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DLN: 93493306013126

OMB No 1545-0047

# **Return of Organization Exempt From Income Tax**

Department of the Treasury Internal Revenue Service

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
 ▶ Information about Form 990 and its instructions is at <u>www IRS qov/form990</u>

A	For the <b>2015</b> c	alendar year, or tax year l	beginning 01-01-2015 , and ending 1	2-31-2015		•	
_	Check if applicable	C Name of organization CAPITAL IMPACT PAR					
	Address change Name change	CAFITAL INFACT FAR	TINENS				
_	nitial return	Doing business as					
Ė	inal return/termin	nated					
_	Amended return Application pending	2011 CRYSTAL DRIVE	or P O box if mail is not delivered to street add E NO 750	ress) Room/suite			
		City or town, state o ARLINGTON, VA 222	r province, country, and ZIP or foreign postal co 02	ode			
	Employer identi	fication number ETel	ephone number				
	52-1290127	(7	<b>G</b> Gro	ss receipts \$ 21,42	6,105		
	JE 123012,						
		<b>F</b> Name and addres	s of principal officer	11/->	7		
		NATALIE GUNN	·	H(a)	Is this a group subordinates?		r □Yes 🔽No
		2011 CRYSTAL DRI ARLINGTON, VA 22		н(ь)	Are all subord		Yes No
		/// Z			ıncluded?		
ī	Tax-exempt status	5 501(c)(3) 501(	c) ( ) ◀ (insert no )	527 H(c)	·	,	ee instructions)
	Mobelto: N/	WW CAPITALIMPACT OF		H(c)	Group exemp	tion numb	er ▶
	website: P w	WW CAPITALIMPACT OF					
<b>K</b> Fo		n 🗸 Corporation 🦳 Trust 🛭	Association	<b>L</b> Ye	ar of formation 1	982 <b>M</b> Sta	ite of legal domicile DO
		nmary					
			mission or most significant activities				
		HEDULE 'O', PAGE 38	mission of most significant detrities				
ce							
E							
Governance	2 Check t	his box ▶ ☐ if the organiz	zation discontinued its operations or di	sposed of more	than 25% of it	s net asse	ts
Ŝ		•					
		-	governing body (Part VI, line 1a) .			3	11
Activities &			mbers of the governing body (Part VI,	•		4	11
Ξ		·	oyed ın calendar year 2015 (Part V , lın	•		5	92
A		•	nate if necessary)			6	0
			from Part VIII, column (C), line 12 .come from Form 990-T, line 34			7a   7b	0
	<b>b</b> Net diffe	lated business taxable int	come nom roum 550 1, me 54		Prior Year	1 70 1	Current Year
	8 Cont	ributions and grants (Part	VIII, line 1h)		17,783	.870	3,693,789
3;		- '	: VIII, line 2g)		16,473		17,216,179
Ravenua	-	•	, column (A), lines 3, 4, and 7d) . .		299	,225	172,179
æ	<b>11</b> Othe	r revenue (Part VIII, colu	ımn (A), lınes 5, 6d, 8c, 9c, 10c, and 1	1e)	140	,234	343,958
		revenue—add lines 8 thro	ough 11 (must equal Part VIII, columr	ı (A ), lıne	34,696	.546	21,426,105
	12)						
		•	id (Part IX, column (A), lines 1-3)		1,457	,795	3,472,315
		·	s (Part IX, column (A), line 4) employee benefits (Part IX, column (A				
&	5-10	· · · · · · · · · · · · · · · · · · ·	employee beliefits (Fare 1x, column (x	), IIIIC3	12,609	,129	13,625,059
ens	16a Profe	essional fundraising fees (	(Part IX, column (A), line 11e)			0	C
Expenses	<b>b</b> Total f	fundraising expenses (Part IX, c	olumn (D), line 25) ▶ <u>275,442</u>				
	<b>17</b> Othe	r expenses (Part IX, colu	mn (A), lines 11a-11d, 11f-24e) .		12,829	,468	13,153,446
		·	17 (must equal Part IX, column (A), li		26,896		30,250,820
		nue less expenses Subtr	act line 18 from line 12		7,800	,154	-8,824,715
200				Begin	ining of Current	Year	End of Year
Net Assets or	<b>20</b> Total	assets (Part X, line 16)			243,113	,575	251,385,700
ŽŽ	<b>21</b> Total		5)		106,329	,174	124,340,707
ž	<b>22</b> Net a	assets or fund balances S	ubtract line 21 from line 20		136,784	,401	127,044,993
		nature Block		•			
			nave examined this return, including ac and complete Declaration of preparer				
	parer has any k	· · · · · · · · · · · · · · · · · · ·	and complete Declaration of preparer	(other than one	ci) is based of	i dii iiiioiiii	acion of which
	- Crar				2016-11-01 Date		
c.		nature of officer					
Sig He		nature of officer	DEETCER				
Sig He	re NAT		DFFICER				
_	re NAT	nature of officer  FALIE GUNN CHIEF FINANCIAL (  be or print name and title  Print/Type preparer's name	Preparer's signature	Date	Check I if	PTIN	2
_	id	nature of officer  FALIE GUNN CHIEF FINANCIAL ( DE OF PRINT NAME AND ITELE  PRINT/Type preparer's name  JOSEPH WILSON JR	Preparer's signature JOSEPH WILSON JR	Date	Check If self-employed	P0004942	9
He —	id	Firm's name  PALICE OF OFFICE  FOR THE PRINCIPLE  PRINT/Type preparer's name  JOSEPH WILSON JR  FIRM'S name  CHACONAS 8	Preparer's signature JOSEPH WILSON JR	Date	self-employed Firm's EIN ► !	P00049429 52-1480805	
He Pa Pr	id	nature of officer  FALIE GUNN CHIEF FINANCIAL ( DE OF PRINT NAME AND ITELE  PRINT/Type preparer's name  JOSEPH WILSON JR	Preparer's signature JOSEPH WILSON JR WILSON PC LVANIA AVENUE NW SUITE	Date	self-employed	P00049429 52-1480805	

If "Yes," describe these changes on Schedule O Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

(Code ) (Expenses \$ 11,865,881 including grants of \$ 602,550 ) (Revenue \$ 2,670,570) GENERAL LOAN PROGRAM CAPITAL IMPACT PARTNERS (CIP) PROVIDES BELOW-MARKET LOANS AND FINANCIAL SERVICES TO COMMUNITY BASED ORGANIZATIONS FOCUSED ON PROVIDING GOODS AND SERVICES TO LOW INCOME AND ECONOMICALLY DISADVANTAGED POPULATIONS 4,437,395) 4b (Code ) (Expenses \$ 6,334,304 including grants of \$ 1,554,185 ) (Revenue \$

AFFORDABLE HOUSING/ASSISTED LIVING/NURSING HOME CARE COMMUNITY SOLUTIONS GROUP (CSG), A SUBSIDIARY OF CIP, BRIDGES THE GAP BETWEEN POLICY AND DEVELOPMENT TO IMPROVE THE LIVES OF LOW-INCOME INDIVIDUALS AND THE FRAIL ELDERLY CSG OPERATES IN TWO MAIN FIELDS AFFORDABLE HOUSING AND AGING CIP'S EFFORTS IN AFFORDABLE HOMEOWNERSHIP ARE TO BUILD CAPACITY AND SCALE FOR LONG-TERM AFFORDABLE HOUSING THESE TYPES OF PROGRAMS ARE SHARED EQUITY MECHANISMS THAT OFFER HOMEOWNERS RELIABLE ASSET BUILDING OPPORTUNITIES WHILE ALSO PRESERVING PUBLIC INVESTMENT IN THE LONG-TERM CARE FIELD, CSG RUNS THE GREEN HOUSE PROJECT AND THE CENTER FOR LONG-TERM SUPPORT INNOVATION (CLTSI) THE

GREEN HOUSE PROJECT IS A NATIONAL INITIATIVE TO CREATE HUMANE, NON-INSTITUTIONAL NURSING HOMES PREDOMINANTLY SERVING ANYONE WHO NEEDS SKILLED NURSING CARE BY COMBINING A SMALL HOUSE MODEL WITH SELF-MANAGED TEAMS OF DIRECT CARE WORKERS CLTSI CREATES POLICY INNOVATIONS AND DEVELOPMENT TOOLS FOR THE LONG-TERM CARE FIELD, ESPECIALLY IN THE HOUSING-WITH-SERVICES MARKET THE GREEN HOUSE PROJECT HAS CREATED 188 ALTERNATIVE "SMALL HOUSE" NURSING HOME PROJECTS BETWEEN 2003 AND 2015, SERVING OVER 1,800 ELDERS EFFECTIVE DECEMBER 31, 2015, CIP SPUN OFF THE GREEN HOUSE PROJECT AND CORNERSTONE PARTNERSHIP, TWO OF ITS TECHNICAL ASSISTANCE ENTITIES UNDER ITS COMMUNITY SOLUTIONS GROUP, LLC (CSG) SUBSIDIARY THE SPIN OFFS WERE FORMALIZED BY A CONTRIBUTION AGREEMENT BETWEEN CIP AND THE ORGANIZATIONS TO WHICH THE ASSETS AND

LIABILITIES OF THESE ENTITIES WERE CONTRIBUTED (THE "BENEFICIARIES") CIP ALSO CONTRIBUTED \$650,000 IN CASH TO THE BENEFICIARY OF THE GREEN HOUSE PROJECT. AS OF DECEMBER 31, 2015, CIP NO LONGER HAS ANY INTEREST IN EITHER OF THESE ENTITIES, EXCEPT THAT IT HOLDS ONE SEAT ON THE

BOARD OF DIRECTORS FOR THE BENEFICIARY OF THE CORNERSTONE PARTNERSHIP COMMUNITY SOLUTIONS GROUP, LLC (CSG) IS STILL A SUBSIDIARY OF CIP AS OF DECEMBER 31, 2015

4,688,238) (Code ) (Expenses \$ 249,386 including grants of \$ ) (Revenue \$

4c EDUCATION CIP HAS BEEN A CHARTER SCHOOL LENDER FOR 19 YEARS AND HAS BECOME A VALUABLE FINANCING SOURCE FOR OUR NATION'S CHARTER SCHOOLS TO ENSURE THAT LOW COST CAPITAL IS AVAILABLE NATIONWIDE, CIP OFFERS CONSTRUCTION AND RENOVATION AND, REAL ESTATE ACQUISITION AND TERM LOANS, EQUIPMENT LOANS, AND REVOLVING LINES OF CREDIT CIP CONNECTS ITS BORROWERS TO INSTITUTIONAL INVESTORS TO IMPROVE THE AMOUNT

AND TYPE OF FINANCING AVAILABLE IN 2015, DISBURSEMENTS TOTALED \$20 3 MILLION TO 6 CHARTER SCHOOLS THAT SERVE NEARLY 4,500 STUDENTS, 64% OF WHOM OUALIFY FOR FREE OR REDUCED PRICE LUNCHES CIP DEVELOPED OR RENOVATED MORE THAN 185,000 SOUARE FEET OF EDUCATIONAL SPACE

See Additional Data

Other program services (Describe in Schedule O) (Expenses \$ 2,206,845 including grants of \$ 1,315,580 ) (Revenue \$ 5,419,976)

4e Total program service expenses ▶ 20,656,416

Form	990 (2015)			Page <b>3</b>
Par	t 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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 💆	2	Yes	
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 $I$ $\square$	3		No
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	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19?  If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts?  If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 💆	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets?  If "Yes," complete Schedule D, Part III	8		No
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		No

Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments,

b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of

ıts total assets reported ın Part X, line 16? If "Yes," complete Schedule D, Part VIII 💆 . . . . . . . . . .

Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X

d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets

f Did the organization's separate or consolidated financial statements for the tax year include a footnote that

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 🛸

**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

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other

IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) . . . .

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

**20a** Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H.

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10?

addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)?

Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States? .

for any foreign organization? If "Yes," complete Schedule F, Parts II and IV . . . . . .

assistance to or for foreign individuals? If "Yes," complete Schedule F, Paits III and IV . . .

VIII, IX, or X as applicable

If "Yes," complete Schedule D, Part X 🛸

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11a

11b

**11**c

11d

11e

11f

**12**a

**12**b

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14a

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20a

20b

Yes

Yes

Yes

Yes

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Νo

Νo

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Nο

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Form 990 (2015)

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28a

28b

28c

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33

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35a

35b

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Yes

Yes

Yes

Yes

Form 990 (2015)

Yes

Par	t IV Checklist of Required Schedules (continued)	
21	Did the organization report more than \$5,000 of grants or other	r a
	demostra government en Dort IV solumn (A) line 13 If "Ves "s	

21

assistance to any domestic organization or 

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 . . . . . . . . . . 🖠 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes,"

as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d

24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 

**b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .

instructions for applicable filing thresholds, conditions, and exceptions)

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, 

32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

**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? 26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?

Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial

contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III . . . . . . . . . . . . . .

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

**b** A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N. Pait I.

an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV . . . 💃 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified

33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations

sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I . . . . . . . . . . 💆 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV,

**b** If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 🔧 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . 🛂 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

Did the organization conduct more than 5% of its activities through an entity that is not a related organization

**d** Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .

orm	990 (2015)			Page <b>5</b>
Pai	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			╌⊏
_			Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 133			
b	Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<b>1</b> c	Yes	
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?  Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
Ь	If "Yes," enter the name of the foreign country 🕨			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
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		No
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		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7</b> g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	7h		
8	Sponsoring organizations maintaining donor advised funds.  Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time	7."		
	during the year?	8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
LO	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
L1	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
L2a	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			
L3	year Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for			
	additional information the organization must report on Schedule O	13a		
D	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			

 $\boldsymbol{c}$  . Enter the amount of reserves on hand . . . . . . . . . . . . . .

**14a** Did the organization receive any payments for indoor tanning services during the tax year? . . . . .

**b** If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*.

**14**a

14b

independent

year by the following

Section C. Disclosure

Νo

Νo

Νo

Νo

Nο

Νo

Νo

Νo

Form 990 (2015)

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7a

10a

10b

12a

12h

**12**c

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15a

15b

16a

16b

Yes

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below,

1h

	describe the circumstances, processes, or changes in Schedule O.	ns a response or note to any line in this Part VI						
	Check if Schedule O contains a response or note to any line in this Part VI							
Se	ection A. Governing Body and Management							
						Y	'es	N
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		1	1			

	Check if Schedule O contains a response or note to any line in this Part VI									
Se	ection A. Governing Body and Management									
								Τ,	Yes	
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	I			1	1			
	If there are material differences in voting rights among members of the governing									

	cuting body and management		
La	Enter the number of voting members of the governing body at the end of the tax year	1a	11
	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 in Schedule O		

Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any 

Did the organization delegate control over management duties customarily performed by or under the direct

supervision of officers, directors or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was

7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or

Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders,

Did the organization contemporaneously document the meetings held or written actions undertaken during the

**b** If "Yes," did the organization have written policies and procedures governing the activities of such chapters,

**12a** Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . . . . . .

Did the organization have a written document retention and destruction policy? . . . . .

a The organization's CEO, Executive Director, or top management official . . . .

If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)

interest policy, and financial statements available to the public during the tax year

List the States with which a copy of this Form 990 is required to be filed▶

affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing

**b** Were officers, directors, or trustees, and key employees required to disclose annually interests that could give

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?

16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a 

Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply 

State the name, address, and telephone number of the person who possesses the organization's books and records

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of

▶NATALIE GUNN 2011 CRYSTAL DRIVE SUITE 750 ARLINGTON, VA 22202 (703) 647-2360

**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 exempt status with respect to such arrangements? . . . . . . . . . . . . . . . . . .

c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe

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 in Schedule O . . . . . . . . . . . .

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.

Did the organization become aware during the year of a significant diversion of the organization's assets?

1a	Enter the number of voting members of the governing body at the end of the tax year
	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 in Schedule O
b	Enter the number of voting members included in line 1a, above, who are

Did the organization have members or stockholders? . . . . . . . . .

**b** Describe in Schedule O the process, if any, used by the organization to review this Form 990

**10a** Did the organization have local chapters, branches, or affiliates? . . . . .

Part VII

DIRECTOR

(14) TERRY SIMONETTE

PRESIDENT & CEO

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

#### 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 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 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- ullet 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

List persons in the following order individual tru compensated employees, and former such person		ors, in	stitu	tion	al tr	rustee	≥s, o	officers, key empl	oyees, highest	
Check this box if neither the organization no	r any related or	ganıza	ition	com	ipen	ısatec	yna t	y current officer, o	director, or truste	:e
(A) Name and Title	(B) A verage hours per week (list any hours for related	m unle:	nore t ess pe	than ersor icer a	not one on is and		,	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the	
	organizations below dotted line)		Institutional Trustee	3		Highest compensated employee	Former	MISC)	MISC)	organization and related organizations
(1) THOMAS BLEDSOE DIRECTOR	0 65	х						0	0	0
(2) JANE GARCIA FORMER DIRECTOR	0 65	х						1,000	0	0
(3) JANIS HERSCHKOWITZ DIRECTOR	0 65	х						2,000	0	0
(4) ROSEMARY K MAHONEY DIRECTOR	0 65	х						4,000	0	0
(5) STEPHANIE MCHENRY DIRECTOR	0 65	х						1,000	0	0
(6) LRAY MONCRIEF DIRECTOR	0 65	х						2,000	0	0
(7) CHARLES E SNYDER DIRECTOR	0 65	х						2,000	0	0
(8) ELI KENNEDY DIRECTOR	0 65	х						3,000	0	0
(9) JUDY ZIEWACZ DIRECTOR	0 65	х						2,000	0	0
(10) THOMAS WALSH DIRECTOR	0 65	х						4,000	0	0
(11) DAN VARNER DIRECTOR	0 65	х						3,000	0	0
(12) MARY ANN ROTHMAN DIRECTOR	0 65	х						1,000	0	0
(13) DANA PANCRAZI	0 65	х						0	0	0

40 00

Х

659,638

. . . . . . . . . . . . . . . . . . .

47,336

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and Title	(B) A verage hours per week (list any hours for related	m unles	ore t ss pe	han erso cer	not one n is and			( <b>D</b> ) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations
(15) ELLIS CARR	40 00			х				352,836	(	30,77!
CHIEF FINANCIAL OFFICER										,
(16) CAROLYN K BAUER CHIEF RISK OFFICER	40 00			x				284,791	(	28,090
(17) SCOTT SPORTE	40 00			,,				225 542		42.024
CHIEF LENDING OFFICER				X				325,543	(	43,031
(18) FRANKLIN D FASANO JR CHIEF INFORMATION OFFICER	40 00			х				256,619	(	44,914
(19) AMY SUE LEAVENS	40 00			х				279,738	(	25,824
GENERAL COUNSEL	40.00									
(20) NATALIE GUNN CONTROLLER	40 00					Х		208,324	(	14,516
(21) VIRGINIA ARNAUD-LEPAPE	40 00					х		199,549	(	20,729
DEPT DIRECTOR (22) LISA GRAMMER	40 00					Х		183,261	(	19,17
FINANCE DIRECTOR										
(23) ATEPTAYA RAKPRAJA	40 00					x		183,245	(	23,15
DEPT DIRECTOR (24) SCOTT BROWN	40 00					×		180,018	(	33,868
DEPT DIRECTOR								180,016		33,000
1b Sub-Total				▶│						
c Total from continuation sheets to Part VII				<b>•</b>					-	
d Total (add lines 1b and 1c)				▶			3,1	38,562	0	331,409

\$100,000 of reportable compensation from the organization  $\blacktriangleright$  46

3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee			
	on line 1a? If "Yes," complete Schedule J for such individual	3		No
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	Yes	
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 I for such person	5		No

# Section B. Independent Contractors Complete this table for your five highest co

\$100,000 of compensation from the organization  $\blacktriangleright$  14

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization's 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
COHNREZNICK LLP	CONSULTING	757,705
500 EAST PRATT STREET BALTIMORE, MD 21202		·
NATIONAL CLT NETWORK	CONTRACTUAL SERVICES	497,325
PO BIX 42255 PORTLAND, OR 97242		
EMERGING MARKETS INC	CONSULTING	303,600
1024 ORANGE DRIVE SUITE 120 LOS ANGELES, CA 90038		
MARK HILTZ	CONSULTING	303,491
16087 HAMILTON STATION ROAD WATERFORD, VA 20197		
NIXON PEABODY LLP	LEGAL SERVICES	248,249
401 9TH STREET NW SUITE 900		

Total number of independent contractors (including but not limited to those listed above) who received more than

Yes

No

Form 99								Page <b>S</b>
Part V	/++1	Statement o			and the Doublett			_
		Check if Schedu	ule O contains a resp	onse or note to any lir	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
- S	1a	Federated cam	paigns 1	а				
Contributions, Gifts, Grants and Other Similar Amounts	ь	Membership du	es <b>1</b>	b				
	с	Fundraising eve	ents <b>1</b>	c				
ifts. ar A	d	Related organiz	ations <b>1</b>	d				
ions, G r Simil	e	Government grants	s (contributions) 1	e				
	f		ons, gifts, grants, and 1	f 3,693,789				
but the	q	similar amounts no	ot included above					
a tri		1a-1f \$						
Cont	h	Total. Add lines	s 1a-1f		3,693,789			
Ele	3-	INTERECT FARMER	ONLLOANS	Business Code				
reven	2a b	INTEREST EARNED LOAN MANAGEMEN	-	900099	10,451,958 5,393,461	10,451,958 5,393,461		
ı Ç	c	CONTRACT REVEN		900099	1,356,639	1,356,639		
Program Service Revenue	d	-		300033	2,000,003	2,000,003		
S E	е		_					
grar	f	All other progra	am service revenue		14,121	14,121		
ĕ	g	Total. Add lines	s 2a-2f		17,216,179			
	3		ome (including divide		172,179			172,179
	4		ar amounts) Itment of tax-exempt bon	-				
	5	Royalties		🔸 [				
		_	(ı) Real	(II) Personal				
	6a	Gross rents						
	Ь	Less rental expenses						
	С	Rental income or (loss)						
	d	Net rental inco	me or (loss)					
	7a	Gross amount from sales of assets other than inventory	(ı) Securities	(II) Other				
	b c	Less cost or other basis and sales expenses Gain or (loss)						
	d	Net gain or (los	s)					
eune	8a	Gross income f events (not inc	luding 					
Other Revenue		See Part IV, lin		a				
Ö	b c		penses	events •				
			rom gaming activities ie 19	·				
			penses (loss) from gaming ac	tivities				
	10a	Gross sales of returns and allo						
	ь	Less cost of g	oods sold b					
	С		loss) from sales of in					
	11-	Miscellaneous		Business Code 900099	343,958			343,958
	11a b	OTHER INCOM	1 E	300039	5+5,536			343,930
	c							
	d	All other revenu	ue					
	е	Total. Add lines	s 11a-11d	🕨	343,958			
	12	Total revenue.	See Instructions .		21,426,105	17,216,179		516,13
	-				,,	,,		Form 000 (2015

71,373

15,830

2,007

4.883

5,271

13,577

20,825

10,895

35,874

17,534

6,945

22,321

9,984

3,535

5,928

22,101

2,132

4,427

275,442

Form 990 (2015)

10

23

24

25

26

Payroll taxes

#### Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must complete all columns	All other organiza	ations must com	plete column (A )			
Check if Schedule O contains a response or note to any line in this Part IX							
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses		
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	3,472,315	3,472,315				
2	Grants and other assistance to domestic individuals See Part IV, line 22						
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16						

2,404,134

8,873,375

798.783

827,349

721,418

794,220

530,108

277,331

3,354,238

613,475

321.663

1,019,179

632,201

2,634,630

70,695

162,813

152,562

171,876

30,250,820

1,456,912

4,804,862

437.614

456,953

400,874

522,673

113,602

59,432

2,636,764

257,772

182,746

572,755

432,521

2,634,630

44,262

64,055

171,876

20,656,416

875,849

4,052,683

359,162

365,513

315,273

257,970

395,681

207,004

681,600

338,169

131,972

424,103

189,696

Benefits paid to or for members . . . Compensation of current officers, directors, trustees, and key employees . . 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 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . .

Other employee benefits . . . . .

. . . . . . . Fees for services (non-employees)

Management . . . Legal . . . Accounting . . . . Lobbying . . . . . . . . . . .

Investment management fees . . . .

Professional fundraising services See Part IV, line 17 Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) . . . .

12 Advertising and promotion . Office expenses . . .

13 14 Information technology . Royalties . .

15 16 Occupancy . 17

18

Payments of travel or entertainment expenses for any federal, 19

Interest . . . . . 20

All other expenses

Conferences, conventions, and meetings . 21

Payments to affiliates . . . . Depreciation, depletion, and amortization .

Total functional expenses. Add lines 1 through 24e

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)

Other expenses Itemize expenses not covered above (List

miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on

Schedule O ) CORPORATE DEVELOPMENT PROVISION FOR LOAN LOSS TRAINING MISCELLANEOUS

state, or local public officials . . . . . 22

1,218,617 948,413

948,413 251,425 208,781

776,604

67,160

112,623

419,912

40,512

84,080

9,318,962

Part X Balance Sheet
----------------------

	Check if Schedule O contains a response or note to any line in this Part X	(A)		· · · · · · · · · · · · · · · · · · ·
		Beginning of year		End of year
1	Cash-non-interest-bearing		1	
2	Savings and temporary cash investments	61,462,826	2	56,839,744
3	Pledges and grants receivable, net	12,296,545	3	852,811
4	Accounts receivable, net	1,871,372	4	2,648,726
5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
Assets	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
Š 7	Notes and loans receivable, net	157,369,683	7	180,961,121
8	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges		9	
10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 398,517	,		
ь	Less accumulated depreciation <b>10b</b> 243,198	190,018	<b>10</b> c	155,319
11	Investments—publicly traded securities		11	
12	Investments—other securities See Part IV, line 11	2,642,143	12	2,616,342
13	Investments—program-related See Part IV, line 11	4,773,205	13	4,745,460
14	Intangible assets		14	
15	Other assets See Part IV, line 11	2,507,783	15	2,566,177
16	Total assets.Add lines 1 through 15 (must equal line 34)	243,113,575	16	251,385,700
17	Accounts payable and accrued expenses	3,875,607	17	3,915,471
18	Grants payable		18	

Liabilities
lances

19

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21

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34

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Deferred revenue

Tax-exempt bond liabilities .

Complete Part X of Schedule D

Unrestricted net assets .

Temporarily restricted net assets

Escrow or custodial account liability Complete Part IV of Schedule D .

Unsecured notes and loans payable to unrelated third parties . . .

Other liabilities (including federal income tax, payables to related third parties,

Organizations that follow SFAS 117 (ASC 958), check here ▶ 🙀 and complete

key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . . . . . . . .

Secured mortgages and notes payable to unrelated third parties

and other liabilities not included on lines 17-24)

Total liabilities. Add lines 17 through 25 .

Total liabilities and net assets/fund balances

lines 27 through 29, and lines 33 and 34.

Loans and other payables to current and former officers, directors, trustees,

Net Assets or Fund 1,487,475 1,487,475 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here ▶ complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building or equipment fund . . . 31 32 Retained earnings, endowment, accumulated income, or other funds 32 33 136,784,401 33 127,044,993 Total net assets or fund balances

120,425,236

124,340,707

100,460,340

25,097,178

19

21

22

23

24

25

26

27

28

34

102,453,567

106,329,174

83,799,436

51,497,490

243,113,575

# Check if Schedule O contains a response or note to any line in this Part XI . . . . . . . . . . . .

Page **12** 

-8,824,715

136,784,401

-278,878

-635,815

▽

No

Νo

127,044,993

Yes

Yes

Yes

Yes

Yes Form 990 (2015)

2a

2b

2c

3a

3b

4

5

6

7

8

9

10

Total revenue (must equal Part VIII, column (A), line 12) . . . .

1 21,426,105 Total expenses (must equal Part IX, column (A), line 25) . . . . 2 30,250,820

3

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

If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

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 in Schedule O and describe any steps taken to undergo such audits

If the organization changed either its oversight process or selection process during the tax year, explain in

Both consolidated and separate basis

Both consolidated and separate basis

Revenue less expenses Subtract line 2 from line 1 . . . . Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . .

1 Accounting method used to prepare the Form 990 ☐ Cash ☐ Accrual ☐ Other

Consolidated basis

**b** Were the organization's financial statements audited by an independent accountant?

✓ Consolidated basis

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

If the organization changed its method of accounting from a prior year or checked "Other," explain in

Net unrealized gains (losses) on investments .

Donated services and use of facilities .

Investment expenses

Prior period adjustments .

a separate basis, consolidated basis, or both

Single Audit Act and OMB Circular A-133?

Schedule O

Schedule O

Separate basis

Separate basis

basis, consolidated basis, or both

Other changes in net assets or fund balances (explain in Schedule O) . 10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,

column (B)) Part XII Financial Statements and Reporting

#### **Additional Data**

Software ID:

Software Version:

**EIN:** 52-1290127

Name: CAPITAL IMPACT PARTNERS

## Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

(Code	) (Expenses \$	1,801,386	including grants of \$	1,315,580 ) (Revenue \$	624,528 )
HEALTHY FOOD	CIP PROVIDES LOANS TO	COMMUNITY	BASED ORGANIZATION	IS THAT WILL FINANCE GROCERY	STORES AND
OTHER RETAIL O	DUTLETS TO IMPROVE THE	ACCESS TO FI	RESH, HEALTH FOODS 1	IN FOOD DESERTS AND OTHER U	NDERSERVED
AREAS CIP PRO	VIDED FINANCING TO 13 H	EALTHY FOOD	PROJECTS IN 2015 TC	TALING \$20 3MM THE PROJECT	SARE
EXPECTED TO C	REATE 283 JOBS AND WILL	PROVIDE FRE	SH, HEALTHY FOOD AC	CESS TO 61,000 LOW-AND MODE	ERATE-
INCOME PEOPLE	E THE FINANCING IS FOCU	SED TO DEVEL	LOP AND EXPAND GRO	CERY STORES AND OTHER FORMS	SOFHEALTHY
FOOD RETAILER	S IN UNDERSERVED COMM	UNITIES			

(Code ) (Expenses \$ 405,459 including grants of \$ ) (Revenue \$ 4,795,448)

NEW MARKET TAX CREDITS CIP HAS RECEIVED SEVEN ALLOCATIONS OF NEW MARKETS TAX CREDITS (NMTC) TOTALING \$492

MILLION TO PROVIDE HEALTH CARE PROVIDERS, HEALTHY FOOD GROCERY STORES, CHARTER SCHOOLS, AND OTHER

OMMUNITY ORGANIZATIONS AFFORDABLE FINANCING NATIONWIDE NMTC ALLOWS CIP 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

efil	le GF	RAPHIC pr	int - DO I	NOT PROCES	SS As Filed Da	ta -			493306013126	
990EZ)		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.  Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.qov/form990.						2015 Open to Public Inspection		
		enue Service								
		he organizat						Employer identification	ation number	
CAPIT	AL IMP	ACT PARTNERS						52-1290127		
Pa	rt I	Reason	for Publi	c Charity S	tatus (All organiza	itions must c	omplete this	part.) See instruction	ons.	
The	organı	zation is not	a private fo	oundation beca	ause it is (For lines 1	through 11, c	heck only one l	box )		
1		A church,	convention	of churches, o	r association of churc	hes described	ın section 170	(b)(1)(A)(i).		
2	Ė	A school d	escribed in	section 170(b	)(1)(A)(ii).(Attach S	chedule E (For	m 990 or 990-	EZ))		
3	Ė	A hospital	or a cooper	atıve hospital	service organization	described in <b>s</b> e	ection 170(b)(1	L)(A)(iii).		
4	Ė	A medical	research or	ganızatıon ope	rated in conjunction	with a hospital	described in <b>s</b> e	ection 170(b)(1)(A)(iii	i <b>).</b> Enter the	
_		hospital's	name, city,	and state						
5	l			ated for the bei omplete Part I		niversity owned	or operated by	y a governmental unit o	described in <b>section</b>	
6					or governmental unit	t described in s	section 170(b)(	(1)(A)(v).		
7	Ī	An organiz	ation that n	ormally receiv	es a substantial part	of its support	from a governm	nental unit or from the o	general public	
_					i). (Complete Part II					
8 9	<u> </u>		•		ion 170(b)(1)(A)(vi)		•	ributions, membership	foos and gross	
10 11		from gross organizati An organiz An organiz one or mor	investmer on after Jun ation organ ation organ e publicly s	nt income and income and income and income income income income income and operal income income income income income and income	unrelated business ta ee <b>section 509(a)(2).</b> ted exclusively to tes ted exclusively for th nizations described in	xable income ( (Complete Pai st for public sa e benefit of, to n section 509(	less section 5 t III ) fety See <b>sectio</b> perform the fula (1) or section	, and (2) no more than 11 tax) from businesse on <b>509(a)(4).</b> nctions of, or to carry on 1509(a)(2) See <b>sectio</b> d complete lines 11e, 2	es acquired by the out the purposes of on 509(a)(3). Check	
a	_	<b>Type I.</b> A s supported organization	upporting o organizatio in <b>You mus</b>	organization op n(s) the power o <mark>t complete Pa</mark>	erated, supervised, o to regularly appoint o rt IV, Sections A and	r controlled by or elect a major <b>B.</b>	its supported rity of the direc	organization(s), typica tors or trustees of the	lly by giving the supporting	
D	_	manageme must comp	nt of the su lete Part I	ipporting orgar V, Sections A a	ization vested in the and C.	same persons	that control or	orted organization(s), l manage the supported	organization(s) <b>You</b>	
С					supporting organization uctions) <b>You must co</b>			h, and functionally inte	grated with, its	
d	Г	<b>Type III n</b> not functio	on-function nally integr	ally integrated ated The orga	<b>i.</b> A supporting organi	zation operate ist satisfy a dis	d in connection stribution requi	n with its supported org rement and an attentiv		
e	_	•		-	· ·			ıs a Type I, Type II, T	ype III functionally	
	ı	ıntegrated	or Type II	I non-function	ally integrated suppor	rtıng organizatı		, , ,		
f	Ente				ns			· · · · · · · · <u> </u>		
g		Provide th	e following i	nformation abo	out the supported orga	anization(s)				
(i) Name of supported organiz		ganızatıon	(ii)EIN	(iii) Type of organization (described on lines 1-9 above (see instructions))	Is the orgalisted in you docum	anızatıon r governing	A mount of monetary support (see instructions)	(vi) A mount of other support (see instructions)		
						Yes	No			
							+	+		
Tota										
1014						L			l	
For F	aperv	work Reduct	on Act Not	ice, see the In	structions for Form 9	90 or 990EZ.	Cat No 11		ı 990 or 990-EZ) 2015	

34,906,577

50,476,898

1,013,476

702,604

52,192,978

(f)Total

Schedule A (Form 990 or 990-EZ) 2015 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

	(Complete only if you part III. If the organization						
S	ection A. Public Support	•	•				
(01	Calendar year fiscal year beginning in) ▶	<b>(a)</b> 2011	<b>(b)</b> 2012	<b>(c)</b> 2013	<b>(d)</b> 2014	<b>(e)</b> 2015	<b>(f)</b> ⊤otal
1	Gifts, grants, contributions, and membership fees received (Do not include any unusual grants)	9,108,350	9,433,473	10,457,416	17,783,870	3,693,789	50,476,898
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	9,108,350	9,433,473	10,457,416	17,783,870	3,693,789	50,476,898
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						15,570,321

from line 4 Section B. Total Support

securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly

Other income Do not include gain or loss from the sale of

capital assets (Explain in Part

11 Total support. Add lines 7

carried on

through 10

organization

instructions

supported organization

VI)

12

Public support. Subtract line 5

Calendar year

(or fiscal year beginning in) ▶

7 Amounts from line 4

Gross income from interest,

Gross receipts from related activities, etc. (see instructions)

Section C. Computation of Public Support Percentage

dividends, payments received on

9,108,350

and **stop here.** The organization qualifies as a publicly supported organization

box and stop here. The organization qualifies as a publicly supported organization

(a)2011

116,789

23,067

17a 10%-facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported

b 10%-facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

130,810

**(b)**2012

9,433,473

130,298

(c)2013

10,457,416

184,185

64,989

(d)2014

17,783,870

409,513

140,234

(e)2015

3,693,789

172,179

344,016

82,450,501 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization,

S	ection C. Computation of Public Support Percentage		
14	Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	66 880 9
15	Public support percentage for 2014 Schedule A, Part II, line 14	15	64 320 9
16a	33 1/3% support test—2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% o	r more	, check this box

% ▶ 🗸 b 33 1/3% support test - 2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this

▶┌

Schedule A (Form 990 or 990-EZ) 2015

Part III
Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify und

	II. If the organization	fails to dualif	v under the tec	te lietad halow	nleace comple	to Dart II \	
Se	ction A. Public Support	rians to quant	y under the tes	ts listed below,	, piedse compie	ete Fait II.)	
	Calendar year	<b>(-)</b> 2011	/b)2012	<b>(-)</b> 2012	(4)2014	(-)201F	(f)Total
(or f	iscal year beginning in) 🟲	(a)2011	<b>(b)</b> 2012	(c)2013	(d)2014	<b>(e)</b> 2015	<b>(f)</b> ⊤otal
1	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						
	organization'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	A mounts 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						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
	from line 6) ction B. Total Support						
Э е							
			T	<u> </u>		Ι	
	Calendar year	(a)2011	<b>(b)</b> 2012	<b>(c)</b> 2013	(d)2014	<b>(e)</b> 2015	<b>(f)</b> Total
		(a)2011	<b>(b)</b> 2012	<b>(c)</b> 2013	(d)2014	<b>(e)</b> 2015	<b>(f)</b> Total
(or f	Calendar year iscal year beginning in) ► A mounts from line 6 Gross income from interest,	<b>(a)</b> 2011	<b>(b)</b> 2012	<b>(c)</b> 2013	(d)2014	<b>(e)</b> 2015	<b>(f)</b> Total
(or f	Calendar year iscal year beginning in) ▶ A mounts from line 6 Gross income from interest, dividends, payments received on	(a)2011	<b>(b)</b> 2012	(c)2013	(d)2014	<b>(e)</b> 2015	<b>(f)</b> Total
(or f	Calendar year iscal year beginning in) ▶ A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties	(a)2011	<b>(b)</b> 2012	(c)2013	(d)2014	<b>(e)</b> 2015	<b>(f)</b> Total
(or f 9 10a	Calendar year iscal year beginning in) ▶ A mounts from line 6 Gross income from interest, dividends, payments received on	(a)2011	<b>(b)</b> 2012	(c)2013	(d)2014	(e)2015	<b>(f)</b> Total
(or f	Calendar year iscal year beginning in) ▶  A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	<b>(f)</b> Total
(or f 9 10a	Calendar year iscal year beginning in)  Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	<b>(f)</b> Total
(or f 9 10a b	Calendar year iscal year beginning in) ► A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	<b>(f)</b> Total
(or f 9 10a b	Calendar year iscal year beginning in) ► A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
(or f 9 10a b	Calendar year iscal year beginning in) ► A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
(or f 9 10a b	Calendar year iscal year beginning in) ► A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
(or f 9 10a b	Calendar year iscal year beginning in) ►  A mounts from line 6  Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 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 in line 10b, whether or not the business is regularly carried on	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
(or f 9 10a b	Calendar year iscal year beginning in) ►  A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 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 in line 10b, whether or not the business is regularly carried on Other income Do not include	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
(or f 9 10a b	Calendar year iscal year beginning in) ▶  A mounts from line 6  Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 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 in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
(or f 9 10a b	Calendar year iscal year beginning in) ►  A mounts from line 6  Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 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 in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	<b>(f)</b> Total
(or f 9 10a b	Calendar year iscal year beginning in) ►  A mounts from line 6  Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 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 in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)  Total support. (Add lines 9, 10c,	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
(or f 9 110a b c 111 12	Calendar year iscal year beginning in) ►  A mounts from line 6  Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 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 in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)  Total support. (Add lines 9, 10c, 11, and 12)						
(or f 9 10a b c 11	Calendar year iscal year beginning in) ►  A mounts from line 6  Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 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 in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)  Total support. (Add lines 9, 10c, 11, and 12)  First five years.If the Form 990 is fired						3) organization,
(or f 9 110a b c 11 12 13 14	Calendar year iscal year beginning in) ►  A mounts from line 6  Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 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 in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)  Total support. (Add lines 9, 10c, 11, and 12)  First five years.If the Form 990 is for the come.	or the organizati	on's first, second				
(or f 9 110a b c 11 12 13 14	Calendar year iscal year beginning in) ►  A mounts from line 6  Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 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 in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)  Total support. (Add lines 9, 10c, 11, and 12)  First five years.If the Form 990 is fired	or the organizati	on's first, second	, third, fourth, or			3) organization,
(or f 9 110a b c 11 12	Calendar year iscal year beginning in) ►  A mounts from line 6  Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 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 in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)  Total support. (Add lines 9, 10c, 11, and 12)  First five years. If the Form 990 is for the come box and stop here  ction C. Computation of Pub	or the organizati lic Support P (line 8, column	on's first, second  ercentage (f) divided by line	, third, fourth, or		section 501(c)(3	3) organization,
(or f 9 110a b c 111 12 13 14 See 15 16	Calendar year iscal year beginning in) ►  A mounts from line 6  Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 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 in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)  Total support. (Add lines 9, 10c, 11, and 12)  First five years. If the Form 990 is for the check this box and stop here  ction C. Computation of Pub Public support percentage from 2015	or the organizati lic <b>Support P</b> (line 8, column 4 Schedule A, P	on's first, second  ercentage  (f) divided by line tart III, line 15	, third, fourth, or t		section 501(c)(	3) organization,
(or f 9 110a b c 111 12 13 14 See 15 16	Calendar year iscal year beginning in) ►  A mounts from line 6  Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. 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 in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)  Total support. (Add lines 9, 10c, 11, and 12)  First five years. If the Form 990 is fecheck this box and stop here  Ction C. Computation of Puble Public support percentage for 2015	or the organizati lic Support P (line 8, column 4 Schedule A, P estment Inco	on's first, second  ercentage (f) divided by line Part III, line 15	, third, fourth, or to 13, column (f))	fifth tax year as a	section 501(c)(3	3) organization,

more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **b** 33 1/3% support tests—2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line

18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

19a 33 1/3% support tests—2015. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not

### Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A, D, and E If you checked 11d of Part I.

	I, complete Sections A and D, and complete Part V )			
Se	ction A. All Supporting Organizations			
1	Are all of the organization's supported organizations listed by name in the organization's governing documents?		Yes	No
	If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain	1		
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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2)	2		
	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)?  If "Yes," answer (b) and (c) below	3a		
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 $509(a)(2)^{\circ}$ If "Yes," describe in <b>Part VI</b> when and how the organization made the determination	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?	3c		
	If "Yes," explain in <b>Part VI</b> 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 11a or 11b in Part I, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization?	4b		
	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			
С	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	4c		
	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 (b) and (c) 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)	5a		
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?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990)	8		
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 <b>Part VI</b> .	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .	9b		
c	Did a disqualified person (as defined in line 9(a)) 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 <b>Part VI</b> .	9c		
0a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below	<b>10</b> a		
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)	10b		
1	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11c		

Yes

Yes

1

1

2

3

No

Nο

Page 5

Part IV	Supporting Organizations (continued)	,
Section	B. Type I Supporting Organizations	

Yes No 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's 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 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 2 operated, supervised or controlled the supporting organization

Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or

Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of

If "No," explain in **Part VI** how the organization maintained a close and continuous working relationship with the

Section C. Type II Supporting Organizations

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)

Section D. All Type III Supporting Organizations

	, , , , , , , , , , , , , , , , , , , ,	,	,	` ' '
	the organization's governing documents in eff	ect on the date of notificatior	, to the extent not prev	ously provided? ا
2	Were any of the organization's officers, director	,	,	supported
	organization(s) or (ii) serving on the governing	a poav of a supported ordaniz	ation /	

supported organization(s) 3 By reason of the relationship described in (2), 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?

Section E. Type III Functionally-Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)

The organization satisfied the Activities Test Complete line 2 below а b

The organization is the parent of each of its supported organizations. Complete line 3 below The organization supported a governmental entity Describe in Part VI how you supported a government entity (see

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard

If "Yes," describe in **Part VI** the role the organization's supported organizations played in this regard

instructions) Activities Test \_Answer (a) and (b) below.

a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the

supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly

furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities

5
${f b}$ Did the activities described in (a) constitute acti
the organization's supported organization(s) woul
If "Yes " explain in Part VI the reasons for the ord;

ld have been engaged in? engaged in these activities but for the organization's involvement

3 Parent of Supported Organizations Answer (a) and (b) below.

ivities that, but for the organization's involvement, one or more of

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI **b** Did the organization exercise a substantial degree of direction over the policies, programs and activities of each

sons for the organization's position that its supported organization(s) would have

2b 3a

3b

Schedule A (Form 990 or 990-EZ) 2015

2a

Yes

No

instructions)

Page **6** 

L	Check here if the organization satisfied the Integral Part Test as a qualifying	trust on N	ov 20,1970 <b>See inst</b>	ructions. All other
	Type III non-functionally integrated supporting organizations must complete	Sections	A through E	
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Yea (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)			
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Yea (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)	1		
а	A verage monthly value of securities	<b>1</b> a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	<b>Discount</b> 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 1-1/2% 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 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	· · · · · · · · · · · · · · · · · · ·			•
	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 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	<b>Distributable Amount.</b> 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-functionally		4 T TTT	. ,

Section D - Distributions			Current Year					
A mounts paid to supported organizations to accom	plish exempt purposes							
2 Amounts paid to perform activity that directly furthe excess of income from activity	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity							
3 Administrative expenses paid to accomplish exemp	ot purposes of supported orga	anizations						
4 Amounts paid to acquire exempt-use assets								
5 Qualified set-aside amounts (prior IRS approval rec								
<u> </u>	Qualified set-aside amounts (prior IRS approval required)							
·	Other distributions (describe in Part VI) See instructions							
7 Total annual distributions. Add lines 1 through 6  8 Distributions to attentive supported organizations to	o which the organization is re	esponsive (provide						
details in Part VI) See instructions  9 Distributable amount for 2015 from Section C, line	6							
·	0							
10 Line 8 amount divided by Line 9 amount								
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015					
Distributable amount for 2015 from Section C, line 6								
2 Underdistributions, if any, for years prior to 2015 (reasonable cause requiredsee instructions)								
<b>3</b> Excess distributions carryover, if any, to 2015								
a								
b								
С								
d From 2013								
e From 2014								
f Total of lines 3a through e								
g Applied to underdistributions of prior years     h Applied to 2015 distributable amount								
i Carryover from 2010 not applied (see								
instructions)								
j Remainder Subtract lines 3g, 3h, and 3i from 3f								
4 Distributions for 2015 from Section D, line 7								
\$								
a Applied to underdistributions of prior years								
<b>b</b> Applied to 2015 distributable amount								
c Remainder Subtract lines 4a and 4b from 4								
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)								
<b>6</b> Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)								
<b>7 Excess distributions carryover to 2016.</b> Add lines 31 and 4c								
8 Breakdown of line 7								
a								
b								
c Excess from 2013								
<b>d</b> From 2014								
<b>e</b> From 2015								
		Schedule A	(Form 990 or 990-EZ) (2015					

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Schedule A	nedule A (Form 990 or 990-EZ) 2015							
Part VI	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).							
		Facts And Circumstances Test						
R	eturn Reference	Explanation						
	Schedule A (Form 990 or 990-EZ) 2015							

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -DLN: 93493306013126 Political Campaign and Lobbying Activities OMB No 1545-0041 **SCHEDULE C** (Form 990 or For Organizations Exempt From Income Tax Under section 501(c) and section 527 990-EZ) ▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ. ▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at Open to Public Department of the Inspection www.irs.gov/form990. Treasury Internal Revenue Service If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-区, Part V, line 46 (Political Campaign Activities), then Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C • Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B Section 527 organizations Complete Part I-A only If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then • Section 501(c)(4), (5), or (6) organizations Complete Part III Name of the organization Employer identification number CAPITAL IMPACT PARTNERS 52-1290127 Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization. 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV 2 Political expenditures Volunteer hours Complete if the organization is exempt under section 501(c)(3). Part I-B Enter the amount of any excise tax incurred by the organization under section 4955 2 Enter the amount of any excise tax incurred by organization managers under section 4955 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes Was a correction made? □ No If "Yes," describe in Part IV Complete if the organization is exempt under section 501(c), except section 501(c)(3). 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities Enter the amount of the filing organization's funds contributed to other organizations for section 527 2 exempt function activities 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b 4 Did the filing organization fileForm 1120-POL for this year? Yes Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV (a) Name (b) Address (c) EIN (d) A mount paid from (e) A mount of political filing organization's contributions received funds If none, enter -0and promptly and directly delivered to a separate political organization If none, enter -01a

2a

(b) Affiliated

group totals

## under section 501(h)). Check 🕨 🔽 If the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN,

expenses, and share of excess lobbying expenditures)

<u> </u>	CHECK		if the filling organization checked box A and fillinted control provisions apply					
			Limits on Lobbying Evnanditures					
	Limits on Lobbying Expenditures							

(a) Filing organization's totals

(The term "expenditures" means amounts paid or incurred.)

Total lobbying expenditures to influence public opinion (grass roots

29,467

Total lobbying expenditures to influence a legislative body (direct lobbying)

29,467

Total lobbying expenditures (add lines 1a and 1b)

29,945,911 29,975,378

Other exempt purpose expenditures Total exempt purpose expenditures (add lines 1c and 1d)

1,000,000

Lobbying nontaxable amount Enter the amount from the following table in both columns

250,000

If the amount on line 1e, column (a) or (b) is: Not over \$500,000 Over \$500,000 but not over \$1,000,000

The lobbying nontaxable amount is: 20% of the amount on line 1e \$100,000 plus 15% of the excess over \$500,000

\$175,000 plus 10% of the excess over \$1,000,000 \$225,000 plus 5% of the excess over \$1,500,000

Yes

Over \$1,000,000 but not over \$1,500,000 Over \$1,500,000 but not over \$17,000,000 Over \$17,000,000

Grassroots nontaxable amount (enter 25% of line 1f)

\$1,000,000

Subtract line 1g from line 1a If zero or less, enter -0-

Subtract line 1f from line 1c If zero or less, enter -0-

If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

4-Year Averaging Period Under section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

(150% of line 2a, column(e))

Total lobbying expenditures

Grassroots ceiling amount

Grassroots nontaxable amount

(150% of line 2d, column (e))

Grassroots lobbying expenditures

Lobbying nontaxable amount Lobbying ceiling amount

**Lobbying Expenditures During 4-Year Averaging Period** Calendar year (or fiscal year beginning in)

(a)2012

1.000.000

49.004

250,000

**(b)**2013

1.000.000

27.835

250,000

(c)20141.000.000

64,830

250,000

☐ No

(d)2015

1,000,000

29,467

250,000

Schedule C (Form 990 or 990-EZ) 2015

(e) Total

4,000,000

6,000,000

171,136

1,000,000

1,500,000

Page **3** 

	filed Form 5768 (election under section 501(b)).					
Ear a	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying	(	a)	)(		
roi e <u>activ</u>			No	A	moun	t
_	Duying the year did the filing even retion attends to influence fever an inchessed extend of least	Yes		1		
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of					
а	Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			1		
c	Media advertisements?			1		
d	Mailings to members, legislators, or the public?					
e	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
g g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i	Other activities?					
i	Total Add lines 1c through 1i					
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
ь	If "Yes," enter the amount of any tax incurred under section 4912			1		
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 5 501(c)(6).	<b>01</b> (c	)(5), c	r se	ectio	n
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		Г	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?			3		
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 5501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "line 3, is answered "Yes."					
1	Dues, assessments and similar amounts from members	1				
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).					
а	Current year	2a				
b	Carryover from last year	2b				
C	Total	2c				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and					
	political expenditure next year?	4				
5	Taxable amount of lobbying and political expenditures (see instructions)	5				

Part IV

**Supplemental Information** 

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and

2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information Return Reference Explanation

Schedule C (Form 990 or 990EZ) 2015

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -**SCHEDULE D** 

(Form 990)

DLN: 93493306013126 OMB No 1545-0047

2015

# **Supplemental Financial Statements**

► Complete if the organization answered "Yes," on Form 990,

epartment of the		Part IV, line 6, 7, 6	>, 9, 10, 11a, 11b, 11c, 11d, 11e, 111, 12a, 0 ► Attach to Form 990.	120.		Open to P	ublic
reas iterr	ary al Revenue Service	Information about Schedule D	(Form 990) and its instructions is at <u>www.</u>	irs.gov/f	orm990.	Inspect	ion
	me of the organi			Empl	oyer identifica	ation numbe	r
				52-1	290127		
Pa			Advised Funds or Other Similar ed "Yes" on Form 990, Part IV, line 6.	Funds o	or Accounts	5.	
			(a) Donor advised funds	(b)	Funds and oth	er accounts	
L	Total numbe	r at end of year					
2	Aggregate v year)	alue of contributions to (during					
3	Aggregate v	alue of grants from (during year)					
1	Aggregate v	alue at end of year					
5			advisors in writing that the assets held in d the organization's exclusive legal control?	onor advis	sed	Yes	┌ No
5	used only for cl	haritable purposes and not for the	and donor advisors in writing that grant fund benefit of the donor or donor advisor, or for		purpose		
25		ermissible private benefit?	ete if the organization answered "Yes"	on Form	200 Dart I	Yes	No
		•	e organization (check all that apply)	UII FUIII	1 990, Pail 1	v, iiie 7.	
•		on of land for public use (e.g., recr	- ' ' ' '				
	education)	on or land for public use (e.g., reer	Preservation of	an histor	ıcally ımportaı	nt land area	
	Protection	of natural habitat	Preservation of	a certifie	d historic stru	cture	
	Preservati	on of open space					
2		2a through 2d if the organization ne last day of the tax year	held a qualified conservation contribution ii	n the form	of a conserva	tion	
					Held at the	e End of the	Year
а		f conservation easements		2a			
b	_	restricted by conservation easeme		2b			
<b>c</b>		servation easements on a certified	, ,	<b>2</b> c			
d		servation easements included in (d ire listed in the National Register	c) acquired after 8/17/06, and not on a	2d			
3	Number of cons tax year ▶	servation easements modified, trai	nsferred, released, extinguished, or termina	ated by the	e organization	during the	
1	Number of stat	es where property subject to cons	ervation easement is located •				
5	Does the organ		ding the periodic monitoring, inspection, ha	andling of			
5	Staff and volun		inspecting, handling of violations, and enfo	rcing cons	ervation ease	•	
	year						
7	A mount of expe	enses incurred in monitoring, inspe	ecting, handling of violations, and enforcing	conserva	tion easemen	ts during the	e year
2		servation eacement reported on li	ne 2(d) above satisfy the requirements of s	ection 17	0/b)/4)		
•	(B)(ı) and sectı	on 170(h)(4)(B)(II)?			· · · · · · · · · · · · · · · · · · ·	•	•
,	balance sheet,		ts conservation easements in its revenue a of the footnote to the organization's financ sements				
ar			tions of Art, Historical Treasures ed "Yes" on Form 990, Part IV, line 8.		er Similar	Assets.	
La	works of art, his	storical treasures, or other similar	FAS 116 (ASC 958), not to report in its revassets held for public exhibition, education note to its financial statements that describ	n, or resea	arch in further		
b	works of art, his	•	FAS 116 (ASC 958), to report in its revenu assets held for public exhibition, education these items				ıc
(	(i) <sub>Revenue inclu</sub>	ided on Form 990, Part VIII, line :	ı	<b>▶</b> \$			
(i	ii) Assets include	ed in Form 990, Part X					
2	If the organizat	ion received or held works of art, h	nistorical treasures, or other similar assets SFAS 116 (ASC 958) relating to these item	for financ			

Revenue included on Form 990, Part VIII, line 1

Assets included in Form 990, Part X

ar	Continued)	g Collections of A	Art, Hist	torical	Treasures,	or Ot	her Similar A	ssets
3	Using the organization's acquisition, accollection items (check all that apply)	cession, and other re	cords, che	eck any	of the following	that ar	e a significant us	e of its
а	Public exhibition		d	Г .	oan or exchange	progr	ams	
b	<u> </u>		e	_	ther	F5-		
	Scholarly research			1 0				
. C	Preservation for future generations							
4	Provide a description of the organization Part XIII	n's collections and ex	kplain how	they fu	ther the organiz	ation's	exempt purpose	: In
5	During the year, did the organization so assets to be sold to raise funds rather t	han to be maintained						s No
Par	rt IV Escrow and Custodial Arr Complete if the organization Part X, line 21.		n Form 9	90, Pa	rt IV, line 9, o	r repo	orted an amour	nt on Form 990,
1a	Is the organization an agent, trustee, cu included on Form 990, Part X?	ustodian or other inte	rmediary :	for conti	ubutions or othe	rasse	ts not	s No
b	If "Yes," explain the arrangement in l	Part XIII and comple	te the foll	owing ta	ble		Am	ount
c	Beginning balance					<b>1</b> c		
d	Additions during the year					1d		
e	Distributions during the year					1e		
f	Ending balance					1f		
<b>2</b> a	Did the organization include an amount	on Form 990, Part X,	, lıne 21, f	or escro	w or custodial a	ccoun	liability?   Ye	s No
b	If "Yes," explain the arrangement in Pai	rt VIII. Chack hara if	the evale	nation h	as boon provide	d in D	ort VIII	П
	rt V Endowment Funds. Compl							
		(a)Current year	<b>(b)</b> Pnor		<b>b</b> (c)Two years b		Three years back	(e)Four years back
1a	Beginning of year balance	52,984,965	50	,271,946	47,050,	766	43,391,973	40,717,90
b	Contributions	3,693,789	17	,783,870	10,915,	312	8,680,095	7,608,35
с	Net investment earnings, gains, and losses	10,987		16,937	33,	901	684,837	108,63
d	Grants or scholarships							
е	Other expenditures for facilities and programs	30,105,088	15	5,087,788	7,728,	033	5,706,139	5,042,92
f	Administrative expenses							
g	End of year balance	26,584,653	52	,984,965	50,271,	946	47,050,766	43,391,97
2	Provide the estimated percentage of the	current year end ba	lance (line	g 1g, col	umn (a)) held as			
а	Board designated or quasi-endowment <b>i</b>	94 410 %	-	-				
b	Permanent endowment ► 5 590 %							
_	Tamanaman ka makanaka da sa da sasara 1.5							

Temporarily restricted endowment ▶

3а

d Equipment .

organization by

The percentages on lines 2a, 2b, and 2c should equal 100%

(i) unrelated organizations (ii) related organizations .

If "Yes" on 3a(II), are the related organizations listed as required on Schedule R? Describe in Part XIII the intended uses of the organization's endowment funds

236,907

90,001

Cost or other basis

Land, Buildings, and Equipment.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Complete if the organization answered lies to for	ii 330, rait 1
Description of property	(a)
	Cost or other b
	/ Investmen

	(ilivestillelit)	(other)		
<b>1a</b> Land				
<b>b</b> Buildings				
c Leasehold improvements		71,609	15,713	!

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))

Are there endowment funds not in the possession of the organization that are held and administered for the

148,592

78,893

Yes

3a(i)

3a(ii)

3b

Accumulated

(c)depreciation

No

Νo

Νo

(d)Book value

55,896

88,315

11,108

155,319

	(Form 990) 2015					Page
Part VII	Investments—Other Securities. Co	mplete if the or	ganızatıon an	swered 'Ye	s' on Forr	n 990, Part IV, line 11b
	See Form 990, Part X, line 12.  (a) Description of security or category		(b)Book	value	(c)	Method of valuation
	(including name of security)		(-)			end-of-year market value
	al derivatives					
	-held equity interests					
<b>(3)</b> 0 ther						
	Investments—Program Related.	•				
Part VIII	Complete if the organization answere	d 'Yes' on Form	990. Part IV.	line 11c.c.	0 F0rm 0	00 Dart V June 13
	(a) Description of investment	4 105 011 101111	<b>(b)</b> Book		e Form 9	Method of valuation
	(a) Description of investment		(B) Book	Value		end-of-year market value
-						
Tabel (Calus	(h)					
Part IX	onn (b) must equal Form 990, Part X, col (B) line 13)  Other Assets. Complete if the organizati	on answered 'Ves'	on Form 990 B	art IV line 1	11d See Fo	rm 000 Part V line 15
IGICIA	(a) Desc		011 1 01111 3 3 0 , 1	arciv, inic.	I I d Scc   c	(b) Book value
Total. (Colu	ımn (b) must equal Form 990, Part X, col (B) line	15) -			•	
Part X						ne 11e or 11f.
	See Form 990, Part X, line 25.					
1.	(a) Description of liability	(b) Book va	lue			
Federal inc	ome taxes					
_						

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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.

Total. (Column (b) must equal Form 990, Part X, col (B) line 25 )

1

2

b

d

3

b

1 2

d

3

h

c

PART V, LINE 4

Part XII

-278,878

Page 4

#### Recoveries of prior year grants . . 2c Other (Describe in Part XIII) 2d Add lines 2a through 2d .

Total revenue, gains, and other support per audited financial statements .

Amounts included on line 1 but not on Form 990, Part VIII, line 12

Amounts included on Form 990, Part VIII, line 12, but not on line 1 Investment expenses not included on Form 990, Part VIII, line 7b .

Amounts included on Form 990, Part IX, line 25, but not on line 1:

Other (Describe in Part XIII ) . . . . . . . . .

Net unrealized gains (losses) on investments . . . .

Donated services and use of facilities .

Subtract line 2e from line 1 .

Add lines 4a and 4b . . . .

Prior year adjustments . . . .

Other (Describe in Part XIII )

Subtract line 2e from line 1 .

Add lines 2a through 2d .

536,818

2a

2b

4b 14,121

2d					53	6,818			
							2e	257,940	
			•				3	21,411,984	
4a									
4b					1	4,121			
							4c	14,121	
2)							5	21,426,105	
em	ements With Expenses per Return.								

31,379,909

Total revenue Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12)	
Reconciliation of Expenses per Audited Financial Statements With Exp	er
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	
Total expenses and losses per audited financial statements	
Amounts included on line 1 but not on Form 990, Part IX, line 25	
Donated services and use of facilities 2a	

2a 2b

2c

2d

TEMPORARILY RESTRICTED NET ASSETS ARE USED FOR CIP'S PROGRAMS PERMANENTLY RESTRICTED NET ASSETS ARE USED AS A REVOLVING LOAN FUND TO FINANCE HOUSING

2e	1,129,089
3	30,250,820
<b>4</b> c	0
5	30,250,820

Schedule D (Form 990) 2015

## Other (Describe in Part XIII ) . . . . . . . Add lines 4a and 4b . Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) . . .

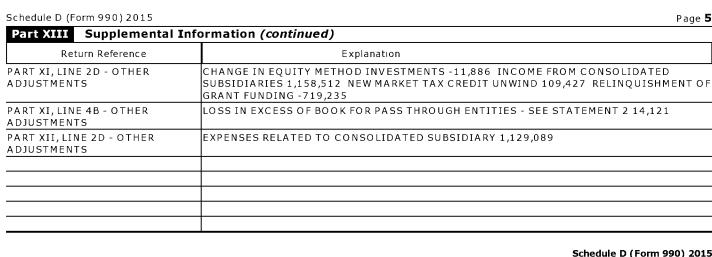
Investment expenses not included on Form 990, Part VIII, line 7b.

Explanation

FOR THE FRAIL AND ELDERLY

1.129.089

Part XIII **Supplemental Information** Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b. Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information Return Reference



efile GRAPHIC print - DO NOT PROCESS As Filed Data DLN: 93493306013126 OMB No 1545-0047 Schedule I Grants and Other Assistance to Organizations, (Form 990) 2015 Governments and Individuals in the United States Complete if the organization answered "Yes." on Form 990, Part IV, line 21 or 22. Open to Public Attach to Form 990. Department of the Inspection ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Treasury Internal Revenue Service Name of the organization Employer identification number CAPITAL IMPACT PARTNERS 52-1290127 Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and √ Yes Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed (c) IRC section (a) Name and address of (b) EIN (d) A mount of cash (e) A mount of non-(f) Method of (a) Description of (h) Purpose of grant organization if applicable grant cash valuation non-cash assistance or assistance or government assistance (book, FMV, appraisal, other) See Additional Data Table Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . 33 For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50055P Schedule I (Form 990) 2015

Return Reference Explanation

GRANTEES MUST REPORT ACTUAL EXPENSES FOR EACH MONTH AND SUBMIT QUARTERLY FINANCIAL REPORTS

PART I, LINE 2

## **Additional Data**

or government

HOME BASE

LAND TRUST

300

310 CORNAL STE 100

HOMESTEAD COMMUNITY

2524 16TH AVENUE SOUTH

SEATTLE, WA 98144

AUSTIN, TX 78702

20-4467651

91-1565651

Software ID: Software Version:

**EIN:** 52-1290127

Name: CAPITAL IMPACT PARTNERS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of organization ıf applicable (book, FMV, appraisal, non-cash assistance grant cash

MOUNTAINLANDS COMMUNITY HOUSING ASSOCIATION 1960 SIDEWINDER DR SUITE 107 PARK CITY, UT 84060	87-0514438	501(C)(3)	129,945		OPERATING SUPPORT CORNERSTONE HOMEOWNERSHIP INNOVATION PROGRAM

124,608

147,170

assistance

other)

(h) Purpose of grant

or assistance

OPERATING

OPERATING

CORNERSTONE

INNOVATION PROGRAM

HOMEOWNERSHIP

SUPPORT

CORNERSTONE HOMEOWNERSHIP INNOVATION PROGRAM

SUPPORT

501(C)(3)

501(C)(3)

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıfapplıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance LONG ISLAND 11-2889068 501(C)(3) 136,897 OPERATING PARTNERSHIP INC. SUPPORT 180 OSER AVENUE CORNERSTONE HAUPPAUGE, NY 11788 HOMEOWNERSHIP INNOVATION IDDO GRAM **IEALTHY** 

					PROGRAM
FOOD FORWARD INC 7412 FULTON AVENUE 3 NORTH HOLLYWOOD,CA 91605	90-0678872	501(C)(3)	12,500		OPERATING SUPPORT HEALTHY FOOD ACCESS IN LOW AND MIDDLE
					INCOME

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

	91605					LOW AND MIDDLE INCOME COMMUNITIES
•	HELLO HOUSING 1901 ROYAL OAKS DRIVE 200 SACRAMENTO CA 95815	14-1870357	501(C)(3)	131,145		OPERATING SUPPORT CORNERSTONE HOMEOWNERSHIP

INNOVATION PROGRAM

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) CHAMPLAIN HOUSING 22-2536446 501(C)(3) 263,767 OPERATING TRUST SUPPORT 88 KING STREET CORNERSTONE BURLINGTON, VT 05401 HOMEOWNERSHIP INNOVATION **PROGRAM** CITY FIRST ENTERPRISES 52-2101165 501(C)(3) 90,658 OPERATING 14360 U STREET 4TH SUPPORT CORNERSTONE WASHINGTON, DC 20009 HOMEOWNERSHIP INNOVATION

SUPPORT.HEALTHY FOOD ACCESS IN LOW AND MIDDLE

INCOME COMMUNITIES

FLOOR PROGRAM OPERATING

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

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıfapplıcable cash (book, FMV, appraisal, non-cash assistance or assistance arant or government assistance other) THE HOUSING FUND INC. 62-1632388 501(C)(3) 34.523 OPERATING 305 11TH AVENUE SUPPORT NASHVILLE.TN 37203 CORNERSTONE HOMEOWNERSHIP INNOVATION IPRO GRAM 20-4416008 501(C)(3) 90,522 OPERATING SUPPORT CORNERSTONE HOME OWNERSHIP

HOUSING LEADERSHIP COUNCIL OF PALM BEACH COUNTY INC. 2101 VISTA PARKWAY **SUITE 258** INNOVATION IPRO GRAM

50,000

HEALTHY FOOD

MIDDLE INCOME COMMUNITIES

ACCESS IN LOW AND

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

WEST PALM BEACH, FL 33411 AGRICULTURE INSTITUTE 86-1156712 501(C)(3)

OFMARIN

400 SMITH ROAD SUITE D

SAN RAFEL, CA 94903

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) AGRICULTURE AND LAND 77-0566055 501(C)(3) 50,000 HEALTHY FOOD BASED TRAINING ACCESS IN LOW AND ASSOCIATION MIDDLE INCOME PO BOX 6264 COMMUNITIES SALINAS, CA 93912 75-3129234 501(C)(3) 40,000 AMPAC TRUSTATE CDC INC. TECHNICAL 22365 BARTON ROAD **ASSISTANCE TO** SUITE 210 SUPPORT FOOD GRAND TERRACE, CA ENTERPRISE MICROLENDING 92313 INTERMEDIARY PROGRAM FOR HEALTH FOOD ACCESS IN LOW AND MIDDLE INCOME COMMUNITIES 52-1591398 501(C)(3) 412,500 OPERATING CALVERT SOCIAL INVESTMENT SUPPORT CAPITAL 7315 WISCONSIN AVE 3 RAISINGAND FINANCIAL

SOLUTIONS TO
SUPPORT AN IMPACT
INVESTMENT FUND
TARGETING
ORGANIZATIONS
THAT SUPPORT
VULNERABLE
POPULATIONS AGE
50 AND OLDER

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

CALVERT SOCIAL
INVESTMENT
7315 WISCONSIN AVE 3
1100W
BETHESDA, MD 20814

(a) Name and address of **(b)** EIN (e) A mount of non- (f) Method of valuation (h) Purpose of grant (c) IRC section (d) A mount of cash (g) Description of organization ıf applıcable arant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) 02-0661629 501(C)(3) 50,000 HEALTHY FOOD CANGRESSDBA LOS ACCESS IN LOW AND ANGELES COMMUNITY MIDDLEINCOME A CITION METMORK

838 E 6TH STREET LOS ANGELES, CA 90021					COMMUNITIES
CENTER FOR LAND BASED LEARNING	68-0472121	501(C)(3)	30,000		HEALTHY FOOD ACCESS IN LOW AND

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

5265 PUTAH CREEK ROAD

MIDDLE INCOME WINTERS, CA 95694 COMMUNITIES

COMMUNITIES

46-4683085 501(C)(3) 50,000 HEALTHY FOOD

CLOVIS CULINARY CENTER 1033 FIFTH STREET

ACCESS IN LOW AND CLOVIS, CA 93612 MIDDLE INCOME

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıfapplıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) COMMUNITY SERVICES 95-3218396 501(C)(3) 40,000 HEALTHY FOOD UNLIMITED INC ACCESS IN LOW AND PO BOX 62696 MIDDLE INCOME LOS ANGELES, CA 90062 COMMUNITIES WAND

FOOD FUND

CORPORATION	1024 N ORANGE DRIVE SUITE 120	27-0574694	501(C)(3)	350,000				HEALTHY FO ACCESS IN L MIDDLE INC COMMUNITI
-------------	----------------------------------	------------	-----------	---------	--	--	--	--

190,050 FAIR FOOD NETWORK 26-4143394 501(C)(3) 205 E WASHINGTON ST

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

DEVELOPMENT AND MANAGEMENT OF SUITE B COMMUNICATIONS ANN ARBOR, MI 48014 AND OUTREACH FOR MICHIGAN GOOD

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) FRESH PRODUCERS 20-8747234 501(C)(3) 50,000 HEALTHY FOOD 420 I STREET SUITE 5 ACCESS IN LOW AND SACRAMENTO.CA 95814 MIDDLE INCOME COMMUNITIES LEADERSHIP FOR URBAN 27-0584116 501(C)(3) 68,000 HEALTHY FOOD RENEWAL NETWORK INC. ACCESS IN LOW AND MIDDLE INCOME PO BOX 331329 LOS ANGELES, CA 90033 COMMUNITIES NATIONAL CLT NETWORK 20-5513684 501(C)(3) 405,000 OPERATING SUPPORT PO BOX 42255 IFOR A NEW PORTLAND, OR 97242 INIATIATIVE THAT BUILDS INCLUSIVE COMMUNITIES TO SUPPORT LOW

INCOME FAMILIES

(a) Name and address of **(b)** EIN (c) IRC section (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant (d) A mount of cash organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) OPPORTUNITY FUND 31-1719434 501(C)(3) 100,000 HEALTHY FOOD NORTHERN CALIFORNIA ACCESS IN LOW AND 111 W ST JOHN STREET MIDDLE INCOME LOMMINITIES. 00D

SAN JOSE, CA 95113					COMMUNITI
PACE FINANCE CORPORATION 1055 WILSHIRE BLVD	27-1285566	501(C)(3)	50,000		HEALTHY FO ACCESS IN L MIDDLE INCO

CORPORATION 1055 WILSHIRE BLVD SUITE 1475 LOS ANGELES,CA 90017					ACCESS IN LOW AND MIDDLE INCOME COMMUNITIES
PHOENIX FOOD USA INC	46-3278605	501(C)(3)	50.000		HEALTHY FOOD

201(0)(2)

COMMUNITIES

3032 AVENLDA CHRISTINA ACCESS IN LOW AND CARLSBAD, CA 92009 MIDDLE INCOME

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

(a) Name and address of **(b)** EIN (c) IRC section (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant (d) A mount of cash organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) 94-1646278 501(C)(3) 42,200 HEALTHY FOOD PUBLIC HEALTH INSTITUTE 555 12TH STREET 10TH ACCESS IN LOW AND

ACCESS IN LOW AND

MIDDLE INCOME

COMMUNITIES

FLOOR OAKLAND,CA 946074046					MIDDLE INCOME COMMUNITIES
SOIL BORN FARMS URBAN AGRICULTURE PROJECT 2140 CHASE DRIVE RANCHO CORDROVA,CA	20-0774693	501(C)(3)	50,000		HEALTHY FOOD ACCESS IN LOWAND MIDDLE INCOME COMMUNITIES

95670 STRONG FOOD LA KITCHEN 46-1639779 501(C)(3) 50,000 HEALTHY FOOD

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

INC

PO BOX 31345

LOS ANGELES, CA 90031

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) TIDES CENTER 94-3213100 501(C)(3) 40,330 HEALTHY FOOD 1014 TORNEY AVENUE ACCESS IN LOW AND SAN FRANCISCO, CA MIDDLE INCOME 94129 COMMUNITIES VALLEY ECONOMIC 95-3139419 501(C)(3) 100,000 HEALTHY FOOD DEVELOPMENT CENTER ACCESS TO LOW AND 5121 VAN NUYS BLVD MIDDLE INCOME VAN NUYS, CA 91403 COMMUNITIES VERMONT SLAUSON 95-3464837 501(C)(3) 20,000 HEALTHY FOOD ACCESS TO LOW AND

ECONOMIC DEVELOPMENT CORPORATION MIDDLE INCOME 1130 WEST STAUSON COMMUNITIES AVENUE

LOS ANGELES, CA 90044

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of **(b)** EIN (c) IRC section (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant (d) A mount of cash organization ıf applıcable arant cash (book, FMV, appraisal, non-cash assistance or assistance or aovernment assistance other) 95-4486925 501(C)(3) 20,000 HEALTHY FOOD WEST ANGELES COMMUNITY ACCESS TO LOW AND DEVELOPMENT MIDDLE INCOME

CORPORATION COMMUNITIES 6028 CRENSHAW BLVD

LOS ANGELES, CA 90043

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -DLN: 93493306013126 **Compensation Information** OMB No 1545-0047 Schedule J (Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest 2015 Compensated Employees ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ▶ Attach to Form 990. Open to Public Department of the ▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990. Treasury Inspection Internal Revenue Service Name of the organization **Employer identification number** CAPITAL IMPACT PARTNERS 52-1290127 **Questions Regarding Compensation** Yes No 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 Travel for companions Payments for business use of personal residence Tax idemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) If any of the boxes in 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 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all 2 directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a? 2 Yes Indicate which, if any, of the following the filing 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 ✓ Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization Receive a severance payment or change-of-control payment? **4**a Νo Νo Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b Participate in, or receive payment from, an equity-based compensation arrangement? 4c Νo

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any

For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any

For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed

subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe

If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations

Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was

Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

payments not described in lines 5 and 6? If "Yes," describe in Part III

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

compensation contingent on the revenues of

If "Yes," on line 5a or 5b, describe in Part III

compensation contingent on the net earnings of

If "Yes," on line 6a or 6b, describe in Part III

The organization?

The organization?

ın Part III

Any related organization?

Any related organization?

section 53 4958-6(c)?

**5**a

5b

6a 6b

7

8

Schedule J (Form 990) 2015

Cat No 50053T

Νo

Νo

Νo

Νo

Νo

Page 2

Schedule J (Form 990) 2015

(A) Name and Title	(B) Breakdown o	f W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	( <b>D)</b> Nontaxable	(E) Total of columns	( <b>F</b> ) Compensation in
	P	(ii)	(iii)	other deferred	benefits	(B)(ı)-(D)	column(B) reported
	Base	Bonus & incentive	Other reportable	l compensation			as deferred on prior

# (1) compensation

Schedule J (Form 990) 2015

See Additional Data Table

Schedule J (Form 990) 2015 Page 3 Supplemental Information Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information Return Reference Explanation

Schedule J (Form 990) 2015

# Software ID: Software Version:

**EIN:** 52-1290127

Name: CAPITAL IMPACT PARTNERS

(A) Name and Title	·	(B) Breakdown o	of W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	( <b>D)</b> Nontaxable	(E) Total of columns	
·		(i) Base Compensation	(ii) Bonus & Incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column (B) reported as deferred on prior Form 990
1TERRY SIMONETTE PRESIDENT & CEO	(1)	386,069	273,569	, 01	31,200	16,136	706,974	0
	(11)	0	0	0	0	c	]	0
1 ELLIS CARR CHIEF FINANCIAL OFFICER	(1)	) 259,652	93,184	1 0	30,775	0	0 383,611	0
CHALL 1210, 0102 to 2.1.2.	(11)	0	0	,	0			0
2CAROLYN K BAUER CHIEF RISK OFFICER	(1)	220,471	64,320	0	26,293	1,797	7 312,881	. C
CHIEF KISK OFFICER	(11)		0	,	0	· · · · · · · · · · · · · · · · · · ·		0
3SCOTT SPORTE CHIEF LENDING OFFICER	(1)	) 247,207	7 78,336	5 0	30,050	12,981	1 368,574	C
CHE LENDING ST. 151.	(11)	, 0	0	,	0			0
4FRANKLIN D FASANO JR CHIEF INFORMATION	(1)	) 196,563	60,056	5 0	24,574	20,340	0 301,533	C
OFFICER	(11)	0	0	,	0	 ;		c
5AMY SUE LEAVENS GENERAL COUNSEL	(1)	) 216,626	63,112	2 0	25,824	, c	0 305,562	
GENERAL COONSE	(11)	0	0	,	0	i		c
6NATALIE GUNNCONTROLLER	(1)	182,886	25,438	3 0	14,516	ı	0 222,840	C
	(11)	0	0	,	0	1		(
<b>7</b> VIRGINIA ARNAUD-LEPAPE DEPT DIRECTOR	(1)	) 178,346	21,203	3 0	20,729	0	0 220,278	C
	(11)	0	0	0	0	·	o	C
8LISA GRAMMER FINANCE DIRECTOR	(1)	) 160,555	22,706	5 0	19,175	0	0 202,436	(
	(11)	0	0	0	0			C
9ATEPTAYA RAKPRAJA DEPT DIRECTOR	(1)	) 178,110	5,135	5 0	17,468	5,683	3 206,396	(
	(11)	0	0	0	0	1		
10SCOTT BROWN DEPT DIRECTOR	(1)	) 180,018	·	, 0	20,734	13,134	4 213,886	
DEL I SENZE : S.	(11)	0	0	,	0	.		

DLN: 93493306013126 OMB No 1545-0047 Schedule L **Transactions with Interested Persons** (Form 990 or 990-EZ) ► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, 2015 or Form 990-EZ, Part V, line 38a or 40b. ► Attach to Form 990 or Form 990-EZ. ▶Information about Schedule L (Form 990 or 990-EZ) and its instructions is at Open to Public Department of the www.irs.gov/form990. Treasury Inspection Internal Revenue Service

CAPITAL IMPACT P			Employer identificati	on numbe	er
			52-1290127		
		<b>ns</b> (section 501(c)(3), section 501(c)(4), and 501(c)(3) ered "Yes" on Form 990, Part IV, line 25a or 25b, or Fo	, ,		
1 (a) Nam	ie of disqualified person	(b) Relationship between disqualified person and	(c) Description of	(d) Co	rrecte
		organization	transaction	Yes	No
				+	+
					+
					_
				+	+-
				+	1
	, ,	anızatıon managers or dısqualıfıed persons durıng the yı	_		
<b>3</b> Enter the a	mount of tax, if any, on line 2	2, above, reimbursed by the organization	<b>&gt;</b> \$		
Coi		nterested Persons. swered "Yes" on Form 990-EZ, Part V , line 38a, or Forn t on Form 990, Part X, line 5, 6, or 22	n 990, Part IV, line 26	, or if the	

Cor	ans to and/o mplete if the orga anization reporte	anızatıon answe	ered "Yes'	on Form 9	90-EZ, Part V	, line 38a, or Forr	n 990	, Part	: IV, line	26,0	r ıf the	
(a) Name of interested person	terested Relationship		or from	(d) Loan to or from the organization?		(f)Balance due	(g) In default?		(h) Approved by board or committee?		(i)Written agreement?	
			То	From			Yes	No	Yes	No	Yes	No
(1) SEE SCHEDULE O		SEE SCHEDULE "O"		×	2,283,910	16,915,125		Νo	Yes		Yes	
				+								
											1	T
Total		<b>▶</b> \$				16,915,125						

Total

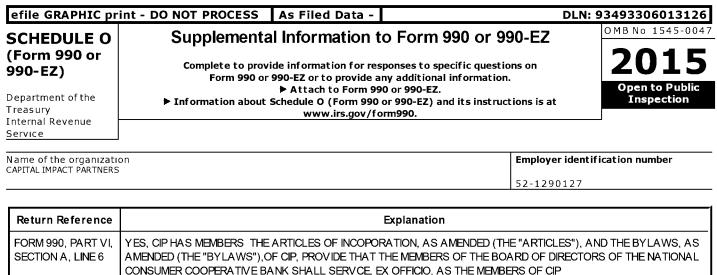
| Sample | Sam

**Explanation** 

Schedule L (Form 990 or 990-EZ) 2015

Part V **Supplemental Information** Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference



Return Reference	Explanation
′	EACH OF THE MEMBERS OF CIP IS ENTITLED TO CAST ONE (1) VOTE WITH RESPECT TO ANY AMENDMENT TO CIP'S ARTICLES, AND WITH RESPECT TO ANY AMENDMENT TO, OR THE REPEAL OF, CIP'S BY LAWS THE MEMBERS DO NOT HAVE ANY OTHER VOTING POWER AND THUS ARE NOT ENTITLED TO VOTE WITH RESPECT TO THE COMPOSITION OF THE BOARD OF DIRECTORS THE ARTICLES AND BY LAWS PROVIDE THAT THE MEMBERS OF THE BOARD OF DIRECTORS

Return Reference	Explanation
FORM 000	THE DVI AVAIS DOOMINE THAT AND AMENDMENT TO THE ADTICLES AND AND AND AMENDMENT TO OD THE DEDEAT OF THE
FORM 990, PART VI.	THE BYLAWS PROVIDE THAT ANY AMENDMENT TO THE ARTICLES AND ANY AMENDMENT TO, OR THE REPEAL OF, THE BYLAWS MUST BE APPROVED BY THE AFFIRMATIVE VOTE OF AT LEAST SIX (6) OF THE ELEVEN (11) DIRECTORS THE
SECTION A.	ARTICLES PROVIDE THAT EACH OF THE MEMBERS OF CIP IS ENTITLED TO CAST ONE (1) VOTE WITH RESPECT TO ANY
LINE 7B	AMENDMENT TO CIP'S ARTICLES, AND WITH RESPECT TO ANY AMENDMENT TO, OR THE REPEAL OF, CIP'S BYLAWS IN
LINE / D	PARTICULAR. THE ARTICLES PROVIDE THAT ANY AMENDMENT OF THE ARTICLES MUST BE APPROVED BY THE
	AFFIRMATIVE VOTE OF AT LEAST TWO-THIRDS (2/3) OF THE VOTES ENTITLED TO BE CAST BY THE MEMBERS PRESENT AT
	A MEETING OF THE MEMBERSHIP, AND THAT ANY AMENDMENT OR REPEAL OF THE BY LAWS MUST BE APPROVED BY THE
	AFFIRMATIVE VOTE OF A MAJORITY OF THE MEMBERS PRESENT AT A MEMBERSHIP MEETING. THE PROCEDURAL METHOD
	AND MANNER OF GIVING NOTICE OF MEETINGS. ESTABLISHING QUORUM AND SUBMITTING MATTERS TO A VOTE ARE
	SPECIFIED IN THE BYLAWS

Return Reference	Explanation
FORM 990.	THE BOARD OF DIRECTORS HAS DELEGATED THE RESPONSIBILITY FOR REVIEWING AND APPROVING THE FORM 990 TO
PART VI.	THE FINANCE AND AUDIT COMMITTEE (THE "AUDIT COMMITTEE") OF THE BOARD OF DIRECTORS, PURSUANT TO THE
SECTION B,	COMPANY'S BOARD-LEVEL DELEGATIONS OF AUTHORITY AND THE FINANCE AND AUDIT COMMITTEE CHARTER THE
LINE 11	CHAIR OF THE AUDIT COMMITTEE REVIEWS THE FORM 990 WITH THE CORPORATION'S CHIEF FINANCIAL OFFICER AND
	CONTROLLER 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

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	THE BOARD OF DIRECTORS REVIEWS AND APPROVES THE CORPORATION'S CODE OF CONDUCT AND ETHICS POLICY ON AN ANNUAL BASIS, THE CODE OF CONDUCT AND ETHICS POLICY INCLUDES, AMONG OTHER THINGS, THE CORPORATION'S CONFLICT OF INTEREST POLICY THE CODE OF CONDUCT AND ETHICS POLICY IS MADE AVAILABLE TO ALL OFFICERS AND EMPLOYEES OF THE CORPORATION AND ALL MEMBERS OF THE BOARD OF DIRECTORS, EACH OF WHOM IS REQUIRED TO CERTIFY AS TO MATTERS SET FORTH IN THE POLICY AND PROVIDE CONFLICTS OF INTEREST DISCLOSURES (IF ANY) ON AN ANNUAL BASIS THE GENERAL COUNSEL AND THE ETHICS OFFICIAL DESIGNATED IN THE CODE OF CONDUCT AND ETHICS POLICY JOINTLY EVALUATE ALL CONFLICTS OF WHICH THEY BECOME AWARE AND SUBMIT SUCH CONFLICTS FOR RESOLUTION TO THE BOARD'S FINANCE AND AUDIT COMMITTEE. MINUTES REFLECTING ALL MEETINGS HELD AND ACTIONS TAKEN BY THE FINANCE AND AUDIT COMMITTEE, INCLUDING WITH RESPECT TO CONFLICTS MATTERS, ARE INCLUDED IN THE CORPORATE RECORD BOOK

Return Reference	Explanation
FORM 990, PART VI, SECTION B.	THE BOARD OF DIRECTORS HAS DELEGATED THE RESPONSIBILITY FOR REVIEWING AND MAKING RECOMMENDATIONS WITH RESPECT TO EXECUTIVE COMMITTEE'), PURSUANT TO THE BOARD-LEVEL DELEGATIONS OF AUTHORITY AND THE EXECUTIVE COMMITTEE CHARTER THE EXECUTIVE COMMITTEE
LINE 15	REVIEWS THE COMPENSATION OF THE EXECUTIVE OFFICERS OF THE CORPORATION, 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 ALL MEETINGS AND ACTIONS OF THE EXECUTIVE COMMITTEE AND THE BOARD OF DIRECTORS ARE RECORDED IN THE MINUTES OF THE CORPORATION IN SUM, CIP IS COMPLYING WITH THE OPTIONAL REBUTTABLE PRESUMPTION MECHANISM OF TREASURY REGULATION SECTION 53 4958-6 THE PROCESS INCLUDES
	MANAGING THE PROCESS OF COLLECTING AND REVIEWING MARKET DATA FOR THE PRESIDENT AND CHIEF EXECUTIVE OFFICER, THE CHIEF FINANCIAL OFFICER, THE CHIEF RISK OFFICER, THE CHIEF LENDING OFFICER, THE CHIEF INFORMATION OFFICER, AND THE CHIEF FINANCIAL OFFICER, THE CHIEF RISK OFFICER, THE CHIEF LENDING OFFICER, THE CHIEF INFORMATION
	OFFICER AND THE GENERAL COUNSEL, 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

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 18	CIP'S FORM 1023 AND FORM 990 ARE AVAILABLE FOR IN-PERSON INSPECTION UPON REQUEST

Return Reference	Explanation
FORM 990, PART VI,	CIP MAKES ITS GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY AVAILABLE UPON WRITTEN
SECTION C, LINE 19	REQUEST CIP'S ANNUAL REPORT, WHICH CONTAINS A CONDENSED VERSION OF ITS FINANCIAL STATEMENTS, IS POSTED ON ITS WEBSITE

Return Reference	Explanation
FORM 990, PART IX,	CONTRACTUAL SERVICES PROGRAM SERVICE EXPENSES 2,636,764 MANAGEMENT AND GENERAL EXPENSES
LINE 11G	681,600 FUNDRAISING EXPENSES 35,874 TOTAL EXPENSES 3,354,238

Return Reference	Explanation
FORM 990, PART XI, LINE 9	INCOME IN EXCESS OF BOOK FOR PASS THROUGH ENTITIES - SEE STATEMENT 2 -14,121 CHANGE IN EQUITY METHOD INVESTMENTS -11,886 GAIN ON NEW MARKET TAX CREDIT UNWIND 109,427 RELINQUISHMENT OF GRANT FUNDING -719,235

Return Reference	Explanation
FORM 990, PART XI, LINE 2C USE OF	AS IN PRIOR YEARS, CIP HAS AN AUDIT COMMITTEE COMPRISED OF MEMBERS OF THE BOARD OF
AUDIT COMMITTEE	DIRECTORS IT IS RESPONSIBLE FOR OVERSIGHT OF THE AUDIT

Return Reference	Explanation
PART 1, LINE 1	CIP WAS ESTABLISHED PURSUANT TO SECTION 211 OF THE NATIONAL CONSUMER COOPERATIVE BANK ACT AS
DESCRIPTION OF	AMENDED (THE "BANK ACT")(12 U S C 3051), AS A SECTION 501(C)(3) ORGANIZATION FORMED EXCLUSIVELY FOR
ORGANIZATION	CHARITABLE AND EDUCATIONAL PURPOSES, INCLUDING PURPOSES THAT ARE EXPRESSLY DEEMED CHARITABLE
MISSION	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

Return Reference	Explanation
SCHEDULE L	IN THE NORMAL COURSE OF BUSINESS, MEMBERS OF CIPS BOARD OF DIRECTORS MAY BE AFFILIATED WITH
TRANSACTIONS	COOPERATIVES RECEIVING OR ELIGIBLE TO RECEIVE LOANS CIP HAS CONFLICT OF INTEREST POLICIES, WHICH
WITH INTERESTED	REQUIRE, AMONG OTHER THINGS, THAT A BOARD MEWBER BE DISASSOCIATED FROM DECISIONS THAT POSE A
PERSONS	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 2015 FOR THE AGGREGATE AMOUNT OF THESE LOANS IS
	AS FOLLOWS BALANCE AT DECEMBER 31, 2014 \$ 14,967,151 NET CHANGE 1,947,974 BALANCE AT

DECEMBER 31, 2015 \$ 16,915,125

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#### DLN: 93493306013126

# **Related Organizations and Unrelated Partnerships**

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

2015

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

**SCHEDULE R** 

(Form 990)

► Attach to Form 990.

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.qov/form990.

Name of the organization

**Employer identification number** CAPITAL IMPACT PARTNERS 52-1290127 Identification of Disregarded Entities Complete of the organization answered "Yes" on Form 990, Part IV, line 33. Part I

(a) Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) COMMUNITY SOLUTIONS GROUP LLC 2011 CRYSTAL DRIVE SUITE 750 ARLINGTON, VA 22202	COMMUNITY LENDING AND DEVELOPMENT	DE			N/A
(2) CALIFORNIA FRESHWORKS FUND LLC 2011 CRYSTAL DRIVE SUITE 750 ARLINGTON, VA 22202 45-2920336	COMMUNITY LENDING AND DEVELOPMENT	DE			N/A
(3) NCBCI EDUCATION CONDUIT LLC 2011 CRYSTAL DRIVE SUITE 750 ARLINGTON, VA 22202 26-1807129	COMMUNITY LENDING AND DEVELOPMENT	DE			N/A
(4) WOODWARD CORRIDOR INVESTMENT FUND LLC 2011 CRYSTAL DRIVE SUITE 750 ARLINGTON, VA 22202 47-1833280	COMMUNITY LENDING AND DEVELOPMENT	DE			N/A
(5) DETROIT NEIGHBORHOOD FUND LLC 2011 CRYSTAL DRIVE SUITE 750 ARLINGTON, VA 22202 47-1804394	COMMUNITY LENDING AND DEVELOPMENT	DE			N/A
(6) FPIF LLC 2011 CRYSTAL DRIVE SUITE 750 ARLINGTON, VA 22202 47-4684786	COMMUNITY LENDING AND DEVELOPMENT	DE			N/A
Part II Identification of Related Tax-Exempt Organization		ganızatıon answere	d "Yes" on Fo	rm 990, Part IV,	line 34 because it had one

or more related tax-exempt organizations during the tax year.

(b) (c) (d) (e) (g) Direct controlling Name, address, and EIN of related organization Primary activity Legal domicile (state Exempt Code section Public charity status Section 512(b) (13) controlled or foreign country) (if section 501(c)(3)) entity? Yes No (1)CHARTER SCHOOL CAPITAL ACCESS PROGRAM CHARTER SCHOOL DEBT DC 501 (C)(3) 509(A)(3) TYPE 1 2011 CRYSTAL DRIVE SUITE 750 FINANCING N/A ARLINGTON, VA 22202 13-4214997

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) Name, address, and EIN of related organization		(c) Legal domicile (state or foreign country)		(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income		rtionate tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	partr	ral or aging ner?	(k) Percentage ownership
						Yes	No		Yes	No	ı
See Additional Data Table											
Doub TV I I doublification of Poloted Overniesticus Touchle s	C		<b>-</b>			 	1137 11	F 0	00 5	\	T) ( less s

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete of 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.

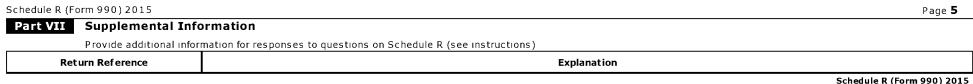
EIN of on	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end- of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?  Yes	No	
	•						Calcadada	D / Farms 0/	201 201	_

Part V	Transactions With Related Organizations Complete if the organization answ	ered "Yes" on Form	990, Part IV, line	34, 35b, or 36.							
Not	e. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					Yes	No				
1 During	the tax year, did the orgranization engage in any of the following transactions with one or more r	elated organizations lis	sted in Parts II-IV?								
a Red	ceipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		No				
<b>b</b> Giff	grant, or capital contribution to related organization(s)				<b>1</b> b	Yes					
<b>c</b> Gift	, grant, or capital contribution from related organization(s)				<b>1</b> c		No				
<b>d</b> Loa	d Loans or loan guarantees to or for related organization(s)										
<b>e</b> Loa	ns or loan guarantees by related organization(s)				1e	Yes					
<b>f</b> Div	idends from related organization(s)				<b>1</b> f		No				
<b>g</b> Sal	e of assets to related organization(s)				<b>1</b> g		No				
<b>h</b> Pur	chase of assets from related organization(s)				1h		No				
i Exc	i Exchange of assets with related organization(s)										
<b>j</b> Lea	se of facilities, equipment, or other assets to related organization(s)				1j		No				
<b>k</b> Lea	se of facilities, equipment, or other assets from related organization(s)				1k	Yes					
I Peri	ormance of services or membership or fundraising solicitations for related organization(s)				11	Yes					
	ormance of services or membership or fundraising solicitations by related organization(s)				$\vdash$	Yes Yes					
	ring of facilities, equipment, mailing lists, or other assets with related organization(s)										
<b>o</b> Sha	aring of paid employees with related organization(s)				10	Yes					
<b>p</b> Rei	mbursement paid to related organization(s) for expenses				<b>1</b> p	Yes					
<b>q</b> Rei	mbursement paid by related organization(s) for expenses				<b>1</b> q	Yes					
r Oth	er transfer of cash or property to related organization(s)				1r		No				
<b>s</b> Oth	er transfer of cash or property from related organization(s)				1s		No				
2 If th	ne answer to any of the above is "Yes," see the instructions for information on who must complete	e this line, including co	vered relationships	and transaction thresholds							
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amo	ount ir	nvolved					
1)COMMU	NITY ECONOMIC DEVELOPMENT ILC	Q	16,583	ACTUAL COST							
<b>2)</b> IMPACT	V CDE 7 LLC	Q	157,471	ACTUAL COST							

### 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

revenue) that was not a related organization. See instructions													
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	org	(e) all partners section 501(c)(3) ganizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(1) General or managing partner?		(k) Percentage ownership
			317)	Yes	No			Yes	No		Yes	No	
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											lula D /Fai		



## **Additional Data**

Software ID: Software Version:

**EIN:** 52-1290127

Name: CAPITAL IMPACT PARTNERS

Form 990, Schedule R, Part I - Identification of Disregarded Entities

<b>(a)</b> Name, address, and EIN (If applicable) of disregarded entity	<b>(b)</b> Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Total income	(e) End-of-year assets	(f) Direct Controlling Entity
(1) COMMUNITY SOLUTIONS GROUP LLC 2011 CRYSTAL DRIVE SUITE 750 ARLINGTON, VA 22202	COMMUNITY LENDING AND DEVELOPMENT	DE			N/A
(1) CALIFORNIA FRESHWORKS FUND LLC 2011 CRYSTAL DRIVE SUITE 750 ARLINGTON, VA 22202 45-2920336	COMMUNITY LENDING AND DEVELOPMENT	DE			N/A
(2) NCBCI EDUCATION CONDUIT LLC 2011 CRYSTAL DRIVE SUITE 750 ARLINGTON, VA 22202 26-1807129	COMMUNITY LENDING AND DEVELOPMENT	DE			N/A
(3) WOODWARD CORRIDOR INVESTMENT FUND LLC 2011 CRYSTAL DRIVE SUITE 750 ARLINGTON, VA 22202 47-1833280	COMMUNITY LENDING AND DEVELOPMENT	DE			N/A
(4) DETROIT NEIGHBORHOOD FUND LLC 2011 CRYSTAL DRIVE SUITE 750 ARLINGTON, VA 22202 47-1804394	COMMUNITY LENDING AND DEVELOPMENT	DE			N/A
(5) FPIF LLC 2011 CRYSTAL DRIVE SUITE 750 ARLINGTON, VA 22202 47-4684786	COMMUNITY LENDING AND DEVELOPMENT	DE			N/A

Form 990, Schedule R,	Part III - Identific	ation of	Related Or	ganizations	Taxable as a l	Partnership	1											
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	<b>(f)</b> Share of total Income	(g) Share of end-of- year assets	allocations?		Disproprtionate allocations?		Disproprtionate allocations?		Disproprtionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
COMMUNITY EDUCATION DEVELOPMENT LLC	COMMUNITY DEVELOPMENT	DE	N/A	RELATED				No		Yes		99 900 %						
2011 CRYSTAL DRIVE SUITE 750 ARLINGTON, VA 22202 02-0597620																		
NCBDC CDE 5 LLC	COMMUNITY DEVELOPMENT	DE	N/A	RELATED	-1,184			No		Yes		0 010 %						
2011 CRYSTAL DRIVE SUITE 750 ARLINGTON, VA 22202 30-0304097																		
NCBDC CDE 11 LLC	COMMUNITY DEVELOPMENT	DE	N/A	RELATED	-421			Νo		Yes		0 010 %						
2011 CRYSTAL DRIVE SUITE 750 ARLINGTON, VA 22202 30-0304089																		
NCBDC CDE 26 LLC	COMMUNITY DEVELOPMENT	DE	N/A	RELATED	-1,199			Νo		Yes		0 010 %						
2011 CRYSTAL DRIVE SUITE 750 ARLINGTON, VA 22202 20-5095813																		
NCBDC CDE 27 LLC	COMMUNITY DEVELOPMENT	DE	N/A	RELATED	5,012			Νo		Yes		0 010 %						
2011 CRYSTAL DRIVE SUITE 750 ARLINGTON, VA 22202 20-5095840					27.520													
NCBDC CDE 28 LLC	COMMUNITY DEVELOPMENT	DE	N/A	RELATED	27,529			No		Yes		0 010 %						
2011 CRYSTAL DRIVE SUITE 750 ARLINGTON, VA 22202 20-5095897																		
NCBDC CDE 29 LLC	COMMUNITY DEVELOPMENT	DE	N/A	RELATED	46,656			Νo		Yes		0 010 %						
2011 CRYSTAL DRIVE SUITE 750 ARLINGTON, VA 22202 20-5095939																		
NCBDC CDE 30 LLC	COMMUNITY DEVELOPMENT	DE	N/A	RELATED	130			Νo		Yes		0 010 %						
2011 CRYSTAL DRIVE SUITE 750 ARLINGTON, VA 22202 20-5095986	DEVELOT TIEN																	
IMPACT V CDE 1 LLC	COMMUNITY DEVELOPMENT	DE	N/A	RELATED	26,013			No		Yes		0 010 %						
2011 CRYSTAL DRIVE SUITE 750 ARLINGTON, VA 22202 26-1408622	DEVELOPMENT																	
IMPACT V CDE 2 LLC	COMMUNITY DEVELOPMENT	DE	N/A	RELATED	30	606		Νo		Yes		0 010 %						
2011 CRYSTAL DRIVE SUITE 750 ARLINGTON, VA 22202 26-1421224																		
IMPACT V CDE 3 LLC	COMMUNITY DEVELOPMENT	DE	N/A	RELATED	17	720		Νo		Yes		0 010 %						
2011 CRYSTAL DRIVE SUITE 750 ARLINGTON, VA 22202 26-1421322																		
IMPACT V CDE 4 LLC	COMMUNITY DEVELOPMENT	DE	N/A	RELATED	17	377		No		Yes		0 010 %						
2011 CRYSTAL DRIVE SUITE 750 ARLINGTON, VA 22202 26-1421364																		
IMPACT V CDE 5 LLC	COMMUNITY DEVELOPMENT	DE	N/A	RELATED	11	1,070		Νo		Yes		0 010 %						
2011 CRYSTAL DRIVE SUITE 750 ARLINGTON, VA 22202 26-1421432	DEVELOPMENT																	
IMPACT V CDE 6 LLC	COMMUNITY LENDING AND	DE	N/A	RELATED	15	376		No		Yes		0 010 %						
2011 CRYSTAL DRIVE SUITE 750 ARLINGTON, VA 22202	DEVELOPMENT																	
26-1421474 IMPACT V CDE 7 LLC	COMMUNITY	DE	N/A	RELATED	-50,310	429,597		No		Yes	$\dashv$	99 990 %						
2011 CRYSTAL DRIVE SUITE 750 ARLINGTON, VA 22202 26-1421534	DEVELOPMENT																	

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership (j) (c) (h) (e) (i) General Legal (d) Direct **(f)** Share of total Disproprtionate Code V-UBI amount Predominant (k) (b) Share of end-of-Domicile Name, address, and EIN of allocations? Primary activity ncome(related, ın Percentage Managing (State Controlling ıncome year assets Box 20 of Schedule ownership related organization unrelated, Partner? or Entity excluded from K-1 Foreign tax under (Form 1065) Country) sections 512-514) Yes Yes No No IMPACT V CDE 8 LLC COMMUNITY DΕ N/A RELATED 5 1,341 Νo Yes 0 010 % DEVELOPMENT 2011 CRYSTAL DRIVE **SUITE 750** ARLINGTON, VA 22202 26-1421591 COMMUNITY IMPACT V CDE 9 LLC DΕ N/A RELATED 6 801 Νo Yes 0 010 % DEVELOPMENT 2011 CRYSTAL DRIVE SUITE 750 ARLINGTON, VA 22202 26-1421629 COMMUNITY 10 416 IMPACT V CDE 10 LLC DE N/A RELATED 0 010 % Νo Yes DEVELOPMENT 2011 CRYSTAL DRIVE SUITE 750 ARLINGTON, VA 22202 26-1421730 COMMUNITY 4 1,008 IMPACT VI CDE 1 LLC DE N/A RELATED Νo Yes 0 010 % DEVELOPMENT 2011 CRYSTAL DRIVE SUITE 750 ARLINGTON, VA 22202 26-3339948 785 IMPACT VI CDE 2 LLC COMMUNITY DE N/A RELATED 21 Νo Yes 0 010 % DEVELOPMENT 2011 CRYSTAL DRIVE SUITE 750 ARLINGTON, VA 22202 26-3341965 23 982 COMMUNITY DF N/A RELATED Yes 0.010 % IMPACT VI CDE 3 LLC Nο DEVELOPMENT 2011 CRYSTAL DRIVE SUITE 750 ARLINGTON, VA 22202 26-3342029 28 524 IMPACT VI CDE 4 LLC COMMUNITY DΕ N/A RELATED Νo Yes 0 010 % DEVELOPMENT 2011 CRYSTAL DRIVE SUITE 750 ARLINGTON, VA 22202 26-3342170 IMPACT VI CDE 5 LLC COMMUNITY DE N/A RELATED 4 1.143 Νo Yes 0 010 % DEVELOPMENT 2011 CRYSTAL DRIVE SUITE 750 ARLINGTON, VA 22202 26-3342202 COMMUNITY 1.617 IMPACT VI CDE 6 LLC DE N/A RELATED Nο Yes 0.010 % DEVELOPMENT 2011 CRYSTAL DRIVE SUITE 750 ARLINGTON, VA 22202 26-3342264 1,652 IMPACT VI CDE 7 LLC COMMUNITY N/A RELATED 6 0 010 % DE Νo Yes DEVELOPMENT 2011 CRYSTAL DRIVE SUITE 750 ARLINGTON, VA 22202 26-3342308 IMPACT VI CDE 9 LLC COMMUNITY RELATED 1 166 N/A Νo Yes 0 010 % DEVELOPMENT 2011 CRYSTAL DRIVE **SUITE 750** ARLINGTON, VA 22202 26-3342376 1,949 84 IMPACT VI CDE 10 LLC COMMUNITY DE N/A RELATED Νo Yes 0 010 % DEVELOPMENT 2011 CRYSTAL DRIVE SUITE 750 ARLINGTON, VA 22202 26-3342407 COMMUNITY 24 1,071 IMPACT VII CDE 1 LLC DE N/A RELATED Yes Νo 0 010 % DEVELOPMENT 2011 CRYSTAL DRIVE SUITE 750 ARLINGTON, VA 22202 27-1260521 COMMUNITY 1 985 IMPACT VII CDE 2 LLC DE N/A RELATED Νo Yes 0 010 % DEVELOPMENT 2011 CRYSTAL DRIVE SUITE 750 ARLINGTON, VA 22202 27-1260818 54 1,030 IMPACT VII CDE 3 LLC COMMUNITY DΕ N/A RELATED Νo Yes 0 010 % DEVELOPMENT 2011 CRYSTAL DRIVE SUITE 750 ARLINGTON, VA 22202 27-1260882

Form 990, Schedule R,	Part III - Identific	ation o	f Related Or	ganizations <sup>-</sup>	Taxable as a	Partnership	1		ı			
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal Domicile (State or Foreign Country)	Controlling Entity	(e) Predominant Income(related, unrelated, excluded from tax under sections 512-514)	<b>(f)</b> Share of total Income	(g) Share of end-of- year assets	(h) Disproprtionate allocations?  Yes No				) eral r ging ner?	<b>(k)</b> Percentage ownership
IMPACT VII CDE 4 LLC	COMMUNITY DEVELOPMENT	DE	N/A	RELATED	37	857	163	No		Yes		0 010 %
2011 CRYSTAL DRIVE SUITE 750 ARLINGTON, VA 22202 27-1260936 IMPACT VII CDE 5 LLC	COMMUNITY	DE		RELATED	9	1,087		No		Yes		0 010 %
2011 CRYSTAL DRIVE SUITE 750 ARLINGTON, VA 22202 27-1260975	DEVELOPMENT											
IMPACT CDE 41 LLC  2011 CRYSTAL DRIVE SUITE 750 ARLINGTON, VA 22202 27-4172533	COMMUNITY DEVELOPMENT	DE		RELATED	2	498		No		Yes		0 010 %
IMPACT CDE 42 LLC  2011 CRYSTAL DRIVE SUITE 750 ARLINGTON, VA 22202 27-4172805	COMMUNITY DEVELOPMENT	DE		RELATED	3	919		No		Yes		0 010 %
IMPACT CDE 43 LLC	COMMUNITY DEVELOPMENT	DE		RELATED	22	798		No		Yes		0 010 %
2011 CRYSTAL DRIVE SUITE 750 ARLINGTON, VA 22202 27-4172894												
IMPACT CDE 44 LLC	COMMUNITY DEVELOPMENT	DE	N/A	RELATED	27	651		No		Yes		0 010 %
2011 CRYSTAL DRIVE SUITE 750 ARLINGTON, VA 22202 27-4173021												
IMPACT CDE 45 LLC	COMMUNITY DEVELOPMENT	DE	N/A	RELATED	17	561		No		Yes		0 010 %
2011 CRYSTAL DRIVE SUITE 750 ARLINGTON, VA 22202 27-4173119												
CHASE NMTC NEW CHARTER OAK INVESTMENT FUND LLC	COMMUNITY DEVELOPMENT	DE	N/A	RELATED	-2,153	-2,094		No		Yes		0 010 %
2011 CRYSTAL DRIVE SUITE 750 ARLINGTON, VA 22202 90-0727648												
CHASE NMTC DHHA LLC CO JP MORGAN CHASE BANK NA LLC	COMMUNITY DEVELOPMENT	DE	N/A	RELATED				No		Yes		0 010 %
10 S DEARBORN 21ST FLOOR CHICAGO, IL 606035506 27-2483644												
CHASE NMTC NORTHGATE MARKETS INV FUND LLC	COMMUNITY DEVELOPMENT	DE		RELATED	-52	58		No		Yes		0 010 %
2011 CRYSTAL DRIVE SUITE 750 ARLINGTON, VA 22202 38-3869177												
CHASE NMTC HENRY FORD ACADEMY INV FUND LLC	COMMUNITY DEVELOPMENT	DE		RELATED	-65	21		No		Yes		0 010 %
2011 CRYSTAL DRIVE SUITE 750 ARLINGTON, VA 22202 37-1657313												
UPA INVESTMENT FUND LLC 2011 CRYSTAL DRIVE	COMMUNITY DEVELOPMENT	DE		RELATED				No		Yes		0 010 %
SUITE 750 ARLINGTON, VA 22202 20-0762096 IMPACT VI CDE 8 LLC	COMMUNITY	DE	N/A	RELATED	24	1,094		No		Yes		0 010 %
2011 CRYSTAL DRIVE SUITE 750 ARLINGTON, VA 22202	DEVELOPMENT	J.C.	M/A	NELATED	24	1,034		140		1 62		0 010 70
26-3342347 IMPACT CDE 46 LLC	COMMUNITY	DE	N/A	RELATED	21	569		No		Yes	+	0 010 %
2011 CRYSTAL DRIVE SUITE 750 ARLINGTON, VA 22202 27-4173213	DEVELOPMENT											
IMPACT CDE 47 LLC	COMMUNITY DEVELOPMENT	DE	N/A	RELATED	3	721		No		Yes		0 010 %
2011 CRYSTAL DRIVE SUITE 750 ARLINGTON, VA 22202 27-4173364												

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership (c) Legal (e) Predominant (d) (f) (g) (a) (b)

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	Legal Domicile (State or Foreign Country)	<b>(d)</b> Direct Controlling Entity	Predominant Income (related, unrelated, excluded from tax under sections	(f) Share of total Income	(g) Share of end-of- year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	raitheir		<b>(k)</b> Percentage ownership
IMPACT CDE 48 LLC	COMMUNITY	D.F.	N/A	512-514) RELATED	2	598	Yes	No No		Yes	No	0.010.0/
2011 CRYSTAL DRIVE SUITE 750 ARLINGTON, VA 22202 27-4173659	DEVELOPMENT	DE	N/A	RELATED				NO		Yes		0 010 %
COMMUNITY ECONOMIC DEVELOPMENT LLC 2011 CRYSTAL DRIVE SUITE 750 ARLINGTON, VA 22202 73-1641067	COMMUNITY DEVELOPMENT	DE	N/A	RELATED	14,464	775,150		No		Yes		99 990 %
IMPACT CDE 49 LLC 2011 CRYSTAL DRIVE SUITE 750 ARLINGTON, VA 22202 27-4173758	COMMUNITY DEVELOPMENT		N/A	RELATED	15	503		No		Yes		0 010 %
IMPACT CDE 50 LLC  2011 CRYSTAL DRIVE SUITE 750 ARLINGTON, VA 22202 27-4173841	COMMUNITY DEVELOPMENT	DE	N/A	RELATED	2	600		No		Yes		0 010 %
IMPACT CDE 51 LLC  2011 CRYSTAL DRIVE SUITE 750 ARLINGTON, VA 22202 47-1291695	COMMUNITY DEVELOPMENT	DE		RELATED	1	500		No		Yes		0 010 %
IMPACT CDE 52 LLC  2011 CRYSTAL DRIVE SUITE 750 ARLINGTON, VA 22202 47-1600758	COMMUNITY DEVELOPMENT	DE		RELATED	9	550		No		Yes		0 010 %
IMPACT CDE 52 LLC  2011 CRYSTAL DRIVE SUITE 750 ARLINGTON, VA 22202 47-1312299	COMMUNITY DEVELOPMENT	DE		RELATED	4	501		No		Yes		0 010 %
IMPACT CDE 53 LLC 2011 CRYSTAL DRIVE SUITE 750 ARLINGTON, VA 22202 47-1319709	COMMUNITY DEVELOPMENT	DE		RELATED	3	329		No		Yes		0 010 %