	AMENDED RETURN- SECTION 512(A)(7)	_	20181						
Form <b>990-T</b>	990-T Exempt Organization Business Income Tax Return								
•	(and proxy tax under section 6033(e))								
•	For calendar year 2018 or other tax year beginning and ending	<u> </u>	2018						
Department of the Treasury Internal Revenue Service	▶ Go to www.irs.gov/Form990T for instructions and the latest information. ▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)	(3).	pen to Public Inspection for 01(c)(3) Organizations Only						
A Check box if	Name of organization ( Check box if name changed and see instructions.)	DEmploy	er identification number						
address changed	Hame of organization ( onesic box in mains on angood and does in debuts on the control of t	(Emplo	yees' trust, see tions )						
B Exempt under section	Print CAPITAL IMPACT PARTNERS 52-1290								
X 501(c)(3)	or Number, street, and room or suite no. If a P O box, see instructions.  Type 1.4.0.0 CDX CMA T. DD TXE #5.0.0								
408(e) 220(e)	1400 CRISTAL DRIVE #500								
408A530(a)	City or town, state or province, country, and ZIP or foreign postal code  ARLINGTON, VA 22202 525990								
Book value of all assets	Book value of all assets F Group evernation number (See instructions								
at end of year 503, 310, 5		(a) trust	Other trust						
H Enter the number of the	organization's unrelated trades or businesses.   1 Describe the only (or first)	unrelated							
	SEE STATEMENT 1 . If only one, complete Parts I								
	plank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each addition	ional trade	or						
business, then complete		Yes	X No						
	the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?  and identifying number of the parent corporation.	162	LAY INO						
	► NATALIE GUNN C/O CAPITAL IMPACT PATelephone number ►	703-6	47-2360						
Part I Unrelate	d Trade or Business Income (A) Income (B) Expen	ses	(C) Net						
1 a Gross receipts or sale	es								
b Less returns and allo									
2 Cost of goods sold (S 3 Gross profit, Subtract		<del></del>							
4a Capital gain net incon									
. •	1 4797, Part II, line 17) (attach Form 4797)		· ——						
c Capital loss deduction									
5 Income (loss) from a	partnership or an S corporation (attach statement) 5								
6 Rent income (Schedu	· · · · · · · · · · · · · · · · · · ·								
_	ced income (Schedule E)  7  Avaities, and rents from a controlled organization (Schedule F)  8								
	yatties, and rents from a controlled organization (Schedule F) 8  If a section 501(c)(7), (9), or (17) organization (Schedule G) 9		<del></del>						
	avity income (Schedule I)								
11 Advertising income (	Schedule J) . 11								
,	structions; attach schedule) 12								
Total. Combine lines 3 through 12  Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions)									
Part II Deduction	contributions, deductions must be directly connected with the unrelated business income)								
		14	· <del>-</del>						
15 Salaries and wages	1 1 1	15							
16 Repairs and mainter	nance S	16							
17 Bad debts	edule) (see instructions)  SEP 2 1 2320	17							
•	edule) (see instructions)	18	10.						
•									
21 Depreciation (attach									
22 Less depreciation cl	laimed on Schedule A and elsewhere on return 22a	22b							
23 Depletion	23	· · · · · · · · · · · · · · · · · · ·							
24 Contributions to def	24								
<ul><li>25 Employee benefit pr</li><li>26 Excess exempt expe</li></ul>	25 26								
27 Excess readership of	27	<del></del>							
28 Other deductions (at	28								
	add lines 14 through 28	29	10. -10.						
	perating loss arising in tax years beginning on or after January 1, 2018 (see instructions)	31							
	taxable income. Subtract line 31 from line 30 or Paperwork Reduction Act Notice, see instructions.	32	-10. Form <b>990-T</b> (2018)						
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2 2018.05070 CAPITAL IMPACT PARTNERS

70073-02

Form 990-	T (2018)	CAPITAL IMPACT PAR	TNERS			52-129	0127	Page <b>2</b>
Part		Total Unrelated Business Taxa	ble Income					
33		of unrelated business taxable income comput	ed from all unrelated trades	or businesses (	see instructions)		33	-10.
34 `		unts paid for disallowed fringes		34				
35	Dedu	ction for net operating loss arising in tax years	beginning before January	1, 2018 (see ins	tructions)		35	
36		of unrelated business taxable income before s						
		33 and 34	36	-10.				
37		fic deduction (Generally \$1,000, but see line 3		37	1,000.			
38		lated business taxable income. Subtract line						
<u> </u>		the smaller of zero or line 36					38	-10.
		Tax Computation	<del></del>		<del></del>			
39		nizations Taxable as Corporations. Multiply l				▶	39	0.
40		s Taxable at Trust Rates. See instructions for		x on the amour	it on line 38 from:			
44		Tax rate schedule or Schedule D (For	m 1041)			<b>▶</b>	40	
41		/ tax. See instructions				▶	41	
42		native minimum tax (trusts only)	•				42	
43		n Noncompliant Facility Income. See Instruc					43	
Part \		. Add lines 41, 42, and 43 to line 39 or 40, whi	cnever applies				44	0.
			trusto attach Corm 1116\	<del></del> -	1454	<del></del> 1		
		gn tax credit (corporations attach Form 1118, credits (see instructions)	irusis aliach Form 1116)		45a			
		ral business credit. Attach Form 3800			45b			
C			1 or 0007\		45c			
		t for prior year minimum tax (attach Form 880 credits. Add lines 45a through 45d	1 01 0021)		45d		45.	
46		act line 45e from line 44				+	45e	0.
47			Form 8611  Form 869	7	ose Cother	attach schedule)	46 47	<del></del>
48		tax. Add lines 46 and 47 (see instructions)	rum 0011 rum 009	roilli c	ooo	aπach schedule)	48	0.
49		net 965 tax liability paid from Form 965-A or F	Form 065-R Part II column	(k) line 2			49	0.
		ents: A 2017 overpayment credited to 2018	omi 303-b, r art ii, columii	(K), IIIIC 2	50a	•		
		estimated tax payments			50b			
		eposited with Form 8868				24,000.		
		an organizations; Tax paid or withheld at source	e (see instructions)		50d	21,0001		
		ip withholding (see instructions)	(000 11100 0000110)		50e			
		t for small employer health insurance premium	is (attach Form 8941)		50f			
		<del></del>	rm 2439			·		
ŭ			her	Total <b>&gt;</b>	- 50g			
51	Total	payments. Add lines 50a through 50g		_			51	24,000.
52		ated tax penalty (see instructions). Check if Fo	rm 2220 is attached 🕨 🗌				52	
53		ue. If line 51 is less than the total of lines 48,		red		▶ 1	53	
54		payment. If line 51 is larger than the total of lin	•			<b>▶</b> 1	54	24,000.
55		the amount of line 54 you want Credited to 2			Ref	unded 🕨	55	24,000.
Part \	// 3	Statements Regarding Certain	<b>Activities and Othe</b>	er Informat	tion (see instruc	ctions)		
56	At an	time during the 2018 calendar year, did the c	rganization have an interest	in or a signatui	re or other authorit	у		Yes No
	over a	a financial account (bank, securities, or other)	in a foreign country? If "Yes	," the organizati	on may have to file	:		
	FinCE	N Form 114, Report of Foreign Bank and Finai	icial Accounts If "Yes," ente	r the name of th	ne foreign country			
	here	<b>&gt;</b>						<u> </u>
57	Durin	g the tax year, did the organization receive a d	stribution from, or was it the	e grantor of, or	transferor to, a for	eign trust?		X
	If "Yes	s," see instructions for other forms the organiz	ation may have to file.					
58		the amount of tax-exempt interest received or						
C:	Un	der penalties of perjury, I declare that I have examined rect, and complete. Declaration of preparer (other than	this return, including accompany taxpayer) is based on all informa	ring schedules and itio <u>n of which p</u> rep	d statements, and to t parer has any knowled	he best of my know ge	ledge and be	lief, it is true,
Sign	Wa	caule Unrin	pri6, 2020	-		■ Ma <sup>s</sup>	y the IRS disc	cuss this return with
Here	) a	- Ванн рфт в 2020)	<u> </u>		IAL/ADMI			wn below (see
		Signature of officer,	(Date)	Title			ructions)?	X Yes No
		Print/Type preparer's name	Preparer's signature	0		Check if	PTIN	
Paid		TO GRADIE 1977 5000		ړ	T .	self- employed	1 222	040400
Prepa	rer	JOSEPH WILSON, JR.	· · · · · · · · · · · · · · · · · · ·		4/03/20			049429
Use C	nly	Firm's name ► COUNCILOR, B			P.C.	Firm's EIN ▶	52-	1480805
			ONT AVE. STE	. 500		Dhan /	20110	06 0600
		Firm's address ► BETHESDA,	MD 20814	<del> </del>		Phone no. (		86-0600
823711 01	-09-19			_			Fo	orm <b>990-T</b> (2018)

3

823711 01-09-19

Schedule A - Cost of Goods	Sold. Enter	method of inver	ntory v	aluation N/A				
1 Inventory at beginning of year	1 Inventory at beginning of year 1					<u>.                                    </u>	6	,
2 Purchases	2		7	Cost of goods sold Su	btract I	ine 6		
3 Cost of labor	3	from line 5. Enter here a				Part I,		
4 a Additional section 263A costs			1	line 2			7	
(attach schedule)	4a		8	Do the rules of section	263A (\	with respect to		Yes No
b Other costs (attach schedule)	4b		1	property produced or a	cquired	for resale) apply to		
5 Total. Add lines 1 through 4b	5		1	the organization?				
Schedule C - Rent Income	(From Real	Property an	d Pe	rsonal Property	Leas	ed With Real Pro	pert	y)
(see instructions)								
1. Description of property								
(1)								
(2)						<del></del>		
(3)								
(4)								
		ed or accrued				3(a)Deductions directl	v conne	cted with the income in
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%	than	of rent for	personal	onal property (if the percents property exceeds 50% or if ed on profit or income)	ige	columns 2(a) a	nd 2(b)	(attach schedule)
(1)								
(2)								
(3)								
(4)								
Total	0.	Total			0.			
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column		iter -			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	<b>•</b>	0.
Schedule E - Unrelated Det	ot-Financed	I Income (see	ınstru	ctions)				
			$\prod_{i}$	. Gross income from		3 Deductions directly con to debt-finan		
1. Description of debt-fit	nanced property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)
(1)								-
(2)			1					
(3)		-	$\top$					
(4)			1					
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	ofora debt-fina	e adjusted basis allocable to inced property h schedule)	(	Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)		8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)				%				
(2)				%				
(3)			T	. %				
(4)				%				
						nter here and on page 1, Part I, line 7, column (A)		Enter here and on page 1, Part I, line 7, column (B)
Totals				▶		0		0.
Total dividends-received deductions in	cluded in columi	n 8				•	<b>-</b>	0.
								Form 990-T (2018)

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization  (see instructions)  1. Description of ricome  2. Amount of microme  2. Amount of microme  3. Deductions directly connected (little hierarchicula) (pitterh achedula) (pitterh ache				Exempt	Controlled O	rganızatı	ons					
(2) (3) (4) (4) (5) (6) (7) (7) (8) (8) (9) (9) (9) (10) (10) (10) (10) (10) (10) (10) (10	1 Name of controlled organiz	ation	dentification	3. Net uni (loss) (see	3. Net unrelated income (loss) (see instructions)		ments made inclu		included in the controlling		connected with income	
(2) (3) (4) (4) (5) (6) (7) (7) (8) (8) (9) (9) (9) (10) (10) (10) (10) (10) (10) (10) (10	(1)			-	<del>-</del>	<u> </u>		<del>  -</del> -	<del></del> -	<del></del> -		
3						<u> </u>						
(d)  The controlled Organizations  The Controlled Organizations  The Controlled Organizations  The Controlled Organizations  See that it weeked income (cost)  (cost instructions)  The Controlled Organization (cost instructions)  The					•••					一十	<del></del>	
Consequence   Controlled Organizations												
(1) (2) (3) (4) (5) (6) (7) (7) (8) (8) (9) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9		nizations										
(2) (3) (4)  Add columns 3 and 10 Enter here and on page 1, Part I line 8, column (9) (see instructions)  1. Description of income  2. Amount of income  2. Amount of income  3. Description of income (see instructions)  5. Trail description (set schedule) (1) (2) (3) (4)  Enter here and on page 1, Part I line 8, column (9) (3) (4)  Enter here and on page 1, Part I line 8, column (9) (6) (7) (8) (9) (9) (1) (9) (1) (9) (1) (9) (1) (9) (1) (1) (1) (2) (3) (4)  Enter here and on page 1, Part I line 8, column (9) (see instructions)  3. Expenses (stack schedule) (1) (2) (3) (4)  Enter here and on page 1, Part I line 8, column (9) (see instructions)  4. Not income (see) (see instructions)  5. Grass income (see instructions)  7. Excess exemply fart I line 9, column (9) (see instructions)  7. Excess exemply fart I line 9, column (9) (see instructions)  7. Excess exemply fart I line 9, column (9) (see) (see instructions)  7. Excess exemply fart I line 9, column (9) (see) (see instructions)  1. Description of exploit of activity income, of the page 1, Part I line 9, column (9) (see) (see instructions)  7. Excess exemply fart I line 9, column (9) (see)	7. Taxable Income			9 Total	of specified pay made	ments	in the controll	ng organi		11. De	ductions directly connected i income in column 10	
Add columns 5 and 10   Enter here and on page 1, Part 1, lins 8, column (A)   Inter here and on page 1, Part 1, lins 8, column (B)   O . O   O	(1)		•								<del> </del>	
Add columns 5 and 10 Enter here and on page 1, Part 1, ins 6, column (9)  1. Description of income  2. Amount of income  2. Amount of income  3. Description of income (see instructions)  4. Set-atides (enter here and on page 1, Part 1, ins 6, column (9)  (3) (4)  Enter here and on page 1, Part 1, ins 9, column (9)  (5)  (6) (7) (8) (9) (9) (1) (1) (1) (1) (1) (1) (1) (2) (3) (4) (4) (5) (6) (6) (7) (7) (7) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8					•							
Add columns S and 10 Enter here and on page 1, Part I, line 9, column (9)  1. Description of income  2. Amount of income  2. Amount of income  2. Amount of income  3. Deductions of (fitted his chedule)  (1)  (2)  (3)  (4)  Enter here and on page 1, Part I, line 9, column (9)  1. Description of income  1. Description of income  2. Amount of income  2. Amount of income  2. Amount of income  3. Deductions of (fitted his chedule)  (6)  (7)  (8)  (8)  (9)  (9)  (9)  (9)  (1)  (9)  (1)  (1												
Column   C	(4)	. , .	-							*1 ** * *		
Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization  1. Description of income  2. Amount of income  2. Amount of income  3. Deductions dreadly connected (ettach schedulin) (see instructions)  3. Expenses (see instructions)  4. Nat income (loss) 5. Goss mome some schedulin organis (solumn 3) if a gentians column 3 in a gentians column 4)  (1) (2) (3) (4) (4) (5) (6) (6) (7) (6) (7) (7) (7) (7) (7) (8) (8) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9							Enter here and	on page	1, Part I, )	Enter h	ere and on page 1, Part I,	
(see instructions)  1. Description of income  2. Amount of income  2. Amount of income  3. Description of directly connected (ettach schedule) (col 3 plus col 4)  (1) (2) (3) (4)  Enter here and on page 1. Part I, line 9, column (A)  Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)  4. Not income (see)  1. Description of exploited Exempt Activity Income, Other Than Advertising Income (see instructions)  4. Not income (see)  1. Description of exploited Exempt Activity Income, Other Than Advertising Income (see instructions)  4. Not income (see)  1. Description of exploited Exempt Activity Income, Other Than Advertising Income (see instructions)  4. Not income (see)  1. Description of exploited Exempt Activity Income, Other Than Advertising Income (see instructions)  4. Not income (see)  1. Description of exploited Exempt Activity Income, Other Than Advertising Income (see instructions)  5. Coss moces from an out metallor to side or business encome from activity that ment and on page 1. Part I, sine 9, column 2 income from Enter here and on page 1. Part I, sine 9, column 2 income from Periodical Reported on a Consolidated Basis  1. Name of periodical Income (see instructions)  Part I Income From Periodicals Reported on a Consolidated Basis  7. Excess exempt expenses (solumn 2 income) column 5 income or (sos) (col 2 minus or (sos) (col 2 minu		<u> </u>				<u>▶</u>			0.		0.	
1. Description of mcome  2. Amount of income  2. Amount of income  3. Description of excelled distance schedules (attach schedules)  (1) (2) (3) (4)  Enter have and on page 1, Part I, Inne 9, Col I, Part I, Inne 10, Col I,			of a Section	on 501(c)(	(7), (9), or	(17) Or	ganization	ì				
(1) (2) (3) (4)    Enter here and on page 1, Pert I, line 9, column (4)   Fortials   Pert I, line 9, column (5)					2. Amount of	income	directly conne	cted			and set-asides	
(2) (3) (4)  Enter here and on page 1. Fert I, line 9, column (1) Fert I, line 9, column (2)  Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income  (see instructions)  1. Description of exploited activity and income from septions of exploited activity and income from the season	(1)						tarani sansa	1			(66) 6 pias 66) 47	
(3) (4)  Enter here and on page 1. Part I, line 9, column (V)  Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)  1. Description of exploited exempt Activity Income, Other Than Advertising Income (see instructions)  1. Description of exploited exempt Activity Income, Other Than Advertising Income (see instructions)  1. Description of exploited exempt Activity Income, Other Than Advertising Income (see instructions)  1. Description of exploited exempt Activity Income, Other Than Advertising Income (see instructions)  1. Description of exploited exempt Activity Income, Other Than Advertising Income (see instructions)  1. Description of exploited exempt Activity Income, Other Than Advertising Income (see instructions)  1. Description of exploited exempt Activity Income, Other Than Advertising Income (see instructions)  1. Description of exploited exempt Activity Income, Other Than Advertising Income (see instructions)  1. Description of exploited exempt Activity Income, Other Than Advertising Income (see instructions)  1. Description of exploited exempt Activity Income, Other Than Advertising Income (see instructions)  1. Description of exploited exempt Activity Income, Other Income Income (see instructions)  1. Description of exploited exempt Activity Income, Other Income Income (see instructions)  1. Description of exploited exempt Activity Income, Other Income Income (see instructions)  1. Description of exploited exempt Activity Income, Other Income Income (see instructions)  1. Description of exploited exempt Activity Income (see instructions)  1. Description of exploited exempt Activity Income (see instructions)  1. Description of exploited exempt Activity Income (see instructions)  1. Description of exploited exempt Activity Income (see instructions)  2. Gross exempt exploited exempt Activity Income (see instructions)  2. Enter here and on page 1. Part I, line 10, col (8) part Income (see instructind exempt Activity Income (see instructions)  3. Expenses exempt								$\dashv$				
Enter here and on page 1,   Part 1, line 9, column (X)   Enter here and on page 1,   Part 1, line 9, column (X)   Part 1, line 9,												
Enter here and on page 1,   Part I, line 9, column (A)   O											+	
Company   Comp	<u> </u>										Enter here and on page 1	
Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income  (see instructions)  1. Description of exploited activity unrelated business income from trade or business income from page 1, Part 1, line 10, col (A)  [2]  [3]  [4]  [5]  [6]  [6]  [6]  [6]  [6]  [6]  [6					Part I, line 9, co	olumn (A)					Part I, line 9, column (B)	
(See Instructions)  1. Description of exploited activity under the property of exploited activity that is not unrelated business income from activity that is not unrelated business income for activity that is not unrelated business.  1. Name of period	rotals			<b>•</b>		0.					0.	
1. Description of exploited activity and exploited activity that and unrelated business income from act			ivity Inco	me, Othe	r Than Ac	lvertisi	ng income	•				
(2) (3) (4)  Enter here and on page 1, Part I, line 10, cot (A)  Fotals  O.  Chedule J - Advertising Income (see instructions)  Part I Income From Periodicals Reported on a Consolidated Basis  1. Name of periodical  2. Gross advertising income Inc	1. Description of	2. Gross unrelated busined income from	drectl with	y connected production inrelated	from unrelated business (co minus colum gain, comput	trade or olumn 2 n 3) If a e cols 5	from activity t is not unrelat	hat ed	attribut	able to	expenses (column 6 minus column 5, but not more than	
Enter here and on page 1, Pert 1, line 10, cot (A)   Enter here and on page 1, Pert 1, line 10, cot (B)   Description of page 1, Pert I, line 28	(1)	<u> </u>										
Enter here and on page 1, Part I, line 10, cot (A)   Enter here and on page 1, Part II, line 28	(2)											
Enter here and on page 1, Part I, line 10, col (A)  O . O . O . O . O . O . O . O . O . O	(3)											
page 1, Part I, line 10, col (A)  O. O. O. O. Part II, line 28  O. O	(4)			•					,		·	
Schedule J - Advertising Income (see instructions)  Part I Income From Periodicals Reported on a Consolidated Basis  1. Name of periodical advertising income (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7  (1) (2) (3) (4)		page 1, Part I,	pag line	9 1, Parti, 10, col (B)							on page 1, Part II, line 26	
Part I Income From Periodicals Reported on a Consolidated Basis  2. Gross advertising income  3. Direct advertising costs or (loss) (col 2 minus col 2 minus col 3) If a gain, compute cols 5 through 7  (1) (2) (3) (4)		ing Income				-			_			
1. Name of periodical advertising advertising costs of (loss) (col 2 minus of (loss) (col 2					solidated	Basis						
1. Name of periodical advertising advertising costs of loss) (col 2 minus or (loss) (col 2			-									
	1. Name of periodical	advert	ising .		or (loss) (co	of 2 minus ain, comput		ion			costs (column 6 minus column 5, but not more	
	(1)				1		T					
	(2)				7							
	(3)											
	(4)											
otals (carry to Part II, line (5)) ▶ 0 . 0 . 0 . 0 . 0 . 0 . 0 . 0 . 0 . 0												
	otals (carry to Part II, line (5))	<b>&gt;</b>	0.	0			<u> </u>	[			0 • Form <b>990-T</b> (2018	

## Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

1. Name of periodical		2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)							
(2)		•					د
(3)							
(4)		~~					
Totals from Part I	▶	0.	0.				0.
		Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)	•			Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)	•	0.	0.				0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14		•	0.

Form 990-T (2018)

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

DISALLOWED TRANSPORTATION AND PARKING BENEFIT FOR EMPLOYEES TO FORM 990-T, PAGE 1