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30 Déduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) 30 0. Unrelated business taxable income. Subtract line 30 from line 29 31 -211,001.	28 Total deductions. A	dd lines	14 through 27				28	
(see instructions) Unrelated business taxable income. Subtract line 30 from line 29 30 0. 31 -211,001.			, -				29	-211,001.
Unrelated business taxable income. Subtract line 30 from line 29 31 -211,001.	/	erating	loss arising in tax years beginning on or after Janua	ry 1, 20)18		1	-
761 011111111111111111111111111111111111	<i>,</i> '							
	·						31	

Schedule A - Cost of Good	s Sold. Enter	method of inver	ntory valuation N/A			
1 Inventory at beginning of year	1		6 Inventory at end of year	ır		6
2 Purchases	2		7 Cost of goods sold. Si	ubtract li	ne 6	, 1
3 Cost of labor	3		from line 5. Enter here	and in P	Part I,	<u></u>
4a Additional section 263A costs			line 2		,	7
(attach schedule)	4a		8 Do the rules of section	263A (v	vith respect to	Yes No
b Other costs (attach schedule)	4b		property produced or a	acquired	for resale) apply to	"想更 统
5 Total. Add lines 1 through 4b	5		the organization?			
Schedule C - Rent Income (see instructions)	(From Real	Property and	l Personal Property L	.eased	d With Real Prope	erty)
Description of property						
(1)						
(2)						
(3)						
_(4)						
		ed or accrued			3/a) Deductions directly o	connected with the income in
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%)	e than	of rent for	and personal property (if the percenta personal property exceeds 50% or if nt is based on profit or income)	ge	columns 2(a) and	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)	• 0.
Schedule E - Unrelated Del	ot-Financed	Income (see	instructions)			a
			Gross income from or allocable to debt-		Deductions directly conne to debt-finance	ected with or allocable d property
1. Description of debt-fi	nanced property		financed property	(a)	Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)						†
(2)						
(3)						
(4)						
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a	adjusted basis allocable to inced property h schedule)	6. 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)			%			
(4)			%			
					nter here and on page 1, lart I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)
Totals			•		0.	0.
Total dividends-received deductions	ncluded in columi	n 8	•		<u> </u>	0.

1. Name of periodical

2. Gross advertising costs advertising costs income

3. Direct advertising costs

(1)

(2)

(3)

(4)

Totals (carry to Part II, line (5))

2. Gross advertising costs advertising costs advertising costs

3. Direct advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7

5. Circulation income

6. Readership costs (column 6 minus column 4)

(3)

(4)

7. Excess readership costs (column 6 minus column 4)

6. Readership costs

(4)

7. Excess readership costs (column 6 minus column 5, but not more than column 4)

Form 990-T (2019) CALVERT IMPACT CAPITAL, INC. 52-15913 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)						
(3)	-					
(4)						
Totals from Part I	▶ 0.	0.	1		•	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 26
Totals, Part II (lines 1-5)	▶ 0.	0.				0.

Schedule K -	Compensation of	Officers,	Directors, and	Trustees	(see instructions)
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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 (2019)

SCHEDULE D (Form 1120)

Department of the Treasury Internal Revenue Service

Capital Gains and Losses

▶ Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.

▶ Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No 1545-0123

Name

Employer identification number

CALVERT IMPACT CAP	ITAL, INC.			D & -	1231330
Did the corporation dispose of any investment	nt(s) in a qualified opportur	nity fund during the tax year	יי		Yes X No
If "Yes," attach Form 8949 and see its instru	ctions for additional require	ements for reporting your g	ain or loss		
Part I Short-Term Capital Ga	ins and Losses (See	instructions)			
See instructions for how to figure the amounts to enter on the lines below.	(d) Proceeds	(e) Cost	(g) Adjustments to gail or loss from Form(s) 894	n 9.	(ħ) Gain or (loss) Subtract column (e) from column (d) and
This form may be easier to complete if you round off cents to whole dollars.	(sales price)	(or other basis)	Part I, line 2, column (g)	combine the result with column (g)
Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b				-	
1b Totals for all transactions reported on					•
Form(s) 8949 with Box A checked					
2 Totals for all transactions reported on					
Form(s) 8949 with Box B checked					
3 Totals for all transactions reported on					
Form(s) 8949 with Box C checked	from Form 6050 line 06 or 0			4	
4 Short-term capital gain from installment sales	·	1		4	
5 Short-term capital gain or (loss) from like-kini	•	משט משט	ATEMENT 3	5	(146,656.)
6 Unused capital loss carryover (attach compute	•		AIDMDNI 3	7	-146,656.
7 Net short-term capital gain or (loss). Combin Part II Long-Term Capital Gai					-140,030.
See instructions for how to figure the amounts	ila alla cosses (See)	ristructions.)			<u> </u>
to enter on the lines below.	(d) Proceeds	(e) Cost	(g) Adjustments to gain or loss from Form(s) 894	ń	(h) Gain or (loss) Subtract
This form may be easier to complete if you round off cents to whole dollars.	(sales price)	(or other basis)	Part II, line 2, column (g	9,	column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b		,	-		
8b Totals for all transactions reported on		12.001			42.064
Form(s) 8949 with Box D checked		13,961.			-13,961.
9 Totals for all transactions reported on					
Form(s) 8949 with Box E checked					
10 Totals for all transactions reported on					
Form(s) 8949 with Box F checked				44	
11 Enter gain from Form 4797, line 7 or 9	. f	7		11	
12 Long-term capital gain from installment sales	·	(12	
13 Long-term capital gain or (loss) from like-kini	d exchanges from Form 8824			13	
14 Capital gain distributions				14	12.061
15 Net long-term capital gain or (loss). Combine		<u>nn</u>	,	15	-13,961.
Part III Summary of Parts I and		diana (han 45)			
16 Enter excess of net short-term capital gain (lin			,	16	
17 Net capital gain. Enter excess of net long-term	, ,)	17	
18 Add lines 16 and 17. Enter here and on Form		oper line on other returns		18	0.
Note: If losses exceed gains, see Capital Los	sses in the instructions.				

Name(s) shown on return. Name and SSN or taxpayer identification no, not required if shown on page 1

				on page ,		N N	ntification no.
CALVERT IMPACT							591398
Before you check Box D, E, or F belo statement will have the same informa- broker and may even tell you which i	ow, see whether y ation as Form 109 box to check	you received any 99-B Either will	Form(s) 1099-B o show whether you	r substitute statem r basis (usually you	ent(s) from y r cost) was re	our broker A su eported to the IF	bstitute IS by your
Part II Long-Term. Transaction	ons involving capita	al assets you held i	nore than 1 year are	generally long-term (s	ee instruction	s) For short-term to	ransactions,
see page 1. Note: You may aggregate al codes are required. Enter the	e totals directly on S	Schedule D. line 8a	 vou aren't required 	to report these trans.	ections on For	m 8949 (see instru	ctions).
You must check Box D, E, or F below. (If you have more long-term transactions than will	Check only one bo	X. If more than one b	ox applies for your long-	term transactions, compl	ete a separate Fo	orm 8949, page 2, for	each applicable box
X (D) Long-term transactions rep					•		
(E) Long-term transactions rep							
(F) Long-term transactions no	t reported to you	on Form 1099-E	3				
1 (a) Description of property (Example 100 sh XYZ Co)	(b) Date acquired (Mo , day, yr)	(c) Date sold or disposed of	(d) Proceeds (sales price)	(e) Cost or other basis See the	loss. If you in column (g	if any, to gain or enter an amount y), enter a code in See instructions.	(h) Gain or (loss). Subtract column (e)
		(Mo , day, yr)		Note below and see Column (e) in	(f)	(g)	from column (d) & combine the result
				the instructions	Code(s)	Amount of adjustment	with column (g)
CAPITAL LOSS FROM							
SCHEDULES K-1				13,961.	.		<13,961.>
						_	
	+						
	· · · · · · · · · · · · · · · · · · ·		<u> </u>	 	 		<u></u>
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	<u> </u>			1			
2 Totals. Add the amounts in colur	mns (d), (e), (g), a	nd (h) (subtract					
negative amounts). Enter each to				1			

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment

13,961

Schedule D, line 8b (if Box D above is checked), line 9 (if Box E

above is checked), or line 10 (if Box F above is checked)

SCHEDULE D	C	APITAL LOSS CARRYOV	STATEMENT 3	
	LOSS YEAR	ORIGINAL LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING
	2014 2015 2016			-
	2017 2018	86,777 59,879		86,777 59,879
CAPITAL LOSS	CARRYOVER TO	CURRENT TAXABLE YEAR	R	146,656

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

INVESTMENT INCOME FROM PARTHERSHIP INTERESTS

TO FORM 990-T, PAGE 1

FORM 990-T	OTHER DEDUCTIONS	STATEMENT 2
DESCRIPTION		AMOUNT
TAX PREPARATION FEE		3,000.
TOTAL TO FORM 990-T, PAGE 1,	LINE 27	3,000.