAL IMPAC	T PARTNERS					52	2-129	0127			
Par	rt I Excess Bene	fit Transacti	ons (section 50	01(c)(3), secti	ion 501(c)(4), and sec	tion 501(c)(29) organ	izatio	ns on	ly)			
	Complete if the c	organization ansv	wered "Yes" on F	orm 9	90, Pa	art IV, line 25a or 25b;	or Form 990-EZ, Pa	rt V, li	ine 40	b.			
1,	(-) Ni	(b) l	Relationship betv	ween c	disqual	ified	(.) Description of the control of				(d) Corrected?		
(-	a) Name of disqualified p	erson	person and or	ganiza	ation	(с) Description of trans	sactio	n		Ye	es	No
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
2	Enter the amount of tax is	ncurred by the c	rganization man	agers	or disq	jualified persons durii	ng the year under						
;	section 4958								\$				
3	Enter the amount of tax,	if any, on line 2,	above, reimburs	ed by	the org	ganization			\$				
Par	rt II Loans to and	I/or From Int	erested Pers	sons									
	Complete if the o	organization ansv	wered "Yes" on F	orm 9	90-EZ,	, Part V, line 38a, or F	orm 990, Part IV, line	e 26;	or if th	ne orga	nizatio	on	
	reported an amo	unt on Form 990), Part X, line 5, 6										
	(a) Name of	(b) Relationship	(c) Purpose		an to or	(e) Original				hoard or I (1) WIII			
	interested person	with organization	of loan		n the zation?	principal amount				ittee?	e? agreement		
				То	From			Yes	No	Yes	No	Yes	No
(1) S	EE SCHEDULE	MEMBER O	SEE SCHE		Х	22,999,244.	13,121,989.		Х	Х		Х	
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
Total						\$	13,121,989.						
Par	rt III Grants or As	sistance Ber	nefiting Inter	este	d Per	sons							
	Complete if the o	organization ansv	wered "Yes" on F	orm 9	90, Pa	art IV, line 27.							
	(a) Name of interested p	person	(b) Relationship			(c) Amount of	(d) Type				Purpo		f
			interested pers		d	assistance	assistano	e		а	ıssista	ınce	
			the organiza	ation									
(1)													
(2)													
(3)									_				
(4)									_				
(5)									_				
(6)													
(7)													

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

Schedule L (Form 990) 2023

SEE PART V FOR CONTINUATIONS

(8) (9) (10)

Corredate E (Form 600) E0E0	MPACT PARTNERS		52-129012	27	Page 2			
Part IV Business Transactions Involve	ing Interested Persons							
Complete if the organization answered	"Yes" on Form 990, Part IV, line 28a, 28	b, or 28c.		1 () 01-				
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	òrganiz	aring of zation's nues?			
				Yes	No			
(1)KURT CHILCOTT	CONSULTANT	157,000.	CONSULTING		Х			
(2)KURT CHILCOTT	DIRECTOR	6,250.	BOARD SERVI		Х			
(3)								
(4)								
(5)								
(6)								
<u>(7)</u>								
(8)								
(9)								
(10)								
Part V Supplemental Information								
Provide additional information for response	onses to questions on Schedule L. See in	nstructions.						
SCHEDULE L, PART II, LOANS TO AND FROM	INTERESTED PERSONS							
SCHEDOLE I, TAKT II, HOARD TO AND TROM	INTERESTED TERSONS.							
(A) NAME OF PERSON: SEE SCHEDULE O								
(B) RELATIONSHIP WITH ORGANIZATION: ME	MBER OF BORROWER							
(C) PURPOSE OF LOAN: SEE SCHEDULE O								
(D) LOAN TO OR FROM ORGANIZATION? = FROM	М							
(E) ORIGINAL PRINCIPAL AMOUNT \$ 22,999	,244.(F) BALANCE DUE \$ 13,121,	989.						
(G) LOAN IN DEFAULT? = NO								
(H) APPROVED BY BOARD OR COMMITTEE? = Y	YES							
(I) WRITTEN AGREEMENT? = YES								
SCH L, PART IV, BUSINESS TRANSACTIONS	INVOLVING INTERESTED PERSONS:							
(A) NAME OF PERSON: KURT CHILCOTT								
(D) DESCRIPTION OF TRANSACTION: CONSULT	TING SERVICES							
(A) NAME OF PERSON: KURT CHILCOTT	(A) NAME OF PERSON: KURT CHILCOTT							
(D) DESCRIPTION OF TRANSACTION: BOARD SERVICES								

SCHEDULE 0 (Form 990)

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.

Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

CAPITAL IMPACT PARTNERS 52-1290127 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, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: FLEXIBLE CAPITAL, AND INCREASED ACCESS TO INDUSTRY CONNECTIONS AND RESOURCES. THESE PROGRAM SUPPORTS ARE DESIGNED TO HELP EXPERIENCED DEVELOPMENT FIRMS LED BY PEOPLE OF COLOR GROW THEIR CAPACITY AND EXPAND THEIR AFFORDABLE HOUSING PRODUCTION INTO THE FUTURE. TO DATE THE PROGRAM HAS DEPLOYED \$14.3 MILLION IN ENTERPRISE-LEVEL GRANTS. AND THE CDFI PARTNERS HAVE COLLECTIVELY CLOSED ALMOST \$76 MILLION IN PROJECT LOANS TO PARTICIPANTS.

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

<u>Schedule O (Form 990) 2023</u> Page **2**

Name of the organization **Employer identification number** CAPITAL IMPACT PARTNERS 52-1290127 FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: 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 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 \$52.8 MILLION, ASSISTING OVER 2,300 SMALL BUSINESSES. EXPENSES \$ 436,320. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0. NEW MARKET TAX CREDITS: CAPITAL IMPACT PARTNERS HAS RECEIVED \$742 MILLION IN NEW MARKET TAX CREDIT (NMTC) ALLOCATIONS OF WHICH \$729 MILLION HAS ALREADY BEEN DEPLOYED TO MORE THAN 90 PROJECTS TO PROVIDE HEALTH CARE PROVIDERS HEALTHY FOOD GROCERY STORES, CHARTER SCHOOLS, AND OTHER COMMUNITY ORGANIZATIONS AFFORDABLE FINANCING NATIONWIDE. NMTC 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.

<u>Schedule O (Form 990) 2023</u> Page **2**

Name of the organization **Employer identification number** CAPITAL IMPACT PARTNERS 52-1290127 EXPENSES \$ 48,282. INCLUDING GRANTS OF \$ 0. REVENUE \$ 1,324,276. HOUSING EQUITY ACCELERATOR FELLOWSHIP: IN 2021, CIP RECEIVED \$5.2 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 ITS HOMETOWN COMMUNITIES INCLUDING THE DMV. NASHVILLE AND SEATTLE. 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 FELLOWSHIP SUPPORTS DIVERSE DEVELOPERS WITH A PIPELINE OF COMPLETED DEVELOPING PROJECTS IN THE REGION. IN 2023, THE 15 INAUGURAL PARTICIPANTS OF THIS PROGRAM GRADUATED, RECEIVING OVER \$4M IN PROJECT-LEVEL AND CAPACITY BUILDING GRANTS. EXPENSES \$ 36,043. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0. 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 2023, DISBURSEMENTS TOTALED \$23.9

Schedule O (Form 990) 2023 Page 2

Schedule O (Form 990) 2023	Page 2
Name of the organization CAPITAL IMPACT PARTNERS	Employer identification number 52-1290127
MILLION TO 3 CHARTER SCHOOLS, PROVIDING OVER 600 STUDENTS WITH ACCESS	
TO HIGH QUALITY EDUCATION.	
EXPENSES \$ -30,360. INCLUDING GRANTS OF \$ 0. REVENUE \$ 4,803,084.	
HEALTHCARE:	
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	
HEALTH CARE FACILITIES AND ASSISTED LIVING/CONTINUING CARE FACILITIES.	
IN 2023, CAPITAL IMPACT PARTNERS DISBURSED APPROXIMATELY \$50 MILLION TO	
6 HEALTH FACILITIES THAT SERVE NEARLY 60,000 PATIENTS ANNUALLY.	
EXPENSES \$ -60,600. INCLUDING GRANTS OF \$ 0. REVENUE \$ 5,037,416.	
HEALTHY FOOD:	
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. IN	
2023, CAPITAL IMPACT PARTNERS PROVIDED OVER \$15 MILLION IN FINANCING	
TO PROJECTS SUPPORTING FOOD ACCESS. THE FINANCING IS FOCUSED ON	

<u>Schedule O (Form 990) 2023</u> Page **2**

Name of the organization **Employer identification number** CAPITAL IMPACT PARTNERS 52-1290127 DEVELOPING AND EXPANDING GROCERY STORES, HEALTHY FOOD MARKETS, AND CREATING ACCESS TO HEALTHY FOOD 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 DEPLOYED OVER \$16.5MILLION IN FINANCING, \$935,000 IN GRANTS, AND TECHNICAL ASSISTANCE TO OVER 680 FOOD BUSINESSES IN DC. EXPENSES \$ -101,030. INCLUDING GRANTS OF \$ 1,411,146. REVENUE \$ 36,403. 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 \$149 MILLION TO AID IN THE RENOVATION OR NEW CONSTRUCTION OF 28 COMMUNITIES, CONSISTING OF 2,379 HOUSING UNITS, 68% OF WHICH ARE AFFORDABLE. EXPENSES \$ -302,915. INCL GRANTS OF \$ 3,957,871. REVENUE \$ 9,920,300. 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

Schedule O (Form 990) 2023

Name of the organization

Employer identification number

CAPITAL IMPACT PARTNERS 52-1290127

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

OFFICER, SERVING AS PRESIDENT AND CHIEF EXECUTIVE OFFICER OF BOTH

ORGANIZATIONS.

THE TRANSACTION CLOSED ON JULY 15, 2021.

FORM 990, PART VI, SECTION A, LINE 7A:

THE ARTICLES OF INCORPORATION, AS AMENDED (THE "ARTICLES"), AND THE BYLAWS

AS AMENDED (THE "BYLAWS"), OF CAPITAL IMPACT PARTNERS PROVIDE THAT THE

DIRECTORS OF THE BOARD OF DIRECTORS OF CAPITAL IMPACT PARTNERS (THE

Schedule O (Form 990) 2023 Page **2**

Name of the organization CAPITAL IMPACT PARTNERS	Employer identification number 52-1290127
"BOARD") SHALL BE ELECTED BY THE THEN-CURRENT DIRECTORS OF THE BOARD. THE	
ARTICLES AND BYLAWS FURTHER PROVIDE THAT TWO (2) OF THE DIRECTORS OF THE	
BOARD, BUT, IN EACH CASE, NOT MORE THAN A MINORITY OF THE DIRECTORS, SHALL	
BE ELECTED FROM THE THEN-CURRENT SENIOR EXECUTIVE OFFICERS OR DIRECTORS (OR	
DIRECTORS-ELECT) OF THE NATIONAL CONSUMER COOPERATIVE BANK OR ANY OF ITS	
SUBSIDIARIES.	
FORM 990, PART VI, SECTION B, LINE 11B:	
THE BOARD OF DIRECTORS HAS DELEGATED THE RESPONSIBILITY FOR REVIEWING AND	
APPROVING 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 AND APPROVES 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	

<u>Schedule O (Form 990) 2023</u> Page **2**

Employer identification number Name of the organization CAPITAL IMPACT PARTNERS 52-1290127 PROVIDE CONFLICTS OF INTEREST DISCLOSURES (IF ANY) ON AN ANNUAL BASIS. 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.

Schedule O (Form 990) 2023 Page **2**

Name of the organization	Employer identification number
CAPITAL IMPACT PARTNERS	52-1290127
ALL MEETINGS AND ACTIONS OF THE EXECUTIVE COMMITTEE AND THE BOARD OF	
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	
UPON 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 -3,923,391.	
ADOPTION OF THE CECL ACCOUNTING STANDARD FOR CREDIT LOSSES -2,288,576.	
TOTAL TO FORM 990, PART XI, LINE 9 -6,211,967.	
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.	
THE DESIGNATION OF THE MADE OF THE PROPERTY.	

Schedule O (Form 990) 2023 Page 2 Name of the organization **Employer identification number** CAPITAL IMPACT PARTNERS 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 2023 FOR THE AGGREGATE AMOUNT OF THESE LOANS IS AS FOLLOWS: BALANCE AT DECEMBER 31, 2022 \$ 14,229,056 NET CHANGE (1,107,067)

2212 11-14-23 Schedule O (Form 990) 2023

BALANCE AT DECEMBER 31, 2023

\$ 13,121,989

SCHEDULE R (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.

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

Department of the Treasury Internal Revenue Service Attach to Form 990.

2023

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

CAPITAL IMPACT PARTNERS

Employer identification number 52-1290127

(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	0.	0.	CAPITAL IMPACT PARTNERS
DETROIT NEIGHBORHOOD FUND, LLC - 47-1804394					
1400 CRYSTAL DRIVE, SUITE 500	COMMUNITY LENDING AND				
ARLINGTON, VA 22202	DEVELOPMENT	DELAWARE	143,252.	5,359,794.	CAPITAL IMPACT PARTNERS
FPIF, LLC - 47-4684786					
1400 CRYSTAL DRIVE, SUITE 500	COMMUNITY LENDING AND				
ARLINGTON, VA 22202	DEVELOPMENT	DELAWARE	294,868.	30,320,545.	CAPITAL IMPACT PARTNERS
COMMUNITY SOLUTIONS GROUP, LLC					
1400 CRYSTAL DRIVE, SUITE 500	COMMUNITY LENDING AND				
ARLINGTON, VA 22202	DEVELOPMENT	DELAWARE	0.	0.	CAPITAL IMPACT PARTNERS

Part II 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 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.

Schedule R (Form 990) 52-1290127 CAPITAL IMPACT PARTNERS

Part I	Continuation of Identification of Disregarded Entities
--------	--

(a) Name, address, and EIN	(b) Primary activity	(c) Legal domicile (state or	(d) Total income	(e) End-of-year assets	(f) Direct controlling
of disregarded entity	Timaly don'ny	foreign country)	Total moonie	Lind of your docoto	entity
EQUITABLE PROSPERITY FUND I GP, LLC -					
88-2750708, 1400 CRYSTAL DRIVE, SUITE 500,	GENERAL PARTNER OF				
ARLINGTON, VA 22202	EQUITABLE PROSPERITY FUND	DELAWARE	-18,389.	-323,515.	CAPITAL IMPACT PARTNERS
	_				
	_				

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)	(I	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	Disproportionate allocations?		allocations?				Code V-UBI amount in box 20 of Schedule	managii partner	
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes N	0				
IMPACT CDE 55, LLC -															
47-1333331, 1400 CRYSTAL															
DRIVE, SUITE 500, ARLINGTON,	NEW MARKETS TAX														
VA 22202	CREDIT	DE	N/A	RELATED	8.	689.		x	N/A	х	.01%				
IMPACT CDE 56, LLC -															
47-1345046, 1400 CRYSTAL]														
DRIVE, SUITE 500, ARLINGTON,	NEW MARKETS TAX														
VA 22202	CREDIT	DE	N/A	RELATED	1.	592.		x	N/A	х	.01%				
IMPACT CDE 57, LLC -															
47-1356537, 1400 CRYSTAL]														
DRIVE, SUITE 500, ARLINGTON,	NEW MARKETS TAX														
VA 22202	CREDIT	DE	N/A	RELATED	3.	740.		x	N/A	х	.01%				
IMPACT CDE 58, LLC -															
47-1367379, 1400 CRYSTAL]														
DRIVE, SUITE 500, ARLINGTON,	NEW MARKETS TAX														
VA 22202	CREDIT	DE	N/A	RELATED	0.	588.		X	N/A	х	.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	512(l conti ent	tion b)(13) rolled tity?
ALLIANCE SECURITIES MANAGER, LLC -									
87-4340989, 1400 CRYSTAL DRIVE, SUITE 500,			CAPITAL IMPACT						
ARLINGTON, VA 22202	INVESTMENT FUND	NY	PARTNERS	C CORP	1,979,896.	16,833,523.	100%	Х	
IMPACT CDE 65 LLC - 82-0795043									
1400 CRYSTAL DRIVE, SUITE 500	NEW MARKETS TAX		CAPITAL IMPACT						
ARLINGTON, VA 22202	CREDITS	DE	PARTNERS	C CORP	0.	0.	.01%	х	
IMPACT CDE 70 LLC - 82-0985879									
1400 CRYSTAL DRIVE, SUITE 500	NEW MARKETS TAX		CAPITAL IMPACT						
ARLINGTON, VA 22202	CREDITS	DE	PARTNERS	C CORP	0.	0.	.01%	х	

Page 2

Schedule R (Form 990) CAPITAL IMPACT PARTNERS 52-1290127

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

(2)	/h)	(0)	(4)	(0)	(6)	(m)		-1	/:\	(:)	(14)
(a)	(b)	(c) Legal	(d)	(e)	(f)	(g)	l -	1) 	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	domicile (state or	Direct controlling entity	Predominant income (related, unrelated,	Share of total income	Share of end-of-year	Dispropate alloc		Code V-UBI amount in box	managi	or Percentage ownership
· ·		foreign country)		excluded from tax under sections 512-514)		assets	-		20 of Schedule K-1 (Form 1065)	yes N	
IMPACT CDE 59, LLC -		country)		30000013 0 12 0 14)			Yes	NO	10 1 (1 01111 1000)	resin	
47-1377414 1400 CRYSTAL	-										
DRIVE, SUITE 500, ARLINGTON,	NEW MARKETS TAX										
VA 22202	CREDIT	DE	N/A	RELATED	12.	786.		X	N/A	x	.01%
IMPACT CDE 60, LLC -	CKEDII			TODITION TO THE PROPERTY OF TH		700.		-	11711	+	+
47-1390655, 1400 CRYSTAL	_										
DRIVE, SUITE 500, ARLINGTON,	NEW MARKETS TAX										
VA 22202	CREDIT	DE	N/A	RELATED	0.	489.		x	N/A	x	.01%
IMPACT CDE 61, LLC -	CKEDII	<u> </u>	17/21	KEBITED	0.	407.		-	14/11	1	1 .010
82-0713728, 1400 CRYSTAL	_										
DRIVE, SUITE 500, ARLINGTON,	NEW MARKETS TAX										
VA 22202	CREDIT	DE	N/A	RELATED	29.	892.		x	N/A	x	.01%
IMPACT CDE 62, LLC -	CREDII	DE	N/A	REDATED	25.	0,72,		Λ.	N/A	A	1 .010
82-0722209, 1400 CRYSTAL	-										
DRIVE, SUITE 500, ARLINGTON,	NEW MARKETS TAX										
VA 22202	CREDIT	DE	N/A	RELATED	0.	735.		x	N/A	x	.01%
	CREDII	DE	N/A	KELAIED	0.	735.		^	N/A	^	.018
IMPACT CDE 63, LLC - 82-0738595, 1400 CRYSTAL	-										
	MEN MADREMO MAY										
DRIVE, SUITE 500, ARLINGTON,	NEW MARKETS TAX	DE	NT / 3	D. II. 3. III. D.	1	984.		.,	27 / 2	,,	019
VA 22202	CREDIT	DE	N/A	RELATED	1.	984.		X	N/A	Х	.01%
IMPACT CDE 64, LLC -	_										
82-0754647, 1400 CRYSTAL											
DRIVE, SUITE 500, ARLINGTON,	NEW MARKETS TAX		. , .		_	=00		L_	/-	_	0.10
VA 22202	CREDIT	DE	N/A	RELATED	6.	793.		X	N/A	Х	.01%
IMPACT CDE 66, LLC -											
82-0795043, 1400 CRYSTAL	<u> </u>										
DRIVE, SUITE 500, ARLINGTON,	NEW MARKETS TAX							L			
VA 22202	CREDIT	DE	N/A	RELATED	16.	399.		X	N/A	Х	.01%
IMPACT CDE 67, LLC -											
82-0817491, 1400 CRYSTAL											
DRIVE, SUITE 500, ARLINGTON,	NEW MARKETS TAX										
VA 22202	CREDIT	DE	N/A	RELATED	2.	593.		X	N/A	Х	.01%
IMPACT CDE 68, LLC -											
82-0828565, 1400 CRYSTAL											
DRIVE, SUITE 500, ARLINGTON,	NEW MARKETS TAX										
VA 22202	CREDIT	DE	N/A	RELATED	1.	890.		X	N/A	Х	.01%

Schedule R (Form 990) CAPITAL IMPACT PARTNERS 52-1290127

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j	(k)	
Name, address, and EIN	Primary activity	Legal domicile	Direct controlling	Predominant income	Share of total	Share of	1	portion-	Code V-UBI	Gener	al or Percenta	tage
of related organization		(state or	entity	(related, unrelated, excluded from tax under	income	end-of-year assets	ate allo	cations?	amount in box 20 of Schedule	mana partn		ship
		foreign country)		sections 512-514)		assets	Yes	No	K-1 (Form 1065)	Yes	No	
IMPACT CDE 69, LLC -												
82-0847446, 1400 CRYSTAL												
DRIVE, SUITE 500, ARLINGTON,	NEW MARKETS TAX											
VA 22202	CREDIT	DE	N/A	RELATED	7.	941.		x	N/A	Х		01%
IMPACT CDE 71, LLC -												
82-0985879, 1400 CRYSTAL												
DRIVE, SUITE 500, ARLINGTON,	NEW MARKETS TAX											
VA 22202	CREDIT	DE	N/A	RELATED	2.	1,039.		x	N/A	х	. (01%
IMPACT CDE 72, LLC -												
82-1007028, 1400 CRYSTAL												
DRIVE, SUITE 500, ARLINGTON,	NEW MARKETS TAX											
VA 22202	CREDIT	DE	N/A	RELATED	7.	892.		x	N/A	x		01%
IMPACT CDE 73, LLC -												
82-1033817, 1400 CRYSTAL												
DRIVE, SUITE 500, ARLINGTON,	NEW MARKETS TAX											
VA 22202	CREDIT	DE	N/A	RELATED	18.	651.		x	N/A	х		01%
IMPACT CDE 74, LLC -												
82-1052434, 1400 CRYSTAL												
DRIVE, SUITE 500, ARLINGTON,	NEW MARKETS TAX											
VA 22202	CREDIT	DE	N/A	RELATED	-1.	990.		x	N/A	х		01%
IMPACT CDE 75, LLC -												
82-1086217, 1400 CRYSTAL												
DRIVE, SUITE 500, ARLINGTON,	NEW MARKETS TAX											
VA 22202	CREDIT	DE	N/A	RELATED	0.	795.		x	N/A	х		01%
IMPACT CDE 76, LLC -												
82-1125154, 1400 CRYSTAL												
DRIVE, SUITE 500, ARLINGTON,	NEW MARKETS TAX											
VA 22202	CREDIT	DE	N/A	RELATED	-2.	994.		x	N/A	x		01%
IMPACT CDE 78, LLC -												
82-1174384, 1400 CRYSTAL	7											
DRIVE, SUITE 500, ARLINGTON,	NEW MARKETS TAX											
VA 22202	CREDIT	DE	N/A	RELATED	-1.	747.		x	N/A	x		01%
IMPACT CDE 79, LLC -												
82-1191838, 1400 CRYSTAL	7											
DRIVE, SUITE 500, ARLINGTON,	NEW MARKETS TAX											
VA 22202	CREDIT	DE	N/A	RELATED	20.	897.		x	N/A	х		01%

Schedule R (Form 990) CAPITAL IMPACT PARTNERS 52-1290127

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

			1								
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Direct controlling entity	Predominant income (related, unrelated,	Share of total income	Share of	Dispro		Code V-UBI amount in box	General managir	Percentage ownership
of related organization		(state or foreign	entity	excluded from tax under	income	end-of-year assets	ate allo		20 of Schedule	partner	1 0 W 1 O 1 O 1 O 1 O 1
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes N	<u> </u>
COMMUNITY INVESTMENT IMPACT											
FUND, LLC - 82-3241777, 1400											
CRYSTAL DRIVE, SUITE 500,	INVESTING IN										
ARLINGTON, VA 22202	LOANS	DE	N/A	RELATED	516,491.	9,086,640.		X	N/A	Х	30.00%
IMPACT CDE 77, LLC -											
82-1140955, 1400 CRYSTAL											
DRIVE, SUITE 500, ARLINGTON,	NEW MARKETS TAX										
VA 22202	CREDIT	DE	N/A	RELATED	4.	259.		X	N/A	Х	.01%
IMPACT CDE 80, LLC -											
82-1199634, 1400 CRYSTAL											
DRIVE, SUITE 500, ARLINGTON,	NEW MARKETS TAX										
VA 22202	CREDIT	DE	N/A	RELATED	2.	400.		x	N/A	x	.01%
IMPACT CDE 81, LLC -											
87-3188169, 1400 CRYSTAL											
DRIVE, SUITE 500, ARLINGTON,	NEW MARKETS TAX										
VA 22202	CREDIT	DE	N/A	RELATED	2.	1,098.		X	N/A	x	.01%
IMPACT CDE 82, LLC -						•					
87-3201426, 1400 CRYSTAL											
DRIVE, SUITE 500, ARLINGTON,	NEW MARKETS TAX										
VA 22202	CREDIT	DE	N/A	RELATED	3.	873.		X	N/A	x	.01%
IMPACT CDE 83, LLC -											
87-3219683, 1400 CRYSTAL											
DRIVE, SUITE 500, ARLINGTON,	NEW MARKETS TAX										
VA 22202	CREDIT	DE	N/A	RELATED	4.	901.		X	N/A	x	.01%
EQUITABLE PROSPERITY FUND I,									-		
LLC. 1400 CRYSTAL DRIVE,	_		EQUITABLE								
SUITE 500, ARLINGTON, VA	GROWTH STAGE		PROSPERITY								
22202	INVESTMENTS	DE	FUND I GP LLC	RELATED	734,521.	11,002,019.		X	N/A	x	31.92%
					,				-1, -1		
	-										
	_										
	_										
	-										
	-										
	-										

52-1290127 Schedule R (Form 990) 2023 CAPITAL IMPACT PARTNERS Page 3

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		X
					1b		Х
С	Gift, grant, or capital contribution from related organization(s)				1c		X
					1d	Х	
	Loans or loan guarantees by related organization(s)				1e		X
	, , , , , , , , , , , , , , , , , , , ,						
f	Dividends from related organization(s)				1f		Х
	Sale of assets to related organization(s)				1g		Х
	Purchase of assets from related organization(s)				1h		X
i	Exchange of assets with related organization(s)				1i		Х
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		Х
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		Х
	Performance of services or membership or fundraising solicitations for related organizations				11		Х
	Performance of services or membership or fundraising solicitations by related organizat				1m		Х
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s				1n		Х
	Sharing of paid employees with related organization(s)				10		X
	3 1 1 , 3 (,						
g	Reimbursement paid to related organization(s) for expenses				1p		Х
	Reimbursement paid by related organization(s) for expenses				1q	Х	
-							
r	Other transfer of cash or property to related organization(s)				1r	х	
					1s	х	
	If the answer to any of the above is "Yes," see the instructions for information on who n				,		
_							
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount inv	olved		
(1) 5	SEE SCHEDULE R SUPPLEMENTAL EXPLANATIONS		0.				
(2)							
(3)							
(4)							
(5)							
(6)							
33216	3 09-28-23			Schedule I	R (Forr	n 990)	2023

Yes No

Schedule R (Form 990) 2023 CAPITAL IMPACT PARTNERS 52-1290127 Page 4

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)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec. 501(c)(3) orgs.? Yes No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproptionate allocation	Code V-UBI amount in box 2 of Schedule K-	General of managing partner? Yes No	(k) r Percentage ownership
	-									

332165 09-28-23 Schedule R (Form 990) 2023