Form	Form 990-T Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))					
				つりつつ		
		For ca	endar year 2023 or other tax year beginning, and ending	·	2023	
	ent of the Treasury 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).		Open to Public Inspection for 501(c)(3) Organizations Only	
A	Check box if address changed.		Name of organization (Check box if name changed and see instructions.)		ployer identification number	
	mpt under section	Print	CALVERT IMPACT CAPITAL, INC.		52-1591398	
	501(c)(3) 408(e) 220(e)	or Type	Number, street, and room or suite no. If a P.O. box, see instructions. 7315 WISCONSIN AVENUE, 8TH FLOOR		oup exemption number e instructions)	
	408A 530(a) 529(a) 529A		City or town, state or province, country, and ZIP or foreign postal code BETHESDA, MD 20814	┤ ╞╴┌╴	Check box if	
		C Bo	ok value of all assets at end of year	┤└	an amended return.	
G Cł	neck organization		X 501(c) corporation 501(c) trust 401(a) trust Other trust] State	college/university	
H Cł	and if filing only to		6417(d)(1)(A) Applicable entity Credit from Form 8941 Refund shown on Form 2439 Elective payme	ont one	aunt from Form 2000	
	neck if filing only to				ount from Form 3800	
					2	
			ed Schedules A (Form 990-1) e corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?		Yes X No	
			d identifying number of the parent corporation			
	e books are in car			800-	248-0337	
Part	I Total Unr	elate	d Business Taxable Income			
1	Total of unrelated	d busine	ess taxable income computed from all unrelated trades or businesses (see instructions) \dots	1	193,557.	
2	Reserved			2		
3	Add lines 1 and 2	<u> </u>		3	193,557.	
4			(see instructions for limitation rules)	4	0.	
5			taxable income before net operating losses. Subtract line 4 from line 3	5	193,557.	
6			ing loss. See instructions	6		
7	Total of unrelated	d busine	ess taxable income before specific deduction and section 199A deduction.			
	Subtract line 6 fro			7	193,557.	
8			erally \$1,000, but see instructions for exceptions)	8	1,000.	
9			eduction. See instructions	9	1	
10			ines 8 and 9	10	1,000.	
11 Dort			able income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero	11	192,557.	
Part		-			40 427	
1			as corporations. Multiply Part I, line 11 by 21% (0.21)	1	40,437.	
2			rates. See instructions for tax computation. Income tax on the amount on			
•			_ Tax rate schedule or Schedule D (Form 1041)	2		
3			ons	3		
4			instructions	4		
5			acility income Sociects untions	6		
6 7			acility income. See instructions gh 6 to line 1 or 2, whichever applies	7	40,437.	
Part	III Tax and	Payn	ients		10/10/1	
1a		-	rations attach Form 1118; trusts attach Form 1116) 1a			
b	Other credits (see	· ·				
c			Attach Form 3800 (see instructions)			
d			mum tax (attach Form 8801 or 8827) 1d			
е	Total credits. Ad			1e		
2	Subtract line 1e f	rom Pa	rt II, line 7	2	40,437.	
3a	Amount due from					
b	Amount due from	n Form	8611 3b			
с	Amount due from	n Form	8697 3 c			
d	Amount due from	n Form	8866			
е	Other amounts de	ue (see	instructions) 3e			
f	Total amounts du	ie. Add	lines 3a through 3e	3f	0.	
4	Total tax. Add lin	nes 2 ar	nd 3f (see instructions).			
	section 1294. E	Enter ta	x amount here	4	40,437.	
5			lity paid from Form 965-A, Part II, column (k)	5	0.	

Form 9	90-T (2023)					F	2 age
Part	III Tax and Payments (continued)						
6 a	Payments: Preceding year's overpayment credited to the current year	<u>6</u> a					
b	Current year's estimated tax payments. Check if section 643(g) election						
	applies	6b	35,000.				
С	Tax deposited with Form 8868	60					
d	Foreign organizations: Tax paid or withheld at source (see instructions)	60					
е	Backup withholding (see instructions)	<u>6</u> e					
f	Credit for small employer health insurance premiums (attach Form 8941)	<u>6</u> f					
g	Elective payment election amount from Form 3800	6g					
h	Payment from Form 2439	6h					
i	Credit from Form 4136	6i					
j	Other (see instructions)	6j					
7	Total payments. Add lines 6a through 6j		······	7	3	5,0	00.
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached			8			
9				9		5,4	37.
10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount over	erpaid		10			
	Enter the amount of line 10 you want: Credited to 2024 estimated tax		Refunded	11			
Part	IV Statements Regarding Certain Activities and Other Informa	ation (see instructions)				
1	At any time during the 2023 calendar year, did the organization have an interest in a	or a sign	ature or other authority			Yes	No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," th	ie organi:	zation may have to file				
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter t	he name	of the foreign country				
	here INDIA					Х	
2	During the tax year, did the organization receive a distribution from, or was it the gr	antor of,	or transferor to, a				
	foreign trust?						X
	If "Yes," see instructions for other forms the organization may have to file.						
3	Enter the amount of tax-exempt interest received or accrued during the tax year		\$				
4	Enter available pre-2018 NOL carryovers here \$ Do no	ot include	any post-2017 NOL ca	rryover			
	shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by	y any deo	duction reported on Par	t I, line 6.			
5	Post-2017 NOL carryovers. Enter the Business Activity Code and available post-201	17 NOL (arryovers. Don't reduce)			
	the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 f	for the ta	x year. See instructions			_	
	Business Activity Code	A	vailable post-2017 NOL	carryover		_	
		\$					
		\$					
		\$					
		\$					
6 a	Reserved for future use						
b	Reserved for future use	<u></u>					
Part	V Supplemental Information						

Provide any additional information. See instructions.

Sign	Under penalties of perjury, I declare that I have examined correct, and complete. Declaration of preparer (other than					wledge	and belief, it is tr	rue,	
Here	Signature of officer	Date CFO			May the IRS discuss the preparer shown b instructions)?				rith
Paid	Print/Type preparer's name	Preparer's signature		Date	Check self-employe] if	PTIN P0122		
Prepare Use Onl		ERT LLP ORKS ROAD,	SUITE 1	500	Firm's EIN		52-14		9
	Firm's address RALEIGH , N							6400	

SCHEDULE A (Form 990-T)

Department of the Treasury

Internal Revenue Service

Unrelated Business Taxable Income From an Unrelated Trade or Business

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).

OMB No. 1545-0047

Open to Fublic inspection for
501(c)(3) Organizations Only

2

B Employer identification number

1

of

52-1591398

D Sequence:

Α	Name of the organization	

e of the organizati	ion			
CALVERT	IMPACT	CAPITAL,	INC.	

525990 **C** Unrelated business activity code (see instructions)

INVESTMENT INCOME FROM PARTHERSHIP INTERESTS

Pa	rt I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net	
1a	Gross receipts or sales					
b	Less returns and allowances c Balance	1c				
2	Cost of goods sold (Part III, line 8)	2				
3	Gross profit. Subtract line 2 from line 1c	3				
4a	Capital gain net income (attach Schedule D (Form 1041 or Form					
	1120)). See instructions	4a				
b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions)	4b				
с	Capital loss deduction for trusts	4c				
5	Income (loss) from a partnership or an S corporation (attach					
	statement) STATEMENT 1	5	-35,775.		-35,775.	
6	Rent income (Part IV)	6				
7	Unrelated debt-financed income (Part V)	7				
8	Interest, annuities, royalties, and rents from a controlled					
	organization (Part VI)	8				
9	Investment income of section 501(c)(7), (9), or (17)					
	organizations (Part VII)	9				
10	Exploited exempt activity income (Part VIII)	10				
11	Advertising income (Part IX)	11				
12	Other income (see instructions; attach statement)	12				
13	Total. Combine lines 3 through 12	13	-35,775.		-35,775.	
Pa	Part II Deductions Not Taken Elsewhere. See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income.					

directly connected with the unrelated business income

1	Compensation of officers, directors, and trustees (Part X)	1			
2	Salaries and wages			2	
3	Repairs and maintenance				
4	Bad debts			4	
5	Interest (attach statement). See instructions			5	
6	Taxes and licenses			6	1,218.
7	Depreciation (attach Form 4562). See instructions	7			
8	Less depreciation claimed in Part III and elsewhere on return	8a		8b	
9	Depletion			9	
10	Contributions to deferred compensation plans				
11	Employee benefit programs				
12	Excess exempt expenses (Part VIII)				
13	Excess readership costs (Part IX)			13	
14	Other deductions (attach statement)	E ;	STATEMENT 2	14	1,500.
15	Total deductions. Add lines 1 through 14			15	2,718.
16	Unrelated business income before net operating loss deduction. Subtract line 15 from	Part	: I, line 13,		
	column (C)			16	-38,493.
17	Deduction for net operating loss. See instructions				0.
18	Unrelated business taxable income. Subtract line 17 from line 16		-38,493.		
For I	Paperwork Reduction Act Notice, see instructions.			Schedu	e A (Form 990-T) 2023

Sched	ule A (Form 990-T) 2023					F	Page 2
Part		nod of inventory valu	ation				<u> </u>
1	Inventory at beginning of year	-			1		
2	Purchases				2		
3	Cost of labor				3		
4	Additional section 263A costs (attach statement)		4				
5	Other costs (attach statement)				5		
6	Total. Add lines 1 through 5				6		
7	Inventory at end of year				7		
8	Cost of goods sold. Subtract line 7 from line 6. Enter h						_
9	Do the rules of section 263A (with respect to property p					Yes	No
Part					rty)		
1	Description of property (property street address, city, s	tate, ZIP code). Che	ck if a dual-use. See instr	uctions.			
	B						
	D						
•		Α	B	C		D	
2	Rent received or accrued						
а	From personal property (if the percentage of						
	rent for personal property is more than 10%						
	but not more than 50%)						
b	From real and personal property (if the						
	percentage of rent for personal property exceeds						
	50% or if the rent is based on profit or income)						
с	Total rents received or accrued by property.						
	Add lines 2a and 2b, columns A through D						
3	Total rante received or accrued. Add line 20. columns A	through D Entor b	are and on Part L line 6	olumn (A)			0.
3	Total rents received or accrued. Add line 2c, columns A	through D. Enter ne	leie and on Part I, line 0, 0				
4	Deductions directly connected with the income						
4	in lines 2a and 2b (attach statement)						
5	Total deductions. Add line 4, columns A through D. Er	ter here and on Par	t L line 6. column (B)				0.
Part		e instructions)		<u></u>	••		
1	Description of debt-financed property (street address, c		Check if a dual-use. See	instructions			
•	A	<i>ity</i> , otato, 211 oodo).			•		
	в						
	c 🗌						
	D						
		Α	В	С		D	
2	Gross income from or allocable to debt-financed						
	property						
3	Deductions directly connected with or allocable						
	to debt-financed property						
а	Straight line depreciation (attach statement)						
b	Other deductions (attach statement)						
с	Total deductions (add lines 3a and 3b,						
	columns A through D)						
4	Amount of average acquisition debt on or allocable						
	to debt-financed property (attach statement)						
5	Average adjusted basis of or allocable to debt-						
	financed property (attach statement)						
6	Divide line 4 by line 5		% %		%		9
7	Gross income reportable. Multiply line 2 by line 6						,
8	Total gross income (add line 7, columns A through D).	Enter here and on F	Part I, line 7, column (A)		·		0.
			, , <u></u> , y				
9	Allocable deductions. Multiply line 3c by line 6						
10	Total allocable deductions. Add line 9, columns A thr	ough D. Enter here a	and on Part I. line 7. colu	mn (B)	·		0.
11	Total dividends-received deductions included in line						0.

	ule A (Form 990-T) 2023 VI Interest, Annu		waltion and P	onto Ero	m Contro		ragnization	C (-				Page 3
Part	VI Interest, Annu	illies, ni	byanies, and ne				Exempt Contro	,	ee instruct	,		
	1. Name of controller organization	d	2. Employer identification number	3. Net unrelated 4. Total		al of specified nents made controllin		art of column 4 s included in the rolling organiza- s gross income		6. Deductions directly connected with income in column 5		
(1)									e greee me			
(2)												
(3)												
(4)												
			No	nexempt C	Controlled Or	ganizati	ons					
7	7. Taxable Income	in	Net unrelated come (loss) e instructions)		otal of specif yments mad		10. Part of that is inconstruction of the controlling gross	luded	in the zation's	11. Deductions directly connected with income in column 10		nected with
(1)												
(2)												
(3)												
(4)												
	Add columns 5 and 10. Enter here and on Part I, line 8, column (A).		n Part I,	Ent	er hei	umns 6 and 11. re and on Part I, , column (B).						
Totals									0.			0.
Part	VII Investment	Income	of a Section 50	1(c)(7), (9), or (17)	Orgar	nization (s	ee ins	tructions)			
	1. Desc	cription of i	income		2. Amou incon		3. Deduction directly connection (attach state)	ected	4. Set- (attach st		nt)	. Total deductions and set-asides (add cols 3 and 4)
(1)												
(2)												
(3)												
(4) Totals					Add amou column 2. here and oi line 9, colu	. Enter n Part I,						Add amounts in column 5. Enter here and on Part I, line 9, column (B). 0 •
Part	VIII Exploited E	xempt A	ctivity Income	Other 1	han Adve	•••		(see in	structions)			
1	Description of exploite							000 11				
2	Gross unrelated busin		e from trade or busi	ness. Ente	r here and o	n Part I.	line 10. colum	n (A)		2		
3	Expenses directly con						-	• •				
			·							3		
4	Net income (loss) from											
										4		
5	Gross income from ac									5		
6	Expenses attributable									6		
7	Excess exempt expen	ses. Subtra	act line 5 from line 6	6, but do no	ot enter more	e than th	ne amount on l	ine				
	4. Enter here and on P	Part II, line	12							7		

Schedule A (Form 990-T) 2023

Schedi	ule A (Form 990-T) 2023						1 Page 4
Part							<u></u>
1	Name(s) of periodical(s). Check box if reportin A B C C			consolidated basis			
	D						
Enter a	mounts for each periodical listed above in the	correspo	nding column.	Т			
			Α	В	C	D	
2	Gross advertising income						
	Add columns A through D. Enter here and on	Part I, lin	ie 11, column (A)				0.
а			[
3	Direct advertising costs by periodical						0
а	Add columns A through D. Enter here and on	Part I, lin	ie 11, column (B)				0.
	Advertising asin (less). Subtract line 2 from line						
4	Advertising gain (loss). Subtract line 3 from line	le					
	2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column ir						
	line 4 showing a loss or zero, do not complete						
5	Readership costs						
6	Circulation income						
7	Excess readership costs. If line 6 is less than						
•	line 5, subtract line 6 from line 5. If line 5 is less	ss					
	than line 6, enter -0-						
8	Excess readership costs allowed as a						
	deduction. For each column showing a gain o	n					
	line 4, enter the lesser of line 4 or line 7						
а	Add line 8, columns A through D. Enter the gi		he line 8a columns to	tal or -0- here and o	n		
	Part II, line 13						0.
Part 2	X Compensation of Officers, Dir	ectors	, and Trustees (see instructions)			
					3. Percentage	4. Compensati	on
	1. Name		2. Title		of time devoted	attributable to	D
					to business	unrelated busin	ess
(1)					%		
(2)					%		
(3)					%		
(4)					%		
Tatal	Fater have and an David II, line 1						0
Part 2	Enter here and on Part II, line 1	<u></u>	······				0.
Fail		e instruc	tions)				

CALVERT IMPACT CAPITAL, INC.	52-1591398
FORM 990-T (A) INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 1
DESCRIPTION	NET INCOME OR (LOSS)
THE ENTERPRISE MULTIFAMILY OPPORTUNITY FUND, II, LLC - NET RENTAL REAL ESTAT	-35,775.
TOTAL INCLUDED ON SCHEDULE A, PART I, LINE 5	-35,775.
FORM 990-T (A) OTHER DEDUCTIONS	STATEMENT 2
DESCRIPTION	AMOUNT
TAX PREPARATION FEE	1,500.
TOTAL TO SCHEDULE A, PART II, LINE 14	1,500.

=

SCHEDULE A (Form 990-T)

Department of the Treasury

Internal Revenue Service

Unrelated Business Taxable Income From an Unrelated Trade or Business

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).

Open to Public Inspection for 501(c)(3) Organizations Only

2

Α	Name of the organizat	tion
	CALVERT	IMPACT

A	A Name of the organization CALVERT IMPACT CAPITAL, INC.				B Employer identification number 52-1591398			
с	Unrelated business activity code (see instructions)	525990	D	Sequence:	2	of		

INVESTMENT INCOME FROM NON-AGGREGATED PARTNER Describe the unrelated trade or business

E	Describe the unrelated trade or business INVESTMENT I	NCO	<u>ME FROM NON-A</u>	AGGREGATED PA	ARTNER
Pa	rt I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a	Gross receipts or sales				
b	Less returns and allowances c Balance	1c			
2	Cost of goods sold (Part III, line 8)	2			
3	Gross profit. Subtract line 2 from line 1c	3			
4 a	Capital gain net income (attach Schedule D (Form 1041 or Form				
	1120)). See instructions	4a			
b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions)	4b			
с	Capital loss deduction for trusts	4c			
5	Income (loss) from a partnership or an S corporation (attach				
	statement) STATEMENT 3	5	230,762.		230,762.
6	Rent income (Part IV)	6			
7	Unrelated debt-financed income (Part V)	7			
8	Interest, annuities, royalties, and rents from a controlled				
	organization (Part VI)	8			
9	Investment income of section 501(c)(7), (9), or (17)				
	organizations (Part VII)	9			
10	Exploited exempt activity income (Part VIII)	10			
11	Advertising income (Part IX)	11			
12	Other income (see instructions; attach statement)	12			
13	Total. Combine lines 3 through 12	13	230,762.		230,762.

Part II Deductions Not Taken Elsewhere. See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income

1	Compensation of officers, directors, and trustees (Part X)	1			
2	Salaries and wages			2	
3	Repairs and maintenance				
4	Bad debts			4	
5	Interest (attach statement). See instructions			5	
6	Taxes and licenses			6	35,705.
7	Depreciation (attach Form 4562). See instructions	7			
8	Less depreciation claimed in Part III and elsewhere on return			8b	
9	Depletion			9	
10	Contributions to deferred compensation plans			10	
11	Employee benefit programs				
12	Excess exempt expenses (Part VIII)				
13	Excess readership costs (Part IX)				
14	Other deductions (attach statement)	E S	STATEMENT 4	14	1,500.
15	Total deductions. Add lines 1 through 14			15	37,205.
16	Unrelated business income before net operating loss deduction. Subtract line 15 from				
	column (C)			16	193,557.
17	Deduction for net operating loss. See instructions				0.
18	Unrelated business taxable income. Subtract line 17 from line 16		193,557.		
For F	Paperwork Reduction Act Notice, see instructions.			Schedu	le A (Form 990-T) 2023

chod	ule A (Form 990-T) 2023						2 Page 2
Part		hod of inventory valu	ation			r	aye
1					1		
2	Purchases				2		
3	Cost of labor				3		
4	Additional section 263A costs (attach statement)				4		
5	Other costs (attach statement)				5		
6	Total. Add lines 1 through 5				6		
7	Inventory at end of year				7		
8	Cost of goods sold. Subtract line 7 from line 6. Enter l						
9	Do the rules of section 263A (with respect to property)					Yes	No
Part							
1	Description of property (property street address, city, s	tate, ZIP code). Cheo	ck if a dual-use. See instr	uctions.			
	A 🗌						
	в 🗔						
	c 🗌						
	D 🛄						
		Α	В	С		D	
2	Rent received or accrued						
а	From personal property (if the percentage of						
	rent for personal property is more than 10%						
	but not more than 50%)						
b	From real and personal property (if the						
	percentage of rent for personal property exceeds						
	50% or if the rent is based on profit or income)						
с	Total rents received or accrued by property.						
	Add lines 2a and 2b, columns A through D						
3	Total rents received or accrued. Add line 2c, columns A	A through D. Enter he	ere and on Part I, line 6, o	column (A)			0.
	Deductions directly connected with the income						
4	in lines 2a and 2b (attach statement)						
5	Total deductions. Add line 4, columns A through D. E	nter here and on Par	t I, line 6, column (B)		••		0.
Part	V Unrelated Debt-Financed Income (s	ee instructions)					
1	Description of debt-financed property (street address, o	city, state, ZIP code).	Check if a dual-use. See	e instructions			
	A						
	В						
	c						
	D		-				
		Α	В	C		D	
2	Gross income from or allocable to debt-financed						
	property						
3	Deductions directly connected with or allocable						
	to debt-financed property						
а	Straight line depreciation (attach statement)						
b	Other deductions (attach statement)						
с	Total deductions (add lines 3a and 3b,						
	columns A through D)						
4	Amount of average acquisition debt on or allocable						
	to debt-financed property (attach statement)						
5	Average adjusted basis of or allocable to debt-						
	financed property (attach statement)						
6	Divide line 4 by line 5		%		%		9
7	Gross income reportable. Multiply line 2 by line 6						
8	Total gross income (add line 7, columns A through D)	. Enter here and on F	Part I, line 7, column (A)				0.
			- I				
9	Allocable deductions. Multiply line 3c by line 6						
10	Total allocable deductions. Add line 9, columns A thr	ough D. Enter here a	nd on Part I, line 7, colu	mn (B)			0.
11	Total dividends-received deductions included in line	10					0.

Sched	ule A (Form 990-T) 2023 VI Interest, Annu	, iitios Ri	ovalties and Re	onts Fro	m Contro	lled O	rganization	IS (o	ee instruct	tions)		Page 3
Fait		1103, 11					Exempt Contro			/		
	1. Name of controller organization	d	2. Employer identification number			4. Tota	4. Total of specified payments made				ed in the rganiza-	
(1)									e greee me			
(2)												
(3)												
(4)												
			No	nexempt C	Controlled O	rganizati	ons					
7	. Taxable Income	in	Net unrelated Icome (loss) e instructions)		otal of specif yments mad		10. Part that is inc controlling gross	cluded	in the zation's		conr	uctions directly nected with e in column 10
(1)												
(2)												
(3)												
(4)												
							Add columns 5 and 10. Enter here and on Part I, line 8, column (A).		n Part I,	Add columns 6 and Enter here and on P line 8, column (B		re and on Part I,
Totals									0.			0.
Part			of a Section 50	1(c)(7), (9), or (17)	Orgar	nization _{(s}	see ins	tructions)			
	1. Desc	cription of	income				4. Set (attach st	asides tateme	nt)	. Total deductions and set-asides (add cols 3 and 4)		
(1)												
(2)												
(3)												
(4)					Add amor column 2 here and o line 9, colu	. Enter n Part I,						Add amounts in column 5. Enter here and on Part I, line 9, column (B).
Totals Part		vomnt A	Activity Income	Othor T	 [han Adv/	•••		(0.
1	Description of exploite						y moonie	usee in	structions)			
2	Gross unrelated busin			noss Ento	r here and o	n Part I	line 10 colum	n (A)		2		
3	Expenses directly con					,		. ,		-		
Ū										3		
4	Net income (loss) from											
•	lines 5 through 7									4		
5	Gross income from ac									5		
6	Expenses attributable									6		
7	Excess exempt expen											
	4. Enter here and on F									7		

Schedule A (Form 990-T) 2023

Part IX Advertising Income 1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis. A	
A	
B	
D	
Enter amounts for each periodical listed above in the corresponding column.	
A B C	D
2 Gross advertising income	
Add columns A through D. Enter here and on Part I, line 11, column (A)	0.
a I I I	
3 Direct advertising costs by periodical	
a Add columns A through D. Enter here and on Part I, line 11, column (B)	0.
4 Advertising gain (loss). Subtract line 3 from line	
2. For any column in line 4 showing a gain,	
complete lines 5 through 8. For any column in	
line 4 showing a loss or zero, do not complete	
lines 5 through 7, and enter -0- on line 8	
5 Readership costs	
6 Circulation income 7 Excess readership costs. If line 6 is less than	
line 5, subtract line 6 from line 5. If line 5 is less	
than line 6, enter -0-	
8 Excess readership costs allowed as a	
deduction. For each column showing a gain on	
line 4, enter the lesser of line 4 or line 7	
a Add line 8, columns A through D. Enter the greater of the line 8a columns total or -0- here and on	
Part II, line 13	0.
Part X Compensation of Officers, Directors, and Trustees (see instructions)	
3. Percentage	4. Compensation
1. Name 2. Title of time devote	attributable to
to business	unrelated business
(1)	%
(2)	%
(3)	%
(4)	%
Total. Enter here and on Part II, line 1	0.
Part XI Supplemental Information (see instructions)	

CALVERT IMPACT CAPITAL, INC.	52-1591398
FORM 990-T (A) INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 3
DESCRIPTION	NET INCOME OR (LOSS)
GA SOCIAL BUSINESS FUND II, LLC - ORDINARY BUSINESS INCOME (LOSS)	230,762.
TOTAL INCLUDED ON SCHEDULE A, PART I, LINE 5	230,762.
FORM 990-T (A) OTHER DEDUCTIONS	STATEMENT 4
DESCRIPTION	AMOUNT
TAX PREPARATION FEE	1,500.
TOTAL TO SCHEDULE A, PART II, LINE 14	1,500.

FORM 990-T	DESCRIPTION OF ORGANIZATION'S	UNRELATED	STATEMENT 5
SCHEDULE A	BUSINESS ACTIVIT	Y	

INVESTMENT INCOME FROM NON-AGGREGATED PARTHERSHIP INTERESTS

TO FORM 990-T, SCHEDULE A, LINE E



Alternative Minimum Tax-Corporations

OMB No. 1545-0123

Attach to your tax return.

Go to www.irs.gov/Form4626 for instructions and the latest information.

2023 Employer identification number

	CALVERT IMPACT CAPITAL, INC.				5	2-159	1398
A	Is the corporation filing this form a member of a controlled group treated as a single	employ	ver under sections 59(k)	1)(D) and 522		Yes	X No
	If "Yes," the corporation must complete Part V listing the names, EINs, and				∟		
	statement income or loss for each member of the controlled group treated						
	account in the determination of "applicable corporation" under section 59(0 1 3	nto			
				$f_{\text{contion}} = 50(k)(2)$	<u>י</u> מע ר	Yes	X No
	Is the corporation filing this form a member of a foreign-parented multinational grou	• •	, .	()()	(D) f L	tes	
	If "Yes," the corporation must complete Part V listing the names, EINs, and statement income or loss for each member of the FPMG under section 59(•		I			
_	Int I Applicable Corporation Determination (Report all am	,,,,,,					
10				Dout Land contin	una ta Du	aut II	
	If you have already determined in current or prior years you are an a	applical	(a) First Preceding	(b) Second Pre			Preceding
			Year Ended	Year End	•	• •	Ended
					cu	rear	LINGG
1	Net income or loss per applicable financial statement(s) (AFS) (see inst):				1		
a	Consolidated net income or loss per the AFS of the corporation	<u>1a</u>					
b	Include AFS net income or loss of other includible entities (add				1		
	net income and subtract net loss)	1b					
С	Exclude AFS net income or loss of excludible entities (add net				1		
	loss and subtract net income)	1c					
d	Adjustment for certain consolidating entries (see instructions)	1d					
е	Specified additional net income or loss item B. Reserved for future use	1e					
f	AFS net income or loss of all entities in the test group before						
	adjustments. Combine lines 1a through 1d	1f					
2	Adjustments:						
а	Financial statements covering different tax years	2a					
b	Corporations that are not included on the taxpayer's consolidated						
	return (see instructions)	2b					
С	Pro-rata share of net income from controlled foreign corporations for						
	which the corporation is a U.S. shareholder. If zero or less, enter -0-						
	(see instructions for special rules if completing this form for an FPMG)	2c					
d	Amounts that are not effectively connected to a U.S. trade or business						
	(see instructions for special rules if completing this form for an FPMG)	2d					
е	Certain taxes (see instructions)	2e					
f	Patronage dividends and per-unit retain allocations (cooperatives only)	2f					
g	Alaska native corporations	2g					
h	Certain credits (see instructions)	2h					
i	Mortgage servicing income	2 i					
j	Tax-exempt entities (organizations subject to tax under section 511)	2 j					
k	Depreciation	2k					
I	Qualified wireless spectrum	21					
m		2m					
n	Adjustments related to bankruptcy and insolvency	2n					
0	Certain insurance company adjustments	2 0					
р	Adjustment P - Reserved for future use	2 p					
q	Adjustment Q - Reserved for future use	2q					
r	Adjustment R - Reserved for future use	2r					
S	Adjustment S - Reserved for future use	2s					
z	Other (see instructions)	2z					
3	Specified adjustment. Reserved for future use	3					
4	Total adjustments. Combine lines 2a through 2z	4					
5	AFSI. Combine lines 1f and 4	5					
6	AFSI of first, second, and third preceding tax years. Combine columns (a),	, (b), ar	nd (c) of line 5		6		
7	3-vear average annual AFSI (see instructions)				7		

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form 4	626 (2023)				Page 2
Part	Applicable Corporation Determination (Report all amou	unts in U.S.	dollars.) (continued	d)	
8	Is line 7 more than \$1 billion?		,	,	
	Yes. Continue to line 9.				
	No. STOP here and attach to your tax return.				
9	Is the corporation a member of an FPMG within the meaning of section 5	i9(k)(2)(B)?			
	Yes. Continue to line 10.				
	No. Continue to Part II.				
			(a)	(b)	(c)
			First Preceding	Second Preceding	Third Preceding
			Year Ended	Year Ended	Year Ended
10	AFSI for purposes of the \$100 million test before adjustments:				
a	AFSI from line 5				
b	Aggregation differences (see instructions)	10b			
С	Total AFSI for purposes of the \$100 million test before adjustments.				
	Combine lines 10a and 10b	10c			
11	Adjustments:				
а	Income not effectively connected to a U.S. trade or business	11a			
b	Pro-rata share of CFC net income described in section 56A(c)(3)				
	(attach worksheet) (see instructions)	11b			
С	Reserved for future use - Other adjustments 1	11c			
d	Reserved for future use - Other adjustments 2	11d			
12	Total adjustments. Combine lines 11a and 11b	12			
13	Total AFSI for purposes of the \$100 million test. Combine lines				
	10c and 12	13			
14	AFSI of first, second, and third preceding tax years. Combine columns (a		(c) of line 13		
15	3-year average annual AFSI for purposes of the \$100 million test			15	
16	Is line 15 \$100 million or more?				
	Yes. Continue to Part II.				
	No. STOP here. Attach to your tax return.				

Form	4626 (2023)		Page 3
Pa	rt II Corporate Alternative Minimum Tax		
1	Net income or loss per applicable financial statement(s) (AFS) (see instructions):		
а	Consolidated net income or loss per the AFS of the corporation	1a	 154,064.
b	Include AFS net income or loss of other includible entities (add net income and subtract net loss)	1b	
С	Exclude AFS net income or loss of excludible entities (add net loss and subtract net income)	1c	
d	Adjustment for certain consolidating entries (see instructions)	1d	
е	Specified additional net income or loss item D. Reserved for future use	1e	
f	AFS net income or loss before adjustments. Combine lines 1a through 1d	1f	154,064.
2	Adjustments:		
а	Financial statements covering different tax years	2a	
b	Reserved for future use - Adjustment 2b	2b	
с	Corporations that are not included on the taxpayers - consolidated return (see instructions)	2c	
d	The corporation's distributive share of adjusted financial statement income of partnerships	2d	
е	Pro-rata share of net income from controlled foreign corporations for which the corporation is a U.S.		
	shareholder. If zero or less, enter -0 (See instructions)	2e	
f	Amounts that are not effectively connected to a U.S. trade or business		
g	Certain taxes. Enter the amount from Part III, line 7	2g	
h	Patronage dividends and per-unit retain allocations (cooperatives only)	2h	
i	Alaska native corporations	2 i	
j	Certain credits (see instructions)	2 j	
k	Mortgage servicing income	2k	
I	Covered benefit plans described in section 56A(c)(11)(B)		
m		2m	
n	Depreciation	2n	
0	Qualified wireless spectrum	20	
р	Covered transactions	2 p	
q	Adjustments related to bankruptcy and insolvency		
r	Certain insurance company adjustments	2r	
S .	AFSI adjustment S - Reserved for future use	2s	
t	AFSI adjustment T - Reserved for future use	2t	
u	AFSI adjustment U - Reserved for future use	2u	
z	Other (see instructions)	2z	
3	Total adjustments. Combine lines 2a through 2z		154,064.
4	AFSI before financial statement net operating loss carryover. Combine lines 1f and 3		 134,004.
5	Financial statement net operating loss (FSNOL) (see instructions)		154,064.
6	AFSI. Subtract line 5 from line 4. If zero or less, enter -0-	7	 23,110.
, 0	Multiply line 6 by 15% (0.15) Corporate alternative minimum tax foreign tax credit (CAMT FTC). Enter amount from Part IV, Section I, line 6 (see inst)		25,110.
8 9			23,110.
	Tentative minimum tax. Subtract line 8 from line 7. If zero or less, enter -0-)	9 10	40,437.
10	• •	11	<u> </u>
11 12	Base erosion minimum tax (see instructions)Combine lines 10 and 11	12	40,437.
13	Alternative minimum tax. Subtract line 12 from line 9. If zero or less, enter -0 Enter here and on Form	12	40,457.
10	<u>1120</u> , Schedule J, line 3, or the appropriate line of the corporation's income tax return	13	0.
Pa	rt III Adjustment for Certain Taxes Under Section 56A(c)(5)	10	
1	Current income tax provision - Foreign	1	
2	Current income tax provision - Federal	2	
3	Deferred income tax provision - Foreign	3	
4	Deferred income tax provision - Federal	4	
5	Income taxes included in equity method investment income	5	
6 a	Adjustment A - Reserved for future use	6a	
ł	Adjustment B - Reserved for future use	6b	
c	Adjustment C - Reserved for future use	6c	
c	Adjustment D - Reserved for future use	6d	
e	Adjustment E - Reserved for future use	6e	
f	Adjustment F - Reserved for future use	6f	
ç	Adjustment G - Reserved for future use	6g	
ł	Adjustment H - Reserved for future use	6h	
2	Income taxes in other places	6z	
7	Total Combine lines 1 through 67 Enter here and on Part II, line 2g	7	

~

Form 4626 (2023)					Page 4
Part IV Alternative Minimum Tax - Corporations Foreign Tax Credit					
Section I - AMT Foreign Tax Credit					
1	Domestic corporation AMT foreign income taxes:				
а	Total foreign taxes paid or accrued as reported on Form 1118, Schedule B,				
	Part I, column 2(j)	1a			
b	Adjustment	1b			
с	Adjustment	1c			
d	Adjustment	1d			
е	Adjustment	1e			
f	Adjustment	1f			
g	Adjustment	1g			
2	Total domestic corporation AMT foreign income taxes. Combine lines 1a through 1g $\ $.			2	
3	Allowable controlled foreign corporation (CFC) AMT foreign income taxes:				
а	Pro-rata share of CFC AMT foreign income taxes from Part IV, Section II, line				
	11, column (n)	3a			
b	Carryover of excess foreign taxes (from Part IV, Section III, line 4, column (vii))	3b			
С	Total CFC AMT foreign income taxes. Add lines 3a and 3b			3c	
d	Percentage specified in section 55(b)(2)(A)(i)	. <u>3</u> d	15%		
е	Pro-rata share of CFC net income described in section 56A(c)(3) (attach				
	worksheet) (see instructions)	3e			
f	CFC AMT foreign tax credit limitation (multiply line 3d by line 3e)			3f	
g	· · · · · · · · · · · · · · · · · · ·			3g	
4	CAMT FTC Line 4 - Reserved for future use			4	
5	CAMT FTC Line 5 - Reserved for future use			5	
6	Total AMT foreign income taxes. Combine lines 2 and 3g. Enter this amount on Part II, line 8			6	

Form 4626 (2023)