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### \*\* PUBLIC DISCLOSURE COPY \*\* Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information. OMB No. 1545-0047

SAN DIEGO, CA 92106       H(a) Is this a group return for subordinates?         Premended Pending       F Name and address of principal officer: NATALIE GUNN SAME AS C ABOVE       H(a) Is this a group return for subordinates?         I Taxeexempt status:       X 501(c)(3)       501(c) (1)       (insert no.)       4947(a)(1) or       527         J Website:       WWN.CDCLOAMS, COM       If "No," attach a list. See instructor H(c) Group exemption number         K Form of organization:       X Corporation       Trust       Association       Other       L Year of formation:       1978         2       Check this box       if the organization discontinued its operations or disposed of more than 25% of its net assets.         3       Number of voting members of the governing body (Part VI, line 1a)       3         4       Number of volunteers (estimate if necessary)       7       7 total number of individuals employed in catendary eyar 2022 (Part V, line 2a)       5         6       Total number of individuals employed in catendary eyar 2022 (Part V, line 2a)       5       6         7 total number of individuals employed in catendary eyar 2022 (Part V, line 2a)       6       7       7         9       Pogram service revenue (Part VIII, column (O), line 12       7       7       10       17         10       Investment income (Part VIII, column (A), lines 3, 4, and 7d)       7	A	For the 2	2022 calendar year, or tax year beginning and	ending		
CDC SRALD: BUSINES FINANCE COPPORTION       95-3512045         Intervent       Doing business as       95-3512045         Intervent       Particular       Particular       Particular         Intervent       2448 HISTORIC DECATUR ROAD       Particular       Particular         Intervent       2448 HISTORIC DECATUR ROAD       Particular       Particular       Particular         Intervent       2448 HISTORIC DECATUR ROAD       Particular       Parit       Particular       Pa	B	Check if applicable:	C Name of organization		D Employer identified	cation number
Doing Dusiness as Tream       39-3512043         Present Tream       State of (P.0. box if mail is not delivered to street address) 2448 HISTORIC DECATUR ROAD       Room/suite #200       E Telephone number 703-647-2360         Present Based Perform       Association SAN DISCO, CA 92106       H(a) Is this a group return for subordinates?       Yes [2]         I care-exerpt status:       Si DISCO, CA 92106       H(a) Is this a group return for subordinates?       Yes [2]         J Website:       WWW, CDCLOANS, COM       Use instructor H(c) Care exerption number       H(a) Is this a group return for subordinates?       H(b) Are all subordinates?         J Website:       WWW, CDCLOANS, COM       Trust       Association       Other       L Year of formation: 1978       M State of legal domin for subordinates?         2       Check this box       If the organization is mission or most significant activities: 3       SEE SCHEDULE 0       1         3       Number of independent voting members of the governing body (Part VI, line 1a)       1       1         4       Number of number of independent voting members of the governing body (Part VI, line 2a)       5       5         5       Total number of volunteers (estimate if necessary)       6       7       7       131         6       Ta Total number of volunteers (estimate if necessary)       6       7       131, 738, 955.       2,03		change	CDC SMALL BUSINESS FINANCE CORPORATION			
Number and street (or P.0. box if mail is not delivered to street address)         Roomsule         E Telephone number           2448         HISPORTE DECATUR ROAD         F00-647-2360         G cross receipts \$ 51,598           Andrewer         SAM DIEGO, CA \$ 2116         H(a) is this a group return         F00-647-2360           Pending         FName and address of principal officer. NATALIE GUNN         G cross receipts \$ 51,598         H(b) set is a group return           Mumber status:         X 501(c)(3)         501(c)(1)         (insert no.)         4947(a)(1) or         527           I Tax-exempt status:         X 501(c)(3)         501(c)(1)         (insert no.)         4947(a)(1) or         527           I Tax-exempt status:         X 501(c)(3)         501(c)(1)         (insert no.)         4947(a)(1) or         527           I Tax-exempt status:         X 501(c)(3)         501(c)(1)         (insert no.)         4947(a)(1) or         527           I Tax-exempt status:         X 501(c)(3)         501(c)(1)         (insert no.)         4947(a)(1) or         527           I Tax-exempt status:         X 501(c)(3)         501(c)(1)         (insert no.)         4947(a)(1) or         51           I Tax-exempt status:         X 501(c)(3)         501(c)(1)         (insert no.)         4947(a)(1) or         51		change	Doing business as	95-3512045		
Image: Section of Individual Section of Normal Sectin Octavina Section of Normal Section of Normal Section		return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
SAN DIEGO, CA 92106       Yes         F Name and address of principal officer: NATALIE GUNN       For an end address of principal officer: NATALIE GUNN         SAME AS C ABOVE       H(a) Is this a group return for subordinates?       Yes         I Tax-exempt status:       X 501(c)(3)       501(c) ()       (insert no.)       4947(a)(1) or       527         J Website:       WW. CDCLOANS, COM       Corporation       Trust       Association       Other       L Year of formation: 1378       M State of legal domic         Part I       Summary       Corporation is mission or most significant activities:       SEE SCHEDULE 0       If if the organization is mission or most significant activities:       SEE SCHEDULE 0         1       Briefly describe the organization is mission or most significant activities:       SEE SCHEDULE 0       4         2       Check this box       if the organization grading wear 2022 (Part V, line 1a)       4         4       Number of volung members of the governing body (Part V, line 1a)       4         5       Total number of volunteers (estimate if necessary)       6       7a       7a </td <td></td> <td>return/</td> <td>2448 HISTORIC DECATUR ROAD</td> <td>#200</td> <td>703-647-2360</td> <td></td>		return/	2448 HISTORIC DECATUR ROAD	#200	703-647-2360	
arguing       SAM DISO, CR. 32100       H(a) Is this a group return for subordinates?         memory       SAME AS C ABOVE       For aubordinates?       Yes [2]         Tax-exempt status:       X 501(c)(3)       501(c) ()       (insert no.)       4947(a)(1) or       527         J Website:       WW CCCLOADNS, COM       H(b) X e all aubordinates?       Yes [2]         I macevempt status:       X 501(c)(3)       501(c) ()       (insert no.)       4947(a)(1) or       527         J Website:       WW CCCLOADNS, COM       H(b) X e all aubordinates?       Yes [2]         Very of the organization:       X Corporation       Trust       Association       Other       L Year of formation:       1978       M State of legal domic         Part of upper status:       X Soft(a)       Goroup execution       3       A       Number of individuals employed in calendar year 2022 (Part V, line 1a)       3         A Number of individuals employed in calendar year 2022 (Part V, line 2a)       5       6       6         F Total number of individuals employed in calendar year 2022 (Part V, line 2a)       5       6       7       7       7       1       7       1       7       1       7       1       1       1       1       7       1       1       1       1       1					<b>G</b> Gross receipts \$	51,598,372.
Image: Provide and address of principal other. Ministra Count       Image: Provide and address of principal other. Ministra Count         Image: Provide and address of principal other. Ministra Count       Ministration         Image: Tax-exempt status:       Image: Solution         Image: Tax-exempt status:       Image: Solution         Image: Ministration       Image: Solution         Image:		return	SAN DIEGO, CA 92100		H(a) Is this a group re	turn
State       As       C ABOVE       H(b) Are all subordinate included?       Yes         I Tax-exempt status:       501(c)(3)       501(c)(1)       (insert no.)       4947(a)(1) or       527         J Website:       WW. CDCLOANS.COM       If "No," attach a list. See instruction         Part I       Summary       It Corporation       Trust       Association       Other       L Year of formation:       1978       M State of legal domic         Part I       Summary       I Briefly describe the organization's mission or most significant activities:       SEE       SCHEDULE 0         2       Check this box       if the organization discontinued its operations or disposed of more than 25% of its net assets.       3         3       Number of independent voting members of the governing body (Part VI, line 1a)       3       4         4       Number of individuals employed in calendar year 2022 (Part V, line 2a)       5       6         6       Total number of volunteers (estimate if necessary)       6       6       6         7       Total number of volunteers (estimate if necessary)       6       6       17.78.034.955.2.0.034         9       Program service revenue (Part VIII, column (C), line 12       7a       13.12.2.0.014.91.17.934.955.2.0.034       17.934.955.2.0.034         10       Invenetated business taxab		Ition	F Name and address of principal officer: NATALIE GUNN		for subordinates	? Yes 🗴 No
J       Website:       WWW.CDCLOANS.COM       H(c) Group exemption number         K       Form of organization;       Corporation       Trust       Association       Other       L Year of formation;       1978       M State of legal domic         Part I       Summary       Image: Second and the program in the progr					H(b) Are all subordinates in	cluded? Yes No
Form of organization:       X       Corporation       Trust       Association       Other       L Year of formation:       1978       M State of legal domin         Part I       Summary       I       Briefly describe the organization's mission or most significant activities:       SEE       SCHEDULE 0         2       Check this box       if the organization discontinued its operations or disposed of more than 25% of its net assets.       3         3       Number of voting members of the governing body (Part VI, line 1a)       4       4         4       Number of independent voting members of the governing body (Part VI, line 1b)       4         5       Total number of nulviduals employed in calendar year 2022 (Part V, line 2a)       5         6       Total number of volunteers (estimate if necessary)       6         7 a Total unrelated business revenue from Part VIII, column (C), line 12       Prior Year       Current Yea         9       Program service revenue (Part VIII, line 1b)       7.38, 955.       2.034         9       Program service revenue (Part VIII, column (A), lines 3, 4, and 7cl)       7.034, 951.       5.54         11       Other revenue (Part VIII, column (A), lines 4.32, 666, 619.       17.942         12       Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 5.10)       22,555, 778.       19,887	<u> </u>	Tax-exen	npt status: X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1)	or 🚺 527	If "No," attach a	list. See instructions
Part I       Summary         1       Briefly describe the organization's mission or most significant activities: SEE SCHEDULE 0         2       Check this box       if the organization discontinued its operations or disposed of more than 25% of its net assets.         3       Number of voting members of the governing body (Part VI, line 1a)       3         4       Number of independent voting members of the governing body (Part VI, line 1b)       4         5       Total number of volunteres (estimate if necessary)       5         7 a Total unrelated business revenue from Part VIII, column (C), line 12       7a       -131         b Net unrelated business taxable income from Form 990-T, Part I, line 11       7r       7r         8       Contributions and grants (Part VIII, line 1h)       7.034,955.       2.034         9       Program service revenue (Part VIII, column (A), lines 3, 4, and 7c)       7,034,951.       5,541         10       Investment income (Part VIII, column (A), lines 3, 4, and 7c)       7,034,951.       5,542         12       Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 13)       0.       0.         12       Total revenue - add lines 8 through 11 (must equal Part VII, column (A), lines 5.10)       22,555,778.       19,887         13       Grants and similar amounts paid (Part IX, column (A), lines 13)       0.       0					H(c) Group exemption	n number
9000000000000000000000000000000000000				L Year	of formation: 1978	State of legal domicile: CA
Perform         Prior Year         Current Yea           9         Contributions and grants (Part VIII, line 1a)         3         4           9         Number of independent voting members of the governing body (Part VI, line 1a)         4         4           5         Total number of individuals employed in calendar year 2022 (Part V, line 2a)         5         5           6         Total number of individuals employed in calendar year 2022 (Part V, line 2a)         6         7           7         Total number of volunteers (estimate if necessary)         6         7         7           7         Total number of volunteers (estimate if necessary)         6         7         7           7         Total unrelated business revenue from Form 990-T, Part I, line 11         Prior Year         Current Yea           8         Contributions and grants (Part VIII, line 1h)         7.034, 951.         5, 541           9         Program service revenue (Part VIII, column (A), lines 3, 4, and 7d)         7, 034, 951.         5, 541           10         Investment income (Part VIII, column (A), lines 13)         0         0         0           12         Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 5.00         22, 555, 778.         19, 887           13         Grants and similar amounts paid (Part IX, column (A), l	Pa	_	5			
8       Total number of individuals employed in calendar year 2022 (Part V, line 2a)       6         6       7a       Total number of individuals employed in calendar year 2022 (Part V, line 2a)       6         6       7a       Total number of individuals employed in calendar year 2022 (Part V, line 2a)       6         7       Total number of individuals employed in calendar year 2022 (Part V, line 2a)       6         6       7a       Total number of individuals employed in calendar year 2022 (Part V, line 2a)       6         6       7a       Total number of individuals employed in calendar year 2022 (Part V, line 2a)       7a       -131         7       Total number of individuals employed in calendar year 2022 (Part V, line 2a)       7a       -131       7a       -131         6       10       Net unrelated business taxable income from Form 990-T, Part I, line 11       7a       -131       7b       7a       -131         7       Program service revenue (Part VIII, line 1h)       9       Program service revenue (Part VIII, column (A), lines 3, 4, and 7c)       7, 034, 951.       5, 541         11       Other evenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       297, 987.       1, 348         12       Total revenue - add lines 8 through 11 (must equal Part VII, column (A), lines 1-3)       0.       0.         14       Benefit	đ	<b>1</b> B	riefly describe the organization's mission or most significant activities: SEE SC	HEDULE O		
8       Total number of individuals employed in calendar year 2022 (Part V, line 2a)       6         6       7a       Total number of individuals employed in calendar year 2022 (Part V, line 2a)       6         6       7a       Total number of individuals employed in calendar year 2022 (Part V, line 2a)       6         7       Total number of individuals employed in calendar year 2022 (Part V, line 2a)       6         6       7a       Total number of individuals employed in calendar year 2022 (Part V, line 2a)       6         6       7a       Total number of individuals employed in calendar year 2022 (Part V, line 2a)       7a       -131         7       Total number of individuals employed in calendar year 2022 (Part V, line 2a)       7a       -131       7a       -131         6       10       Net unrelated business taxable income from Form 990-T, Part I, line 11       7a       -131       7b       7a       -131         7       Program service revenue (Part VIII, line 1h)       9       Program service revenue (Part VIII, column (A), lines 3, 4, and 7c)       7, 034, 951.       5, 541         11       Other evenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       297, 987.       1, 348         12       Total revenue - add lines 8 through 11 (must equal Part VII, column (A), lines 1-3)       0.       0.         14       Benefit	ŏ					
8       Total number of individuals employed in calendar year 2022 (Part V, line 2a)       6         6       7a       Total number of individuals employed in calendar year 2022 (Part V, line 2a)       6         6       7a       Total number of individuals employed in calendar year 2022 (Part V, line 2a)       6         7       Total number of individuals employed in calendar year 2022 (Part V, line 2a)       6         6       7a       Total number of individuals employed in calendar year 2022 (Part V, line 2a)       6         6       7a       Total number of individuals employed in calendar year 2022 (Part V, line 2a)       7a       -131         7       Total number of individuals employed in calendar year 2022 (Part V, line 2a)       7a       -131       7a       -131         6       10       Net unrelated business taxable income from Form 990-T, Part I, line 11       7a       -131       7b       7a       -131         7       Program service revenue (Part VIII, line 1h)       9       Program service revenue (Part VIII, column (A), lines 3, 4, and 7c)       7, 034, 951.       5, 541         11       Other evenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       297, 987.       1, 348         12       Total revenue - add lines 8 through 11 (must equal Part VII, column (A), lines 1-3)       0.       0.         14       Benefit	srna	<b>2</b> C	heck this box if the organization discontinued its operations or disposed	sed of more	than 25% of its net ass	ets.
9       1       Total number of individuals employed in calendar year 2022 (Part V, line 2a)       5         6       5       Total number of individuals employed in calendar year 2022 (Part V, line 2a)       6         7       a       Total number of individuals employed in calendar year 2022 (Part V, line 2a)       6         6       7a       Total number of individuals employed in calendar year 2022 (Part V, line 2a)       6         7       a       Total number of individuals employed in calendar year 2022 (Part V, line 2a)       6         6       7a       Total number of individuals employed in calendar year 2022 (Part V, line 2a)       7a       7a         7       a       Total number of individuals employed in calendar year 2022 (Part V, line 2a)       7a       Total number of individuals employed in calendar year 2022 (Part V, line 2a)         6       0       Total number of individuals employed in calendar year 2022 (Part V, line 12)       7a       Total number of number of numbers (Part VIII, column fO, line 12)       7b         70       Program service revenue (Part VIII, column (A), lines 3, 4, and 7d)       7, 034, 951.       5, 541         11       Other evenue (Part VIII, column (A), lines 4, and 7d)       7, 034, 951.       5, 541         12       Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 1-3)       0.       0.         14 <td>ove</td> <td><b>3</b> N</td> <td>umber of voting members of the governing body (Part VI, line 1a)</td> <td></td> <td></td> <td>16</td>	ove	<b>3</b> N	umber of voting members of the governing body (Part VI, line 1a)			16
b Net unrelated business taxable income from Form 990-T, Part I, line 11         ITD           8         Contributions and grants (Part VIII, line 1h)         Prior Year         Current Yea           9         Program service revenue (Part VIII, line 2g)         23,666,619         17,942           10         Investment income (Part VIII, column (A), lines 3, 4, and 7d)         7,034,951         5,541           11         Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)         297,987         1,348           12         Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)         31,738,512         26,865           13         Grants and similar amounts paid (Part IX, column (A), lines 1-3)         0.         0.           14         Benefits paid to or for members (Part IX, column (A), line 4)         0.         0.           15         Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)         22,555,778.         19,887           16         Profeessional fundraising expenses (Part IX, column (D), line 25)         0.         0.           17         Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)         2,469,534.         8,321           18         Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)         0.         0.         0.           19         <			umber of independent voting members of the governing body (Part VI, line 1b)			14
b Net unrelated business taxable income from Form 990-T, Part I, line 11         ITD           8         Contributions and grants (Part VIII, line 1h)         Prior Year         Current Yea           9         Program service revenue (Part VIII, line 2g)         23,666,619         17,942           10         Investment income (Part VIII, column (A), lines 3, 4, and 7d)         7,034,951         5,541           11         Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)         297,987         1,348           12         Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)         31,738,512         26,865           13         Grants and similar amounts paid (Part IX, column (A), lines 1-3)         0.         0.           14         Benefits paid to or for members (Part IX, column (A), line 4)         0.         0.           15         Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)         22,555,778.         19,887           16         Profeessional fundraising expenses (Part IX, column (D), line 25)         0.         0.           17         Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)         2,469,534.         8,321           18         Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)         0.         0.         0.           19         <	es 6	5 To	otal number of individuals employed in calendar year 2022 (Part V, line 2a) $\ldots$		179	
b Net unrelated business taxable income from Form 990-T, Part I, line 11         ITD           8         Contributions and grants (Part VIII, line 1h)         Prior Year         Current Yea           9         Program service revenue (Part VIII, line 2g)         23,666,619         17,942           10         Investment income (Part VIII, column (A), lines 3, 4, and 7d)         7,034,951         5,541           11         Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)         297,987         1,348           12         Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)         31,738,512         26,865           13         Grants and similar amounts paid (Part IX, column (A), lines 1-3)         0.         0.           14         Benefits paid to or for members (Part IX, column (A), line 4)         0.         0.           15         Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)         22,555,778.         19,887           16         Profeessional fundraising expenses (Part IX, column (D), line 25)         0.         0.           17         Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)         2,469,534.         8,321           18         Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)         0.         0.         0.           19         <	<u>viti</u>	6 To				(
b Net unrelated business taxable income from Form 990-T, Part I, line 11         ITD           8         Contributions and grants (Part VIII, line 1h)         Prior Year         Current Yea           9         Program service revenue (Part VIII, line 2g)         23,666,619         17,942           10         Investment income (Part VIII, column (A), lines 3, 4, and 7d)         7,034,951         5,541           11         Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)         297,987         1,348           12         Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)         31,738,512         26,865           13         Grants and similar amounts paid (Part IX, column (A), lines 1-3)         0.         0.           14         Benefits paid to or for members (Part IX, column (A), line 4)         0.         0.           15         Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)         22,555,778.         19,887           16         Profeessional fundraising expenses (Part IX, column (D), line 25)         0.         0.           17         Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)         2,469,534.         8,321           18         Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)         0.         0.         0.           19         <	Acti	7a ⊺o	otal unrelated business revenue from Part VIII, column (C), line 12			-131,116.
8         Contributions and grants (Part VIII, line 1h)         738,955.         2,034           9         Program service revenue (Part VIII, line 2g)         23,666,619.         17,942           10         Investment income (Part VIII, column (A), lines 3, 4, and 7d)         7,034,951.         5,541           11         Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)         297,987.         1,348           12         Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)         31,738,512.         26,865           13         Grants and similar amounts paid (Part IX, column (A), lines 1-3)         0.         0.           14         Benefits paid to or for members (Part IX, column (A), line 4)         0.         0.           15         Salaries, other compensation, employee benefits (Part IX, column (A), line 5-10)         22,555,778.         19,887           16         Professional fundraising fees (Part IX, column (A), line 25)         0.         0.           17         Other expenses (Part IX, column (A), line 25)         0.         24,469,534.         8,321           18         Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)         0.         25,025,312.         28,209           19         Revenue less expenses. Subtract line 18 from line 12         6,713,200.         -1,343 <td>_</td> <td>b N</td> <td>et unrelated business taxable income from Form 990-T, Part I, line 11</td> <td><u></u></td> <td></td> <td>0.</td>	_	b N	et unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>		0.
9         Program service revenue (Part VIII, line 2g)         23,666,619         17,942           10         Investment income (Part VIII, column (A), lines 3, 4, and 7d)         7,034,951         5,541           11         Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)         297,987         1,348           12         Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 1-3)         0         0           13         Grants and similar amounts paid (Part IX, column (A), lines 1-3)         0         0         0           14         Benefits paid to or for members (Part IX, column (A), line 4)         0         0         0           15         Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)         22,555,778         19,887           16a         Professional fundraising fees (Part IX, column (D), line 25)         0         0         0           17         Other expenses (Part IX, column (D), line 25)         0         0         0         0           18         Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)         0         0         1,343         0,2469,5344         8,321           19         Revenue less expenses. Subtract line 18 from line 12         0,13,200, -1,343         1,343         0,2469,5344         8,320						Current Year
11       Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       237, 367.       1, 346         12       Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)       31, 738, 512.       26, 865         13       Grants and similar amounts paid (Part IX, column (A), lines 1-3)       0.       0.         14       Benefits paid to or for members (Part IX, column (A), line 4)       0.       0.         15       Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)       22,555,778.       19,887         16a       Professional fundraising fees (Part IX, column (D), line 25)       0.       0.       0.         17       Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)       2,469,534.       8,321         18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       0.       25,025,312.       28,209         19       Revenue less expenses. Subtract line 18 from line 12       6,713,200.       -1,343         10       Total assets (Part X, line 16)       123,395,668.       92,661         21       Total liabilities (Part X, line 26)       57,740,847.       28,350         22       Net assets or fund balances. Subtract line 21 from line 20       65,654,821.       64,311	Ø	<b>8</b> C	ontributions and grants (Part VIII, line 1h)		,	2,034,162.
11       Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       237, 367.       1, 346         12       Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)       31, 738, 512.       26, 865         13       Grants and similar amounts paid (Part IX, column (A), lines 1-3)       0.       0.         14       Benefits paid to or for members (Part IX, column (A), line 4)       0.       0.         15       Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)       22,555,778.       19,887         16a       Professional fundraising fees (Part IX, column (D), line 25)       0.       0.       0.         17       Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)       2,469,534.       8,321         18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       0.       25,025,312.       28,209         19       Revenue less expenses. Subtract line 18 from line 12       6,713,200.       -1,343         10       Total assets (Part X, line 16)       123,395,668.       92,661         21       Total liabilities (Part X, line 26)       57,740,847.       28,350         22       Net assets or fund balances. Subtract line 21 from line 20       65,654,821.       64,311	nue	<b>9</b> P	rogram service revenue (Part VIII, line 2g)		, ,	17,942,183.
11       Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       237, 367.       1, 346         12       Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)       31, 738, 512.       26, 865         13       Grants and similar amounts paid (Part IX, column (A), lines 1-3)       0.       0.         14       Benefits paid to or for members (Part IX, column (A), line 4)       0.       0.         15       Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)       22,555,778.       19,887         16a       Professional fundraising fees (Part IX, column (D), line 25)       0.       0.       0.         17       Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)       2,469,534.       8,321         18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       0.       25,025,312.       28,209         19       Revenue less expenses. Subtract line 18 from line 12       6,713,200.       -1,343         10       Total assets (Part X, line 16)       123,395,668.       92,661         21       Total liabilities (Part X, line 26)       57,740,847.       28,350         22       Net assets or fund balances. Subtract line 21 from line 20       65,654,821.       64,311	ev V	<b>10</b> In	vestment income (Part VIII, column (A), lines 3, 4, and 7d)			5,541,221.
12       For all of the control of the co		11 0	ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		,	1,348,060.
10 Chains and similar andomits part (r art X, column (A), lines 1/0)         14 Benefits paid to or for members (Part IX, column (A), line 4)         15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)         16 Professional fundraising fees (Part IX, column (A), line 11e)         16 Total fundraising expenses (Part IX, column (A), line 25)         16 Total expenses (Part IX, column (A), lines 11a-11d, 11f-24e)       0.         17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)       2, 469, 534.       8, 321         18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       0.       25, 025, 312.       28, 209         19 Revenue less expenses. Subtract line 18 from line 12       6, 713, 200.       -1, 343         20 Total assets (Part X, line 16)       123, 395, 668.       92, 661         21 Total liabilities (Part X, line 26)       57, 740, 847.       28, 350         22 Net assets or fund balances. Subtract line 21 from line 20       65, 654, 821.       64, 311		<b>12</b> To	otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		, ,	26,865,626.
14       Deficities paid to or normembers (nartik, obtainin (v), inte 4)       15       Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)       22,555,778.       19,887         15       Salaries, other compensation, employee benefits (Part IX, column (A), lines 11e)       0.       0.         16a       Professional fundraising fees (Part IX, column (A), line 11e)       0.       0.         b       Total fundraising expenses (Part IX, column (D), line 25)       0.       0.         17       Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)       2,469,534.       8,321         18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       25,025,312.       28,209         19       Revenue less expenses. Subtract line 18 from line 12       6,713,200.       -1,343         19       Reginning of Current Year       End of Year         20       Total assets (Part X, line 16)       123,395,668.       92,661         21       Total liabilities (Part X, line 26)       57,740,847.       28,350         22       Net assets or fund balances. Subtract line 21 from line 20       65,654,821.       64,311		<b>13</b> G	rants and similar amounts paid (Part IX, column (A), lines 1-3)		- •	0.
10       Catalates, only completedation, employed bornea (ration, examine (v), model of (ration, examine (v), examine (v), model of (ration, examine (v), model (v), examine (v), model (v), examine (v)						0.
17       Outlet expenses (Part X, column (A), lines Harrid, Hir24e)       2,100,0011       0,011         18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       25,025,312.       28,209         19       Revenue less expenses. Subtract line 18 from line 12       6,713,200.       -1,343         10       Total assets (Part X, line 16)       123,395,668.       92,661         10       Total liabilities (Part X, line 26)       57,740,847.       28,350         10       Revenue basets or fund balances. Subtract line 21 from line 20       65,654,821.       64,311	es	<b>15</b> S			, ,	19,887,718.
17       Outlet expenses (Part X, column (A), lines Harrid, Hir24e)       2,100,0011       0,011         18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       25,025,312.       28,209         19       Revenue less expenses. Subtract line 18 from line 12       6,713,200.       -1,343         10       Total assets (Part X, line 16)       123,395,668.       92,661         10       Total liabilities (Part X, line 26)       57,740,847.       28,350         10       Revenue basets or fund balances. Subtract line 21 from line 20       65,654,821.       64,311	en si	<b>16</b> a P	rofessional fundraising fees (Part IX, column (A), line 11e)		0.	0.
18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       25,025,312.       28,209         19       Revenue less expenses. Subtract line 18 from line 12       6,713,200.       -1,343         20       Total assets (Part X, line 16)       123,395,668.       92,661         21       Total liabilities (Part X, line 26)       57,740,847.       28,350         22       Net assets or fund balances. Subtract line 21 from line 20       65,654,821.       64,311	ăx	. b⊺o	••••••••••••••••••••••••••••••••••••••			
19         Revenue less expenses. Subtract line 18 from line 12         6,713,200.         -1,343           19         Revenue less expenses. Subtract line 18 from line 12         8eginning of Current Year         End of Year           20         Total assets (Part X, line 16)         123,395,668.         92,661           21         Total liabilities (Part X, line 26)         57,740,847.         28,350           22         Net assets or fund balances. Subtract line 21 from line 20         65,654,821.         64,311	Ш	1 " 0				8,321,462.
Beginning of Current Year         End of Year           20         Total assets (Part X, line 16)         123,395,668.         92,661           21         Total liabilities (Part X, line 26)         57,740,847.         28,350           22         Net assets or fund balances. Subtract line 21 from line 20         65,654,821.         64,311		18 To	otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		, ,	28,209,180.
20       Total assets (Part X, line 16)       123,395,668.       92,661         21       Total liabilities (Part X, line 26)       57,740,847.       28,350         22       Net assets or fund balances. Subtract line 21 from line 20       65,654,821.       64,311			evenue less expenses. Subtract line 18 from line 12		, ,	-1,343,554.
22 Net assets or fund balances. Subtract line 21 from line 20	S OL			Be		End of Year
22 Net assets or fund balances. Subtract line 21 from line 20	sset	<b>д 20</b> Та			, ,	92,661,741.
	it As	21 To	otal liabilities (Part X, line 26)		, ,	28,350,474.
Part II Signature Block	-Second	:			65,654,821.	64,311,267.
	Pa	art II	Signature BIOCK			

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign	Signature of officer		Date		
Here	NATALIE GUNN, CHIEF FINANCIAL OFFICER	1			
	Type or print name and title				
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN	
Paid	RICHARD E. MORRIS	RICHARD E. MORRIS	10/10/23	self-employed P00190795	
Preparer	Firm's name COUNCILOR, BUCHANAN & MIT	CHELL, P.C.	Firm	's EIN 52-1711839	
Use Only Firm's address 7910 WOODMONT AVE. STE. 500					
	BETHESDA, MD 20814		Pho	<sub>10 NO.</sub> (301) 986-0600	
May the II	RS discuss this return with the preparer shown abo	ove? See instructions		X Yes	No
				00/	<u> </u>

232001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Dar	990 (2022) CDC SMALL BUSINESS FINANCE CORPORATION t III   Statement of Program Service Accomplishments	95-3512045 Page
'ar		Σ
	Check if Schedule O contains a response or note to any line in this Part III	
	SEE SCHEDULE O	
	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	
	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X
	If "Yes," describe these changes on Schedule O.	
	Describe the organization's program service accomplishments for each of its three largest program services, as r	neasured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	s, the total expenses, and
	revenue, if any, for each program service reported.	
а	(Code:) (Expenses \$16,083,618. including grants of \$) (Revenue SBA SECTION 504 LOAN PROGRAM: CDC'S PRIMARY SOURCE OF REVENUE IS THE	ue\$ 17,996,055
	SERVICING AND PROCESSING OF THE SMALL BUSINESS ADMINISTRATION'S ("SBA")	
	504 LOAN PROGRAMS. THE 504 LOAN PROGRAM PROVIDES LONG-TERM, FIXED RATE	
	FINANCING FOR MAJOR FIXED ASSETS THAT PROMOTE BUSINESS GROWTH AND JOB	
	CREATION.	
b	(Code:) (Expenses \$5, 267, 684. including grants of \$) (Revenue	ue\$8,915,604
~	COMMUNITY LOAN PROGRAMS: CDC ORIGINATES, SERVICES, AND SELLS LOANS	
	GUARANTEED BY THE SBA UNDER ITS COMMUNITY ADVANTAGE 7A PROGRAM. THESE	
	LOANS ARE USED BY THE BORROWERS FOR A VARIETY OF PURPOSES AND ARE	
	CAPPED AT \$350,000 PER LOAN. CDC ALSO ADMINISTERS SEVERAL LENDING	
	PROGRAMS INCLUDING THE SBA MICROLOAN PROGRAM, A STATE SPONSORED	
	COMMUNITY ADJUSTMENT AND INVESTMENT LOAN PROGRAM, LA DIRECT AND FAST TO	
	FUND, CALIFORNIA REBUILDING FUND, AND ACTIVATE DETROIT, ALL OF WHICH	
	ARE DESIGNED TO PROVIDE LOANS TO SMALL BUSINESSES.	
c	(Code:) (Expenses \$ including grants of \$) (Revenue	.e\$
	Other program services (Describe on Schedule O.)	
d		)
	(Expenses \$ including grants of \$ ) (Revenue \$       Total program service expenses     21,351,302.	)

Form 990 (					FINANCE	CORPORATION
Part IV	Checklist of	f Requir	red Sc	hedules		

95-3512045	Page <b>3</b>

	·		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		.03	
•	If "Yes," complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			<u> </u>
Ŭ	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
-	during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
5		5		x
6	similar amounts as defined in Rev. Proc. 98-19? <i>If</i> "Yes," <i>complete Schedule C, Part III</i> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<b>-</b>		
U	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	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		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
0		8		x
9	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	0		
9	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
		9		x
10	If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	9		
10		10		x
44	or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X,	10		
11				
_	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		х	
	Part VI	<u>11a</u>	А	
D	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			x
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			x
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
a	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			x
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	х	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	~	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		v	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			v
_	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	v
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	<u>14a</u>		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			Ŧ
<i>.</i> –	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			Ŧ
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		└──
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			1
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
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Form	990	(2022)

Page 4

Par	t IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	х	1
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
210	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			1
	Schedule K. If "No," go to line 25a	24a		x
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
U		24c		1
Ь	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240 24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	<u>24u</u>		
258		25a		x
h	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
D	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	056		x
06	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			1
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			x
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		-
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			1
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	07		x
00	entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
-	instructions for applicable filing thresholds, conditions, and exceptions):			
d	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>	28a		x
h	"Yes," complete Schedule L, Part IV	20a 28b		x
	A family member of any individual described in line 28a? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	200		
U	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		x
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
00	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes." complete Schedule N. Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
0L	Schedule N, Part II	32		x
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	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
•••	Part V, line 1	34	х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	х	
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
-	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	х	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
		38	х	
Par	Note: All Form 990 filers are required to complete Schedule 0           t 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
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 80			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	<u> </u>
232004	. 12-13-22 <b>4</b>	Form	990	(2022)
	4			

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Form	990 (2022) CDC SMALL BUSINESS FINANCE CORPORATION 95-35120	45	Р	age <b>5</b>
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 175			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Х	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	Х	
	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		x
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		х
с	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		x
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).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		х
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
Ū	to file Form 8282?	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		x
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		x
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	N/A	
9 h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	N/A	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
Ū	sponsoring organization have excess business holdings at any time during the year? N/A	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966? N/A	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? N/A	9b		
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	-		
11	Section 501(c)(12) organizations. Enter:	-		
 a	Gross income from members or shareholders N/A 11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against	-		
~	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year <u>N/A</u> <b>12b</b>			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state? N/A	13a		
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.			
b	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			
с	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		x
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		x
.5	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
.,	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			
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	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.						
_	Check if Schedule O contains a response or note to any line in this Part VI						X
Sec	tion A. Governing Body and Management						
			1			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	<u>1a</u>		16			
	If there are material differences in voting rights among members of the governing body, or if the governing						
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.						
b	Enter the number of voting members included on line 1a, above, who are independent	1b		14			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship						
	officer, director, trustee, or key employee?			··  -	2		X
3	Did the organization delegate control over management duties customarily performed by or under the						
					3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 9				4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass				5		X
6	Did the organization have members or stockholders?			-	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap						
	more members of the governing body?			··  -	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st						
	persons other than the governing body?			··  -	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year						
а	The governing body?				8a	X	<u> </u>
b	Each committee with authority to act on behalf of the governing body?			···  -	8b	Х	<u> </u>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read						
<u></u>	organization's mailing address? If "Yes," provide the names and addresses on Schedule O				9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code.)				
				Г		Yes	No No
	Did the organization have local chapters, branches, or affiliates?			···  -	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	•					
				···· F	10b		<u> </u>
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	/ befo	re filing the form?	'	11a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.						
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13				12a	X	<u> </u>
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			····  -	12b	Х	<u> </u>
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	'es," c	lescribe				
	on Schedule O how this was done			··  -	12c	X	<u> </u>
13	Did the organization have a written whistleblower policy?			-	13	X	<u> </u>
14	Did the organization have a written document retention and destruction policy?			-	14	X	
15	Did the process for determining compensation of the following persons include a review and approva	l by in	dependent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
а	The organization's CEO, Executive Director, or top management official				15a	X	<u> </u>
b	Other officers or key employees of the organization				15b	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	_					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent w	/ith a				
	taxable entity during the year?			··	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	izatio	n's				
<u></u>	exempt status with respect to such arrangements?	<u></u>			16b		
	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed CA			) (5)			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, an	id 990	)-1" (section 501(c	:)(3)s (	only) a	availal	ole
	for public inspection. Indicate how you made these available. Check all that apply.						
	Own website Another's website X Upon request Other (explain		,				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	nflict	of interest policy,	and	financ	ial	
	statements available to the public during the tax year.						
20	State the name, address, and telephone number of the person who possesses the organization's boo	ks an	d records				
	NATALIE GUNN C/O CDC SMALL BUSINESS FINANCE CORPORATION - 703-647-2360						
	1400 CRYSTAL DRIVE SUITE 500, ARLINGTON, VA 22202						
	, , , , , , , , , , , , , , , , , , , ,				-	990	

CDC SMALL BUSINESS FINANCE CORPORATION

Form 990 (2022)

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<sup>2022.04030</sup> CDC SMALL BUSINESS FINANC 70073.01

Form 990 (2022)	CDC SMALL BUSINESS FINANCE CORPORATION	95-3512045 Page <b>7</b>
	isation of Officers, Directors, Trustees, Key Employees, Higl	nest Compensated
Employe	ees, and Independent Contractors	
Check if S	chedule O contains a response or note to any line in this Part VII	X
Section A. Officers,	Directors, Trustees, Key Employees, and Highest Compensated Employee	5
<ul> <li>List all of the org</li> </ul>	e for all persons required to be listed. Report compensation for the calendar yea anization's <b>current</b> officers, directors, trustees (whether individuals or organiza ), (E), and (F) if no compensation was paid.	

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

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

(A)	(B)	(C)		(D)	(E)	(F)				
Name and title	Average	(do	Position (do not check more than			ane	Reportable	Reportable	Estimated	
	hours per	box	, unles	ss pe	rson i	s botł	n an	compensation	compensation	amount of
	week		cer an I	id a d	lirecto	r/trus	tee)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for	or di	ee			ated		organization	(W-2/1099-MISC/	from the
	related organizations	ustee	trust		ee	upens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	lual tr	tional		nploy	st con	_	1033-1120)		organizations
	line)	In dividual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizationo
(1) DEAN ALOE	40.00	_	_				_			
VICE PRESIDENT, SENIOR COMMERCIAL LE						x		776,069.	Ο.	39,048.
(2) ELLIS CARR	20.00									
PRESIDENT & CEO	20.00	х		х				0.	693,114.	36,067.
(3) ARMEN MADATYAN	40.00									
SENIOR VICE PRESIDENT, BUSINESS DEVE						x		516,894.	0.	31,878.
(4) CHRIS BANE	40.00									
VICE PRESIDENT, SENIOR COMMERCIAL LE						x		470,321.	0.	45,312.
(5) KIM BUTTEMER	40.00									
CHIEF OPERATIONS OFFICER - OUTGOING				х				456,847.	0.	2,083.
(6) NATALIE GUNN	20.00									
CHIEF FINANCIAL OFFICER	20.00			х				0.	396,827.	31,617.
(7) BRIAN MCEVOY	20.00									
GENERAL COUNSEL	20.00			х				0.	316,032.	77,933.
(8) MICHAEL SARTHOU	40.00									
VICE PRESIDENT, SENIOR COMMERCIAL LE						X		300,819.	0.	50,549.
(9) KIM DORSETT	20.00									
CHIEF HUMAN RESOURCE OFFICER	20.00			х				0.	276,554.	74,668.
(10) KURT CHILCOTT	7.00									
DIRECTOR/CONSULTANT	7.00	х						0.	322,500.	0.
(11) MERRI ADAMS	40.00									
VICE PRESIDENT, SENIOR COMMERCIAL LE						X		300,048.	0.	14,600.
(12) JARET DINARD INGS	20.00								040.054	cc =00
SENIOR DIRECTOR OF FINANCE	20.00			X				0.	240,861.	66,790.
(13) ROBERT VILLARREAL	40.00							000 510		05 010
CHIEF EXTERNAL AFFAIRS OFFICER	0.00			X				279,517.	0.	25,318.
(14) MATTHEW WEHLAND	20.00									40 504
CHIEF OPERATING OFFICER	20.00			х				0.	247,773.	40,734.
(15) LAKISHA GANT	40.00							050.000		10 150
VP 504 LOAN OPERATIONS	10.00				х			258,086.	0.	18,458.
(16) ERIN HEBERT	40.00									
HEAD OF OPERATIONS	40.00				X			243,018.	0.	28,934.
(17) MICHAEL OWEN	40.00							040 450		4 4 4 4
CHIEF CREDIT OFFICER EMERITUS				Х	I			240,473.	0.	1,100. Form <b>990</b> (2022)

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Form 990 (2022)

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Form 990 (2022) CDC SMALL BI	JSINESS FINA	NCE	CO	RPO	RAT	ION			95-35120	45	P	age <b>8</b>
Part VII Section A. Officers, Directors, Tru	stees, Key Emp	oloy	ees,	and	l Hig	ghes	st C	ompensated Employee	s (continued)			
(A)	(B)			(0				(D)	(E)		(F)	
Name and title	Average	(10		Pos				Reportable	Reportable	E	stimate	əd
	hours per	box	, unles	ss per	rson i	than d is both	n an	compensation	compensation	ar	nount	of
	week	week officer and				or/trus	tee)	from	from related		other	
	(list any	ector						the	organizations	com	npensa	ation
	hours for	or dir	e			ated		organization	(W-2/1099-MISC/		rom th	
	related organizations	istee	truste			pensi		(W-2/1099-MISC/	1099-NEC)	· ·	janizat	
	below	ual tru	ional		ploye	t com		1099-NEC)			d relat	
	line)	In dividual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				anizati	UIIS
(18) SHELLI HAYMAN	40.00		-	0	×	Ξæ	<u> </u>					
VP OF PRODUCTION SMART GROWTH BUSIN		1			x			207,110.	0.		26,	322.
(19) ANTHONY BARENGO	40.00							,				
SVP OF CREDIT		1			x			200,682.	0.		19.	122.
(20) KARLA GILL	20.00										/	
CHIEF TECHNOLOGY OFFICER	20.00	ł		x				0.	109,321.		8	347.
(21) ALAINA BEVERLY	1.00					-						
DIRECTOR	1.00	x						0.	5,000.			0.
(22) GAIL MARKULIN	1.00								5,000			
DIRECTOR	1.00	x						0.	5,000.			0.
(23) PEDRO GOITIA	1.00	л						••	5,000.			
DIRECTOR	1.00	x						0.	5,000.			0.
(24) DAN VARNER	1.00	л						••	5,000.			
DIRECTOR	1.00	x						0.	5,000.			0.
(25) ERIK CALDWELL	1.00	л						••	5,000.			
DIRECTOR	1.00	x						0.	5,000.			Ο.
(26) TOM TOPUZES	1.00					-		<u>.</u>	5,000.			
DIRECTOR	1.00	x						0.	5,000.			Ο.
46 0 0 0 0 0 0 0 0								4,249,884.	2,632,982.		638	880.
1b Subtotal								1,245,004.	32,500		,	0.
c Total from continuation sheets to Part V								4,249,884.	2,665,482.	-	638	880.
d Total (add lines 1b and 1c)									, ,		050,	000.
2 Total number of individuals (including but	not limited to th	ose	liste	a ac	ove	e) wn	o re	ceived more than \$100,	UUU of reportable			65
compensation from the organization											Yes	No
3 Did the organization list any former office	r diractor truct			mol	~~~		hia	hast componented ampl	0,000 00		100	
										3		x
line 1a? If "Yes," complete Schedule J for												
4 For any individual listed on line 1a, is the s										4	х	
and related organizations greater than \$15										4		
5 Did any person listed on line 1a receive or									iual for services	E		x
rendered to the organization? <i>If</i> "Yes." co. Section B. Independent Contractors	mplete Schedule	e J fe	or su	ich r	bers	son .				5		
1 Complete this table for your five highest c	omponented inc	lono	ndor	at co	ntr	acto	re th	at received more than ¢	100 000 of componen	ntion fr		
the organization. Report compensation for											5111	
(A)	the balendar ye	Jui C	- Turi	ig w				(B)		(	C)	
Name and busines	s address							Description of s	ervices	Compe		n
TODD E. KOBERNICK, 2448 HISTORIC DE	CATUR							•		•		
RD, SUITE 220, SAN DIEGO, CA 92106								LEGAL SERVICES			911	250.
MLAN, 3960 W POINT LOMA BLVD #H162,	SAN						[				,	
DIEGO, CA 92106								IT SERVICES			419	770.
KURT CHILCOTT							-				,	
5066 CLIFF PLACE, SAN DIEGO, CA 921	16							RETIREMENT DISBURS	EMENTS		310	562.
CAMELBACK LAW OFFICES, 829 MAIN STR							[				,	
SUITE A, KERRVILLE, TX 78028	-,							LEGAL SERVICES			185	800.
COHN REZNICK, 14 SYLVAN WAY 3RD FLO	DR _										,	- •
PARSIPPANY, NJ 07054	,							AUDIT AND TAX PREP			106	422.
	(including but p	nt lin	niter	1 to 1	thor	se lie	-				,	
\$100,000 of compensation from the organ												
SEE PART VII, SECTION A CONTIN		TS								Form	<b>990</b> (	2022)
,												/

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	USINESS FINA								95-35120	45
Part VII Section A. Officers, Directors, T		nplo	yee			ligh	est (		, ,	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	Position						Reportable	Reportable	Estimated
	hours	(Cl	(check all that apply					compensation from	compensation from related	amount of other
	per week					e		the	organizations	compensation
	(list any	ctor				ploye		organization	(W-2/1099-MISC)	from the
	hours for	r direc				ed en		(W-2/1099-MISC)		organization
	related	itee o	ustee			en sat				and related
	organizations	al trus	inal tr		lo yee	dwo				organizations
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
	line)	h	Ĕ	9	ξe	Ξ	Fo			
(27) LAUREN TYLOR ORION DIRECTOR	1.00	x						0.	5,000.	0.
(28) OSWALDO ACOSTA	1.00	Λ						U.	5,000.	0.
DIRECTOR	1.00	x						0.	5,000.	0.
(29) JENNIFER SMITH DOLIN	1.00								,	
DIRECTOR	1.00	x						0.	5,000.	0.
(30) L. RAY MONCRIEF	1.00									
DIRECTOR	1.00	х						0.	3,750.	0.
(31) FRANK ROBINSON	1.00									
DIRECTOR	1.00	х						0.	3,750.	0.
(32) RICK BENITO	1.00	v							2 750	0
DIRECTOR (33) CASEY FANNON	1.00	X						0.	3,750.	0
DIRECTOR	1.00	x						0.	3,750.	0.
(34) GARY CUNNINGHAM	1.00								5,,50.	
DIRECTOR	1.00	x						0.	2,500.	0.
(35) GRACE CHIONUMA	1.00								,	
DIRECTOR	1.00	х						0.	0.	0.
(36) SHERYL CAMERON	1.00									
DIRECTOR	1.00	Х						0.	0.	0.
									33 500	
Total to Part VII, Section A, line 1c									32,500.	

232201 04-01-22

'ar	t VI	II Statement of Re	even	lue						-
		Check if Schedule O	cont	ains a respo	nse (	or note to any line		(0)		
							<b>(A)</b> Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	<b>(D)</b> Revenue exclu from tax und sections 512 -
s	1 a	Federated campaigns		1a						3000013 0 12
and Other Similar Amounts		•• • • • •		1b						
0 U		Fundraising events								
ΓA		Related organizations								
nila		Government grants (cont								
Sin		All other contributions, gifts,								
ner	•	similar amounts not included				2,034,162.				
Ō		Noncash contributions included in			\$	, , .				
and	-	Total. Add lines 1a-1f					2,034,162.			
						Business Code	, , -			
	2 a	SERVICING FEES				522220	9,985,552.	9,985,552.		
	2 a b					522220	6,385,843.	6,385,843.		
ant	c					522220	1,032,996.	1,032,996.		
ver	d					522220	537,792.	537,792.		
Revenue	e						• • • • •			
		All other program service	reve	nue						
	g						17,942,183.			
	3	Investment income (inclu					, ,			
	•	,	0	,			3,292,892.	3,236,765.		56,1
	4	Income from investment					, ,	, ,		, ,
	5	Royalties		•	•	F				
	•			(i) Rea		(ii) Personal				
	6 a	Gross rents	6a							
		Less: rental expenses								
		Rental income or (loss)	6c							
		Net rental income or (loss)		,			-182,646.		-131,116.	-51,5
		Gross amount from sales of	" <u></u>	(i) Securit		(ii) Other	,			,-
	7 4	assets other than inventory	72	26,561,6		(				
	h	Less: cost or other basis	74							
e	N	and sales expenses	76	24,313,3	46.					
enue	~	Gain or (loss)	7c	1						
leve		Net gain or (loss)	-	, , ,			2,248,329.	2,248,329.		
Uther Hev		Gross income from fundrais					, , -	, , -		
Ĕ	0 0	including \$	-	-						
		contributions reported or								
		Part IV, line 18		,	8a					
	b	Less: direct expenses			8b					
		Net income or (loss) from								
		Gross income from gamir		-						
		Part IV, line 19			9a					
	b	Less: direct expenses			9b					
		Net income or (loss) from								
		Gross sales of inventory,	Ŭ	U U						
		and allowances			10a					
	b	Less: cost of goods sold			10b					
		Net income or (loss) from								
╡					,	Business Code				
	11 a	SBA FLOAT				522220	873,216.	873,216.		
JULE	b		INT			522220	377,313.	377,313.		
Revenue	~ 0	BAD DEBT RECOVERY				900099	134,151.	134,151.		
Be	d	All other revenue				900099	146,026.	146,026.		
		<b>Total.</b> Add lines 11a-11d					1,530,706.	,		
							, , ,			4,5

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CDC SMALL BUSINESS FINANCE CORPORATION

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75, 68, 98, and 100 of Part VII.         Expenses         general expenses         expense           1         Grants and other assistance to domestic individuals. See Part IV, line 22         Image: Comparison of the assistance to domestic individuals. See Part IV, line 22         Image: Comparison of the assistance to domestic individuals. See Part IV, line 15 and 16         Image: Comparison of the assistance to foreign individuals. See Part IV, line 15 and 16           1         Benefits paid to or for mements, and foreign individuals. See Part IV, line 15 and 16         Image: Comparison of the assistance to foreign individuals. See Part IV, line 15 and 16           1         Benefits paid to or for members.         Image: Comparison of the assistance to foreign individuals. See Part IV, line status to the Soli(1) and persons (as defined under action 4550(1) and persons (as defined under action 4550(1) and persons description is scill adSoli(1) and persons description is administry of the scill adSoli (1) and persons description is scill adSoli (1) and persons description is administry of the scill adSoli (1) and persons description is administry of the scill adSoli (1) and persons description is administry of the scill adSoli (1) and persons description is administry of the scill adSoli (1) addition (include scill addition addition (include scill addition addition (include scinterest additatis additis (include scill additiscis (i	Secti	on 501(c)(3) and 501(c)(4) organizations must compl				
Decision         Description         Total expenses         Program service expense         Management and expense         Fundament expense           1         Grants and other assistance to domestic organizations and domestic governments. See Part N, Ine 22         Image and the assistance to domestic individuals. See Part N, Ine 12 and 16 cm individuals. See Part N, Ine 15 and 16 cm individuals. See Part N, Ine 17 cm persons (as defined under section 49636(Y)(N) and persons described in section 49636(Y)(N) and persons described in section 49636(Y)(N) and persons described in section 49636(Y) N and persontatis function and the asect			(A)	(B)	(C)	
addomestic governments. See Part IV, line 21			Total expenses	Program service	Management and	Fundraising expenses
2         Grants and other assistance to drowsic individuals. See Part IV, line 22         Image: Comparison of current of the Sand 16           3         Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part V, line 15 and 16         Image: Comparison of current of theores, directors, trustees, and key employees         Image: Comparison of current of theores, directors, trustees, and key employees         Image: Comparison of current of theores, directors, trustees, and key employees         Image: Comparison of current of theores, directors, trustees, and key employees         Image: Comparison of current of theores, directors, trustees, and key employees         Image: Comparison of current of theores, directors, trustees, and key employees         Image: Comparison of theorem of theorem of theorem of the persons described in section 4580(r)(1) and persons described in section 4580(r) and the comparison functional model above to display the persons described in section 4580(r) and the comparison functional model above to display the persons described in section 4580(r) and the comparison functional model above to display the persons described in section 4580(r) and the comparison functional model above to display the persons described in section 4580(r) and the comparison functional model above to display the persons described in section 4580(r) and the comparison functional depresons on fine 24, r) trust described in section 45	1	Grants and other assistance to domestic organizations				
individuals. See Part IV, line 22         individuals. See Part IV, line 12           3 Grants and other assistance to foreign individuals. See Part IV, lines 15 and 16         individuals. See Part IV, lines 15 and 16           4 Benefits path to or for members         individuals. See Part IV, lines 15 and 16           5 Compensation of current officers, directors, trustees, and key employees         2, 007, 070.         1, 548, 140.           6 Compensation of include above to disquafiled persons described in section 4588(r)(3)(8)         individuals.         individuals.           7 Other satisfies and wages         13, 708, 925.         11, 926, 277.         1, 782, 648.           9 Presion plane acruits and doubtibuitons (include saction 401(k) and 403(b) employer contributions;         individuals.         individuals.         individuals.           9 Other employee benefits         1, 274, 358.         1, 274, 358.         individuals.         individuals.           9 Other employee benefits         1, 078, 887.         988, 414.         90, 473.           10 Payrol targes         1, 078, 887.         988, 414.         90, 473.           11 Rese for services (nonemployees):         individuals.         individuals.         individuals.           11 Rotes for services. See Part IV, line 17         individuals.         individuals.         individuals.           12 Adveriting and promotion         315, 762.		and domestic governments. See Part IV, line 21				
3         Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part N, lines 15 and 16         Image: Compensation of current of fores, directors, trustaes, and key employees         Image: Compensation of current of fores, directors, trustaes, and key employees         Image: Compensation of current of fores, directors, trustaes, and key employees         Image: Compensation of current of fores, directors, trustaes, and key employees         Image: Compensation of current of fores, directors, trustaes, and key employees         Image: Compensation of current of fores, directors, trustaes, and key employees         Image: Compensation of current of fores, directors, trustaes, and key employees         Image: Compensation of current of fores, directors, trustaes, and key employees         Image: Compensation of current of fores, directors, trustaes         Image: Compensation of current of fores, directors, trustaes         Image: Compensation of fores, directors, trustaes	2	Grants and other assistance to domestic				
organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16		individuals. See Part IV, line 22				
individuals. See Part IV, lines 15 and 16         ines 15           4         Benefits paid to or for members	3	Grants and other assistance to foreign				
4         Benefits paid to or for members         Image: compensation of current officers, furstcers, furstcers, furstcers, furstcers, furstcers, and key employees         2,007,070.         1,548,140.         458,930.           6         Compensation not included above to dispatified persons (ascilon 4958(r)(3)(8)         11,708,925.         11,926,277.         1,782,648.           7         Other sataries and contributions (include section 4958(r)(3)(8)         13,708,925.         11,926,277.         1,782,648.           9         Pension plan accruits and contributions (include 305) penployer contributions (include 306) penployer penployer contributions (include 306) penployer contributions (include 306) penployer contributions (include 306)		organizations, foreign governments, and foreign				
5         Compensation of current officers, directors, trustees, and key employees         2,007,070.         1,548,140.         458,930.           6         Compensation not included above to disqualified persons (as defined under section 458(c)(3)(B)         1         1         7         1,548,140.         458,930.           7         Other salaries and wages         13,708,925.         11,926,277.         1,782,648.           8         Pension plan acruats and contributions (include section 40(k) and 40(3) employer contributions         2,052,313.         1,386,923.         665,490.           9         Other employee benefits         2,052,313.         1,054,681.         219,677.           10         Payroll taxes         1,078,887.         988,414.         50,473.           10         Accounting         406,170.         343,803.         62,367.           11         Legal         1,078,887.         988,414.         50,473.           11         Fortscional functiasing services. See Part IV, line 17         13,974.         13,974.         13,974.           12         Adventising and promotion         225,045.         45,086.         779,159.           13         Office expenses         316,762.         117,285.         199,477.           14         Informatin technology         1,167		individuals. See Part IV, lines 15 and 16				
tustees, and key employees         2,007,070.         1,548,140.         458,930.           6         Compensation not included above to disqualified persons described in section 4958(r)(3)(8)	4	Benefits paid to or for members				
6         Compensation not included above to disqualified persons (as defined under section 4058(c)(3)(8)	5	Compensation of current officers, directors,				
persons (as defined under section 4958(r)(1)) and persons described in section 4958(r)(3)(8)         13, 708, 925.         11, 926, 277.         1, 782, 648.           Pension plan accruits and contributions)         B45, 052.         701, 193.         143, 859.           9 Other enabloyee benefits         2, 052, 313.         1, 386, 823.         665, 490.           10 Payroli taxes         1, 274, 358.         1, 054, 681.         219, 677.           11 Fees for services (nonemployees):         1, 078, 887.         988, 414.         90, 473.           a Management         1, 078, 887.         988, 414.         90, 473.           b Legal         1, 078, 887.         988, 414.         90, 473.           c Accounting         406, 170.         343, 803.         62, 367.           d Lobbying         13, 974.         13, 974.         13, 974.           9 Other. (If line 11g anount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.         825, 045.         45, 886.         779, 159.           13 Office expenses         313, 5762.         117, 285.         198, 477.         682, 445.           16 Occupancy         334, 348.         334, 348.         334, 348.         334, 348.           17 Travel         0 Other engenses. Interize engenses not cocal public officials         67, 848.         69, 430.<		trustees, and key employees	2,007,070.	1,548,140.	458,930.	
persons described in section 4958(c)(3)(B)         13,708,925.         11,926,277.         1,782,648.           9 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)         845,052.         701,193.         143,859.           9 Other employee benefits         2,052,313.         1,386,223.         665,490.           10 Payroll taxes         1,274,358.         1,054,681.         219,677.           11 Fees for services (nonemployees):         a         Management         9           b Legal         1,078,887.         988,414.         90,473.           C Accounting         406,170.         343,803.         62,367.           d Lobbying         -         -         -           9 Other. (If ine 11g amount exceeds 10% of line 25, column (A), amount, istiline 11g expenses on Sch 0.         825,045.         45,886.         779,159.           13 Office expenses         315,752.         117,285.         198,477.         -           14 Information technology         1,167,166.         484,721.         682,445.           15 Royalties         -         -         -           16 Cocupancy.         334,348.         334,348.         -           17 Travel         357,006.         289,158.         -           19 Conferences, c	6	Compensation not included above to disqualified				
7       Other salaries and wages       13, 708, 925.       11, 926, 277.       1, 782, 648.         8       Pension plan acruals and contributions (include section 401(k) and 403(b) employer contributions)       845, 052.       701, 193.       143, 859.         9       Other employee benefits       2, 052, 313.       1, 386, 823.       665, 490.         10       Payroli taxes       1, 274, 358.       1, 054, 681.       219, 677.         11       Fees for services (nonemployees):       1, 274, 358.       1, 054, 681.       219, 677.         a Management       1, 078, 887.       988, 414.       90, 473.       0         b Legal       1, 078, 887.       988, 414.       90, 473.       0         c Accounting       406, 170.       343, 803.       62, 367.       0         d Lobbying       1       13, 974.       13, 974.       0         g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.       0 </td <td></td> <td>persons (as defined under section 4958(f)(1)) and</td> <td></td> <td></td> <td></td> <td></td>		persons (as defined under section 4958(f)(1)) and				
8         Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)         845,052.         701,193.         143,859.           9         Other employee benefits         2,052,313.         1,385,823.         665,490.           10         Payroll taxes         1,274,358.         1,054,681.         219,677.           11         Fees for services (nonemployees):         406,170.         343,803.         62,367.           11         Legal         1,078,887.         988,414.         90,473.           12         Accounting         406,170.         343,803.         62,367.           12         Lobbying         13,974.         13,974.         13,974.           13         gotter. (Illine 11g anomuckeeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.)         825,045.         45,886.         779,159.           13         Office expenses         315,762.         117,285.         198,477.           14         Information technology         1,167,166.         484,721.         682,445.           16         Occupancy         334,348.         334,348.         107.461.           17         Travel         357,006.         289,158.         67,848.           18         Payments of fravel or entertainment ex						
section 401(k) and 403(b) employer contributions)         845,052,701,193,1286,823.         143,859,           9         Other employee benefits         2,052,313.         1,286,823.         665,490.           10         Payroll taxes         1,274,358.         1,054,681.         219,677.           11         Fees for services (nonemployees):         1         1,078,887.         988,414.         90,473.           c         Accounting         406,170.         343,803.         62,367.         -           c         Accounting and promotion         31,974.         13,974.         -           g         Other expenses         0.01         825,045.         45,886.         779,159.           12         Advertising and promotion         825,045.         45,886.         779,159.         -           13         Office expenses         315,762.         117,285.         198,477.           14         Information technology         1,167,166.         484,721.         682,445.           16         Occupancy         334,348.         334,348.         -         -           17         Travel         536,148.         428,697.         107,461.           17         Travel         536,148.         428,057.         -	7	Other salaries and wages	13,708,925.	11,926,277.	1,782,648.	
9       Other employee benefits       2,052,313.       1,386,823.       665,490.         10       Payroll taxes       1,274,358.       1,054,691.       219,677.         11       Fees for services (nonemployees):       1,078,887.       988,414.       90,473.         a Management       1,078,887.       988,414.       90,473.         b Legal       1,078,887.       988,414.       90,473.         c Accounting       406,170.       343,803.       62,367.         d Lobbying	8	Pension plan accruals and contributions (include				
10       Payroli taxes       1,274,358       1,054,681       219,677         11       Fees for services (nonemployees):       1				,		
Image of the services (nonemployees):         Image of the services (nonemployees):         Image of the services (nonemployees):           a Management         Image of the services (nonemployees):	9		, ,			
a Management	10		1,274,358.	1,054,681.	219,677.	
b         Legal         1,078,887.         988,414.         90,473.           c         Accounting         406,170.         343,803.         62,367.           d         Lobbying         9         9         406,170.         343,803.         62,367.           d         Lobbying         9         9         406,170.         343,803.         62,367.           d         Lobbying         9         9         406,170.         343,803.         62,367.           g         Other. (If line 11g amount exceeds 10% of line 25, colum (A), amount list line 11g expenses on Sch O.)         13,974.         13,974.         13,974.           g         Other. (If line 11g amount exceeds 10% of line 25, colum (A), amount list line 11g expenses on Sch O.)         825,045.         45,886.         779,159.           13         Office expenses         315,762.         117,285.         198,477.           14         Information technology         1,167,166.         484,721.         682,445.           16         Occupancy         334,348.         334,348.         10           17         Travel         or entertainment expenses         67,848.           18         Payments of travel or entertainment expenses         10         10           19	11	-				
c Accounting       406,170.       343,803.       62,367.         d Lobbying       9       9       9       9         f Investment management fees       13,974.       9       9         g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.)       825,045.       45,886.       779,159.         12       Advertising and promotion       825,045.       45,886.       779,159.         13       Office expenses       315,762.       117,285.       198,477.         14       Information technology       1,167,166.       484,721.       682,445.         15       Royatties       334,348.       334,348.       334,348.         16       Occupancy       334,348.       334,348.       334,348.         17       Travel       357,006.       289,158.       67,848.         19       Conferences, conventions, and meetings       0       107,461.       107,461.         21       Payments ot affiliates       498,025.       4,438.       493,587.         20       Interest       167,807.       98,377.       69,430.         24       Other expenses Intrave expenses on towered above, (List miscellaneous expenses on Schedule 0.)       1,464,633.       574,657.       889,97	а	Management				
d       Lobbying		-	, ,	/		
e         Professional fundraising services. See Part IV, line 17         Image: Constraint of the second se	С		406,170.	343,803.	62,367.	
f       Investment management fees       13,974.       13,974.         g       Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.)       825,045.       45,886.       779,159.         12       Advertising and promotion       825,045.       45,886.       779,159.       11         13       Office expenses       315,762.       117,285.       198,477.       13         14       Information technology       1,167,166.       484,721.       682,445.       11         15       Royatties						
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.)       825,045.       45,886.       779,159.         12 Advertising and promotion       815,762.       117,285.       198,477.         13 Office expenses       315,762.       117,285.       198,477.         14 Information technology       1,167,166.       484,721.       682,445.         15 Royalties       -       -       -         16 Occupancy       334,348.       334,348.       -         17 Travel       357,006.       289,158.       67,848.         18 Payments of travel or entertainment expenses for any federal, state, or local public officials       -       -         19 Conferences, conventions, and meetings       -       -       -         20 Interest       536,148.       428,687.       107,461.         21 Payments to affiliates       -       -       -         22 Depreciation, depletion, and amortization about exceeds 10% of line 25, column (A), amount, list line 24e expenses on line 24e. If line 24e amount exceeds 00% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)       1,464,633.       574,657.       889,976.         a LENDING COST       PROPERTY TAXES       172,083.       172,083.       -       -         d DUES & MEMBERSHIPS       159,780.	е		10.054		12.054	
colum (A), amount, list line 11g expenses on Sch 0.)         825,045.         45,886.         779,159.           12         Advertising and promotion         315,762.         117,285.         198,477.           13         Office expenses         315,762.         117,285.         198,477.           14         Information technology         1,167,166.         484,721.         682,445.           15         Royaties         1,167,166.         484,721.         682,445.           16         Occupancy         334,348.         334,348.         1           17         Travel         357,006.         289,158.         67,848.           18         Payments of travel or entertainment expenses for any federal, state, or local public officials         1         1           19         Conferences, conventions, and meetings         1         1         1           20         Interest         536,148.         428,687.         107,461.           21         Payments to affiliates         1         167,807.         98,377.         69,430.           24         Other expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)         1,464,633.         574,657.         889,976.           b         PROVISION FOR LOAN LOSS	f		13,974.		13,974.	
12       Advertising and promotion       825,045.       45,886.       779,159.         13       Office expenses       315,762.       117,285.       198,477.         14       Information technology       1,167,166.       484,721.       682,445.         15       Royalties       1       602.445.       1         16       Occupancy       334,348.       334,348.       1         17       Travel       357,006.       289,158.       67,848.         18       Payments of travel or entertainment expenses for any federal, state, or local public officials       1       1         10       Interest       536,148.       428,687.       107,461.         12       Payments to affiliates       1       1       1         20       Interest       536,148.       428,687.       107,461.         21       Payments to affiliates       1       1       1       1         22       Depreciation, depletion, and amortization       498,025.       4,438.       493,587.         23       Insurance       167,807.       98,377.       69,430.         24       Other expenses on Schedule 0.)       1,464,633.       574,657.       889,976.         a       LENDING COST </td <td>g</td> <td></td> <td></td> <td></td> <td></td> <td></td>	g					
30 Office expenses       315,762.       117,285.       198,477.         14 Information technology       1,167,166.       484,721.       682,445.         15 Royalties       334,348.       334,348.       334,348.         16 Occupancy       334,348.       334,348.       334,348.         17 Travel       357,006.       289,158.       67,848.         18 Payments of travel or entertainment expenses for any federal, state, or local public officials       1       1         19 Conferences, conventions, and meetings       536,148.       428,687.       107,461.         20 Interest       536,148.       428,687.       107,461.         21 Payments to affiliates       167,807.       98,377.       69,430.         22 Operciation, depletion, and amortization above. (List miscellaneous expenses not covered above. (List miscellaneous expenses on Schedule 0.)       1,464,633.       574,657.       889,976.         24 Other expenses. Itemize expenses on Schedule 0.)       1,464,633.       574,657.       889,976.         25 PROVISION FOR LOAN LOSS       824,628.       824,628.       24,628.       27,703.       132,077.         25 Total functional expenses       159,780.       27,703.       132,077.       28,209,180.       21,351,302.       6,857,878.         26 Joint costs. Complete this line o			005 045	45 000	770 150	
Information technology       1,167,166.       484,721.       682,445.         15       Royalties       334,348.       334,348.         16       Occupancy       334,348.       334,348.         17       Travel       357,006.       289,158.       67,848.         18       Payments of travel or entertainment expenses for any federal, state, or local public officials       536,148.       428,687.       107,461.         19       Conferences, conventions, and meetings       536,148.       428,687.       107,461.         20       Interest       536,148.       428,687.       107,461.         21       Payments to affiliates       9       98,025.       4,438.       493,587.         21       Payments expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, coumn (A), amount, list line 24e expenses on Schedule 0.)       1,464,633.       574,657.       889,976.         4       Dither expenses       172,083.       172,083.       172,083.         c       PROPERTY TAXES       172,083.       172,083.       132,077.         e       All other expenses       159,780.       27,703.       132,077.         e       All other expenses       28,209,180.       21,351,302.       6,857,878.				/	,	
15       Royalties       334,348.       334,348.         16       Occupancy       334,348.       334,348.         17       Travel       357,006.       289,158.       67,848.         18       Payments of travel or entertainment expenses for any federal, state, or local public officials       357,006.       289,158.       67,848.         19       Conferences, conventions, and meetings       536,148.       428,687.       107,461.         20       Interest       536,148.       428,687.       107,461.         21       Payments to affiliates       98,025.       4,438.       493,587.         22       Depreciation, depletion, and amortization       167,807.       98,377.       69,430.         24       Other expenses. Itemize expenses on Covered above. (List miscellaneous expenses on Schedule 0.)       1,464,633.       574,657.       889,976.         a       LENDING COST       1,464,633.       574,657.       889,976.         b       PROVISION FOR LOAN LOSS       824,628.       824,628.       282,628.         c       PROPERTY TAXES       172,083.       172,083.       27,703.       132,077.         e       All other expenses       159,780.       27,703.       132,077.         e       Joint costs. Comp			,	/	,	
16       Occupancy       334,348.       334,348.         17       Travel       357,006.       289,158.       67,848.         18       Payments of travel or entertainment expenses for any federal, state, or local public officials       9       67,848.         19       Conferences, conventions, and meetings       9       9       107,461.         20       Interest       536,148.       428,687.       107,461.         21       Payments to affiliates       9       167,807.       98,377.       69,430.         22       Depreciation, depletion, and amortization above. (List miscelaneous expenses on towered above. (List miscelaneous expenses on time 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)       1,464,633.       574,657.       889,976.         3       LENDING COST       9       824,628.       824,628.       172,083.         4       DUES & MEMBERSHIPS       159,780.       27,703.       132,077.         4       All other expenses       428,209,180.       21,351,302.       6,857,878.         26       Joint costs. Complete this line only if the organization       28,209,180.       21,351,302.       6,857,878.			1,107,100.	404,721.	002,445.	
357,006.       289,158.       67,848.         17       Travel       357,006.       289,158.       67,848.         18       Payments of travel or entertainment expenses for any federal, state, or local public officials       1       1         19       Conferences, conventions, and meetings       1       1       1         20       Interest       536,148.       428,687.       107,461.         21       Payments to affiliates       1       1       1         22       Depreciation, depletion, and amortization       498,025.       4,438.       493,587.         23       Insurance       167,807.       98,377.       69,430.         24       Other expenses Itemize expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)       1,464,633.       574,657.       889,976.         4       PROVISION FOR LOAN LOSS       824,628.       824,628.       172,083.       172,083.         6       PROPERTY TAXES       172,083.       172,083.       132,077.         6       All other expenses       159,780.       27,703.       132,077.         6       All other expenses. Add lines 1 through 24e       28,209,180.       21,351,302.       6,857,878.         25       J			334 348	334 348		
18       Payments of travel or entertainment expenses for any federal, state, or local public officials			,	,	67 848	
for any federal, state, or local public officials19Conferences, conventions, and meetings						
19       Conferences, conventions, and meetings	10	,				
20       Interest       536,148.       428,687.       107,461.         21       Payments to affiliates       98,025.       4,438.       493,587.         22       Depreciation, depletion, and amortization       498,025.       4,438.       493,587.         23       Insurance       167,807.       98,377.       69,430.         24       Other expenses. Itemize expenses on to covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)       1,464,633.       574,657.       889,976.         a       LENDING COST       1,464,633.       574,657.       889,976.         b       PROVISION FOR LOAN LOSS       824,628.       824,628.       102.         c       PROPERTY TAXES       172,083.       172,083.       132,077.         d       DUES & MEMBERSHIPS       159,780.       27,703.       132,077.         e       All other expenses       28,209,180.       21,351,302.       6,857,878.         26       Joint costs. Complete this line only if the organization       21,351,302.       6,857,878.	10					
21       Payments to affiliates       498,025.       4,438.       493,587.         22       Depreciation, depletion, and amortization       498,025.       4,438.       493,587.         23       Insurance       167,807.       98,377.       69,430.         24       Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)       1,464,633.       574,657.       889,976.         a       LENDING COST       1,464,633.       574,657.       889,976.         b       PROVISION FOR LOAN LOSS       824,628.       824,628.       172,083.         c       PROPERTY TAXES       172,083.       172,083.       132,077.         e       All other expenses       28,209,180.       21,351,302.       6,857,878.         25       Total functional expenses. Add lines 1 through 24e       28,209,180.       21,351,302.       6,857,878.         26       Joint costs. Complete this line only if the organization       1       1       1       1		· · · · · · · · · · · · · · · · · · ·	536 148	428 687	107 461	
22Depreciation, depletion, and amortization498,025.4,438.493,587.23Insurance167,807.98,377.69,430.24Other expenses. Itemize expenses on to covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)167,807.98,377.69,430.aLENDING COST1,464,633.574,657.889,976.bFROVISION FOR LOAN LOSS824,628.824,628.1000000000000000000000000000000000000		F	,			
23Insurance167,807.98,377.69,430.24Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)167,807.98,377.69,430.aLENDING COST1,464,633.574,657.889,976.bPROVISION FOR LOAN LOSS824,628.824,628.cPROPERTY TAXES172,083.172,083.dDUES & MEMBERSHIPS159,780.27,703.132,077.eAll other expenses.4d lines 1 through 24e28,209,180.21,351,302.6,857,878.26Joint costs. Complete this line only if the organization167,807.98,377.69,430.			498.025.	4.438.	493.587.	
24       Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)       1,464,633.       574,657.       889,976.         a       LENDING COST       1,464,633.       574,657.       889,976.         b       PROVISION FOR LOAN LOSS       824,628.       824,628.         c       PROPERTY TAXES       172,083.       172,083.         d       DUES & MEMBERSHIPS       159,780.       27,703.       132,077.         e       All other expenses. Add lines 1 through 24e       28,209,180.       21,351,302.       6,857,878.         26       Joint costs. Complete this line only if the organization       Image: construction of the organization is a start of the organization is a		. Г	-	,	/	
above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)aLENDING COST1,464,633.574,657.889,976.bPROVISION FOR LOAN LOSS824,628.824,628.cPROPERTY TAXES172,083.172,083.dDUES & MEMBERSHIPS159,780.27,703.132,077.eAll other expenses28,209,180.21,351,302.6,857,878.26Joint costs. Complete this line only if the organization111			,	, ,		
amount, list line 24e expenses on Schedule 0.)       1,464,633.       574,657.       889,976.         b       PROVISION FOR LOAN LOSS       824,628.       824,628.         c       PROPERTY TAXES       172,083.       172,083.         d       DUES & MEMBERSHIPS       159,780.       27,703.       132,077.         e       All other expenses       25       Total functional expenses. Add lines 1 through 24e       28,209,180.       21,351,302.       6,857,878.         26       Joint costs. Complete this line only if the organization       1       1       1       1		above. (List miscellaneous expenses on line 24e. If				
a       LENDING COST       1,464,633.       574,657.       889,976.         b       PROVISION FOR LOAN LOSS       824,628.       824,628.       680.         c       PROPERTY TAXES       172,083.       172,083.       172,083.         d       DUES & MEMBERSHIPS       159,780.       27,703.       132,077.         e       All other expenses       1       159,180.       21,351,302.       6,857,878.         26       Joint costs. Complete this line only if the organization       1       1       1       1						
b         PROVISION FOR LOAN LOSS         824,628.         824,628.           c         PROPERTY TAXES         172,083.         172,083.           d         DUES & MEMBERSHIPS         159,780.         27,703.         132,077.           e         All other expenses         25         Total functional expenses. Add lines 1 through 24e         28,209,180.         21,351,302.         6,857,878.           26         Joint costs. Complete this line only if the organization         Image: Complete this line only if the organization         Complete this line only if the organization	а	· · · · · ·	1,464,633.	574,657.	889,976.	
d       DUES & MEMBERSHIPS       159,780.       27,703.       132,077.         e       All other expenses		PROVISION FOR LOAN LOSS		824,628.		
e       All other expenses	с	PROPERTY TAXES	172,083.	172,083.		
25Total functional expenses. Add lines 1 through 24e28,209,180.21,351,302.6,857,878.26Joint costs. Complete this line only if the organization	d	DUES & MEMBERSHIPS	159,780.	27,703.	132,077.	
25Total functional expenses. Add lines 1 through 24e28,209,180.21,351,302.6,857,878.26Joint costs. Complete this line only if the organization	е	All other expenses				
	25	Total functional expenses. Add lines 1 through 24e	28,209,180.	21,351,302.	6,857,878.	0.
reported in column (D) joint costs from a combined	26					
reported in column (B) joint costs from a combined		reported in column (B) joint costs from a combined				
educational campaign and fundraising solicitation.		educational campaign and fundraising solicitation.				
Check here if following SOP 98-2 (ASC 958-720)		Check here if following SOP 98-2 (ASC 958-720)				000

11

232010 12-13-22

Form 990 (2022)

	1	Cash - non-interest-bearing			18,581,745.	1	8,447,817.
	2	Savings and temporary cash investments			14,134,280.	2	10,781,802.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			4,930,780.	4	5,768,767.
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, substa	antial contri	ibutor, or 35%			
		controlled entity or family member of any of thes	e persons			5	
	6	Loans and other receivables from other disqualif	ed persons	s (as defined			
		under section 4958(f)(1)), and persons described	in section 4	4958(c)(3)(B)		6	
ts	7	Notes and loans receivable, net			72,720,456.	7	54,525,556.
Assets	8	Inventories for sale or use				8	
Ä	9	Prepaid expenses and deferred charges			2,235,772.	9	2,233,186.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		13,351,823.			
	b	Less: accumulated depreciation		6,428,842.	6,601,716.	10c	6,922,981.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 1		2,395,924.	12	2,435,389.	
	13	Investments - program-related. See Part IV, line 1	1			13	
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11		1,794,995.	15	1,546,243.	
	16	Total assets. Add lines 1 through 15 (must equa			123,395,668.	16	92,661,741.
	17	Accounts payable and accrued expenses			5,238,071.	17	4,815,471.
	18	Grants payable				18	
	19	Deferred revenue		153,272.	19	429,894.	
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complete F	chedule D		21		
es	22	Loans and other payables to any current or form	lirector,				
Liabilities		trustee, key employee, creator or founder, subst	ibutor, or 35%				
iab		controlled entity or family member of any of thes	-	·····		22	
-	23	Secured mortgages and notes payable to unrela			50,159,736.	23	20,867,225.
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pay					
		parties, and other liabilities not included on lines	17-24). Cor	mplete Part X			0 005 004
		of Schedule D		······ —	2,189,768.	25	2,237,884.
	26		<u></u> .		57,740,847.	26	28,350,474.
s		Organizations that follow FASB ASC 958, cher	ck here	X			
lces		and complete lines 27, 28, 32, and 33.			60,138,672.		58,781,909.
alaı	27			·····	5,516,149.		
dB	28			······ —	5,510,149.	28	5,529,358.
Fund Balar		Organizations that do not follow FASB ASC 98					
orF	20	and complete lines 29 through 33.			20		
Net Assets or	29 20	Capital stock or trust principal, or current funds			29		
SS	30 21	Paid-in or capital surplus, or land, building, or eq	•			30	
et⊿	31	Retained earnings, endowment, accumulated inc			65,654,821.	31	64,311,267.
ž	32	<b>T</b>		······	123,395,668.	32	92,661,741.
	33	Total liabilities and net assets/fund balances			123,393,000.	33	L 52,001,741.

Form 990 (2022)

232011 12-13-22

17021010 759370 70073.0100

**(B)** End of year

**(A)** Beginning of year

CDC SMALL BUSINESS FINANCE CORPORATION

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

Form 990 (2022) Part X Balance Sheet

Form	1990 (2022) CDC SMALL BUSINESS FINANCE CORPORATION	95-3512045		Pag	<sub>ge</sub> 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	26,	865,	626.
2	Total expenses (must equal Part IX, column (A), line 25)	2	28,	209,	180.
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,	343,	554.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	65,	654,	821.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	64,	311,	267.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		
		_		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	D.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	ona			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	<b> </b>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	dule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	·····	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require	ed audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	000	

Form **990** (2022)

232012 12-13-22

SCHEDULE A
------------

Department of the Treasury

(Form 990)

Total

# 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.

OMB No. 1545-0047
2022
Open to Public

intern	arnevei	Ide Service	Go to www.irs.gov/	Form990 for instruction	is and the	e latest inf	ormation.		Inspection
Nan	ne of t	the organization							identification number
Da	rt I			NANCE CORPORATION					95-3512045
		Reason for Public (					ee instructior	IS.	
	organ	ization is not a private found							
1		A church, convention of chu				on 170(b)(1	I)(A)(i).		
2		A school described in section							
3		A hospital or a cooperative							
4		A medical research organize	ation operated in co	njunction with a hospital	described	l in sectio	n 170(b)(1)(A	.)(iii). Enter	the hospital's name,
		city, and state:							
5		An organization operated for		llege or university owned	or operat	ed by a go	overnmental u	nit describe	ed in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, state, or local gov	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).		
7		An organization that norma	lly receives a substa	ntial part of its support fr	om a gove	ernmental	unit or from t	he general p	oublic described in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8		A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Parl	: II.)				
9		An agricultural research org	anization described	in section 170(b)(1)(A)(i	x) operate	ed in conju	inction with a	land-grant	college
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of	the college	or
		university:							
10	X	An organization that norma	•					-	•
		activities related to its exem	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of it	s support fi	rom gross investment
		income and unrelated busir	ness taxable income	(less section 511 tax) fro	m busines	sses acqui	red by the org	ganization a	fter June 30, 1975.
		See section 509(a)(2). (Cor	mplete Part III.)						
11		An organization organized a	and operated exclusi	ively to test for public sat	ety. See	section 50	09(a)(4).		
12		An organization organized a	-	-				-	
		more publicly supported or							Check the box on
		lines 12a through 12d that o	• •			-		-	
а		<b>Type I.</b> A supporting orga	-		• • • •	-			
		the supported organization			majority c	of the direc	tors or truste	es of the su	ipporting
		organization. You must o	-						
b		<b>Type II.</b> A supporting org	-				-		-
		control or management o			ame perso	ins that co	ntrol or mana	ge the supp	orted
		organization(s). You mus	-						
с		☐ Type III functionally inte						lly integrate	d with,
	_	its supported organization							
d		Type III non-functionally	• •					•	
		that is not functionally int			•			an attentiv	reness
	_	requirement (see instructi		•					
е		Check this box if the orga					турет, туре	II, Type III	
	Ent	functionally integrated, or er the number of supported c		, , ,					
1		vide the following information	0	nd organization(a)					
<u> </u>		(i) Name of supported	(ii) EIN	(iii) Type of organization		anization listed	(v) Amount o	f monetary	(vi) Amount of other
		organization		(described on lines 1-10	Yes	ing document? No	support (see i	nstructions)	support (see instructions)
				above (see instructions))					
			1	1		1	1		1

	(Complete only if you checke fails to qualify under the tests				on failed to qualify	under Part III. If the	organization
Sec	tion A. Public Support	,		,			
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and	(0) 2010	(6) 2013	(0) 2020	(0) 2021		
•	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4.						
Sec	ction B. Total Support		•	1	_	1	
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources $\dots$						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
	Gross receipts from related activities,		,			12	
13	First 5 years. If the Form 990 is for the	0	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3)	
80	organization, check this box and stop						<u></u>
	ction C. Computation of Public						
14	Public support percentage for 2022 (I					14	<u>%</u>
15	Public support percentage from 2021					<b>15</b>	%
168	33 1/3% support test - 2022. If the other here. The organization qualifies	-					
h	<ul><li>stop here. The organization qualifies</li><li>33 1/3% support test - 2021. If the organization</li></ul>		-			ar mara abaak th	
L.							
17-	and stop here. The organization qual <b>10%</b> -facts-and-circumstances test		•••••			and line 14 is 10%	
174	and if the organization meets the fact						
	-			-	-	-	
Ь	meets the facts-and-circumstances te 10% -facts-and-circumstances test	-		• • • •	•	17a and line 15 is	
D D	more, and if the organization meets the						
	organization meets the facts-and-circl						
18	Private foundation. If the organization		-				L
10	- mate roundation. In the organizatio	an and that offern a		a, 100, 17a, 01 17			·

CDC SMALL BUSINESS FINANCE CORPORATION

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

Schedule A (Form 990) 2022

95-3512045

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Schedule A (Form 990) 2022

#### Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support

Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	<b>(d)</b> 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	30,250.			738,955.	2,034,162	2,803,367.
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose	20,782,652.	22,503,672.	6,932,403.	24,127,172.	24,957,983	. 99,303,882.
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5	20,812,902.	22,503,672.	6,932,403.	24,866,127.	26,992,145	102,107,249.
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						0.
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						0.
c	Add lines 7a and 7b						0.
	Public support. (Subtract line 7c from line 6.)						102,107,249.
Sec	ction B. Total Support						_
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	<b>(d)</b> 2021	(e) 2022	(f) Total
9	Amounts from line 6	20,812,902.	22,503,672.	6,932,403.	24,866,127.	26,992,145	102,107,249.
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties,						
	and income from similar sources	528,618.	548,986.	53,588.	5,444,626.	4,597	6,580,415.
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b	528,618.	548,986.	53,588.	5,444,626.	4,597	6,580,415.
11	Net income from unrelated business						
	activities not included on line 10b, whether or not the business is						
	regularly carried on					-131,116	-131,116.
12	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	21,341,520.	23,052,658.	6,985,991.	30,310,753.	26,865,626	108,556,548.
14	First 5 years. If the Form 990 is for th	ne organization's fir	st, second, third, fo	ourth, or fifth tax y	ear as a section 5	01(c)(3) organizat	ion,
	check this box and stop here						
Sec	ction C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2022 (I	ine 8, column (f), d	ivided by line 13, co	olumn (f))		15	94.06 %
	Public support percentage from 2021					16	93.03 %
Sec	ction D. Computation of Inves	stment Income	Percentage				
17	Investment income percentage for 20	<b>)22</b> (line 10c, colun	nn (f), divided by lin	ie 13, column (f))		17	6.06 %
18	Investment income percentage from	2021 Schedule A,	Part III, line 17			18	6.97 %
19a	<b>33 1/3% support tests - 2022.</b> If the	organization did n	ot check the box o	n line 14, and line	15 is more than 3	3 1/3%, and line <sup>-</sup>	
	more than 33 1/3%, check this box ar	nd stop here. The	organization qualifi	es as a publicly su	upported organiza	tion	X
b	33 1/3% support tests - 2021. If the	organization did n	ot check a box on	line 14 or line 19a	, and line 16 is mo	re than 33 1/3%,	and
	line 18 is not more than 33 1/3%, che	ck this box and <b>st</b>	<b>op here.</b> The orgar	nization qualifies a	s a publicly suppo	rted organization	
20	Private foundation. If the organization	n did not check a l	box on line 14, 19a	, or 19b, check th	is box and see ins <sup>.</sup>	tructions	
23202	23 12-09-22					Schedule	A (Form 990) 2022
			16				

<sup>2022.04030</sup> CDC SMALL BUSINESS FINANC 70073.01

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2

3a

Yes No

### Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If* "Yes." *complete Part I of Schedule L (Form 990).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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Schedule A (Form 990) 2022	CDC SMALL BUSINESS FINANCE CORPORATION	95-3512045	Pa	age 5
Part IV Supporting Orga	nizations (continued)		_	
			Yes	No
11 Has the organization accepte	ed a gift or contribution from any of the following persons?			
a A person who directly or indi	rectly controls, either alone or together with persons described on lines 11b and			
11c below, the governing bo	dy of a supported organization?	11a		
<b>b</b> A family member of a person	described on line 11a above?	11b		
c A 35% controlled entity of a	person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
detail in Part VI.		11c		

#### Section B. Type I Supporting Organizations

			Yes
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> <b>Part VI</b> <i>how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the</i>		
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	
2	Did the organization operate for the benefit of any supported organization other than the supported		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in		

Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,

#### upervised, or controlled the supporting organization. Section C. Type II Supporting Organizations

Yes No Were a majority of the organization's directors or trustees during the tax year also a majority of the directors 1 or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s) 1

Section D.	All Type III	Supporting	Organizations	

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

### Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- а The organization satisfied the Activities Test. Complete line 2 below.
- The organization is the parent of each of its supported organizations. Complete line 3 below. b

<b>c</b> [		The organization supported a governmental entity.	Describe in Part VI ho	ow you supported a governmental entity (se	e instruction <u>s).</u>
------------	--	---	------------------------	--	--------------------------

- 2 Activities Test. Answer lines 2a and 2b 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.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes." explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.

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? If "Yes" or "No" provide details in Part VI.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard. 232025 12-09-22

3b Schedule A (Form 990) 2022

2a

2b

3a

Yes No

2

No

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Sche	dule A (Form 990) 2022 CDC SMALL BUSINESS FINANCE CORPOR.	ATION		95-3512045	Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportir	ng Orga	nizations		
1	Check here if the organization satisfied the Integral Part Test as a qualifyir	ng trust on	Nov. 20, 1970 ( <i>explain i</i>	n Part VI). See instr	uctions.
	All other Type III non-functionally integrated supporting organizations mus				
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current (optiona	
1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
3	Other gross income (see instructions)	3			
4	Add lines 1 through 3.	4			
5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or				
	collection of gross income or for management, conservation, or				
	maintenance of property held for production of income (see instructions)	6			
7	Other expenses (see instructions)	7			
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current (optiona	
1	Aggregate fair market value of all non-exempt-use assets (see				
	instructions for short tax year or assets held for part of year):				
а	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
с	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
е	Discount claimed for blockage or other factors				
	(explain in detail in Part VI):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d.	3			
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,				
	see instructions).	4			
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6	Multiply line 5 by 0.035.	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Sect	ion C - Distributable Amount			Current Y	ear
1	Adjusted net income for prior year (from Section A, line 8, column A)	1			
2	Enter 0.85 of line 1.	2			
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3			
4	Enter greater of line 2 or line 3.	4			
5	Income tax imposed in prior year	5			
6	Distributable Amount. Subtract line 5 from line 4, unless subject to				
	emergency temporary reduction (see instructions).	6			
7	Check here if the current year is the organization's first as a non-functiona	Illy integrat	ted Type III supporting or	ganization (see	

Schedule A (Form 990) 2022

232026 12-09-22

instructions).

					••••••
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported				
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	3	3		
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2022	ıs	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
а	From 2017				
b	From 2018				
c	From 2019				
d	From 2020				
e	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, <i>explain in</i>				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
d	Excess from 2021				
е	Excess from 2022				

Schedule A (Form 990) 2022

**Current Year** 

Section D - Distributions

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

SCHEDULE A, PART III, COLUMN (C) 2020

THE AMOUNTS IN THIS COLUMN REPRESENT A SHORT YEAR FROM 10/01/2020

THROUGH 12/31/2020.

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#### \*\* PUBLIC DISCLOSURE COPY \*\*

# Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2022

Employer identification number

	CDC SMALL BUSINESS FINANCE CORPORATION	95-3512045			
rganization type (check one):					
Filers of:	Section:				
Form 990 or 990-EZ	X 501(c)( <sup>3</sup> ) (enter number) organization				
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation				
	527 political organization				
Form 990-PF	501(c)(3) exempt private foundation				
	4947(a)(1) nonexempt charitable trust treated as a private foundation				
	501(c)(3) taxable private foundation				

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

#### **General Rule**

**X** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

#### **Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set in the set of t

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2022)

CDC SMAL	L BUSINESS FINANCE CORPORATION	9	5-3512045
Part I	Contributors (see instructions). Use duplicate copies of Part I if ac	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$35,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$40,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

223452 11-15-22

23 2022.04030 CDC SMALL BUSINESS FINANC 70073.01

Name of organization

Employer identification number

Page 2

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$20,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$20,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12		\$998,334.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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24 2022.04030 CDC SMALL BUSINESS FINANC 70073.01

Page 2

Name of organization

Schedule B (Form 990) (2022)

CDC SMALL BUSINESS FINANCE CORPORATION

95-3512045

Schedule B (Form 990) (2022)

Part I	Contributors (see instructions). Use duplicate copies of Part I if	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15		\$366,546.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	<i>`</i>	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

#### Schedule B (Form 990) (2022)

CDC SMALL BUSINESS FINANCE CORPORATION

Schedule B (Form 990) (2022) Name of organization

Employer identification number

95-3512045

17021010 759370 70073.0100

223452 11-15-22

Promotestical     Description of noncash property given     FMV (or estimate) (See instructions.)     Date received       (a) No. form     (b) Description of noncash property given     (c) FMV (or estimate) (See instructions.)     (d) Date received       (a) No. form     (b) Description of noncash property given     (c) FMV (or estimate) (See instructions.)     (d) Date received       (a) No. form     (b) Description of noncash property given     (c) FMV (or estimate) (See instructions.)     (d) Date received       (a) No. form     (b) Description of noncash property given     (c) FMV (or estimate) (See instructions.)     (d) Date received       (a) No. form     (b) Description of noncash property given     (c) FMV (or estimate) (See instructions.)     (d) Date received       (a) No. form     (b) Description of noncash property given     (c) FMV (or estimate) (See instructions.)     (d) Date received       (a) No. form     (b) Description of noncash property given     (c) FMV (or estimate) (See instructions.)     (d) Date received       (a) No. form     (b) Description of noncash property given     (c) FMV (or estimate) (See instructions.)     (d) Date received				
(a)     (b)     (c)     FMV (or estimate)     (c)       Description of noncash property given     (c)     FMV (or estimate)     (c)       (a)     (b)     (c)     (c)       (a)     (b)     (c)     FMV (or estimate)     (c)       (a)     (b)     (c)     (c)     Date received       (a)     (b)     (c)     FMV (or estimate)     (c)       (a)     (b)     (c)     FMV (or estimate)     (c)       (b)     (b)     (c)     FMV (or estimate)     (c)       (c)     (b)     (c)     FMV (or estimate)     (c)       (c)     (b)     (c)     FMV (or estimate)     (c)       (c)     (b)     (c)     (c)     (c)       (a)     (b)     (c)     (c)     (c)       (b)     (b)     (c)     (c)     (c)       (c)     (c)     (c)     (c)     (c)       (a)     (b)     (c)     (c)			I	95-3512045
No. form period art 1     (b) Description of noncash property given     FMV (or estimate) (See instructions.)     (c) Date received       (a) No. form period art 1     (b) Description of noncash property given     (c) FMV (or estimate) (See instructions.)     (c) (d) Date received       (a) No. form period art 1     (b) Description of noncash property given     (c) FMV (or estimate) (See instructions.)     (d) Date received       (a) No. form period art 1     (b) Description of noncash property given     (c) FMV (or estimate) (See instructions.)     (d) Date received       (a) No. form pescription of noncash property given     (c) FMV (or estimate) (See instructions.)     (d) Date received       (a) No. form pescription of noncash property given     (c) FMV (or estimate) (See instructions.)     (d) Date received       (a) No. form pescription of noncash property given     (c) FMV (or estimate) (See instructions.)     (d) Date received       (a) No. form pescription of noncash property given     (c) FMV (or estimate) (See instructions.)     (d) Date received       (a) No. form pescription of noncash property given     (c) FMV (or estimate) (See instructions.)     (d) Date received       (a) No. form pescription of noncash property given     (c) FMV (or estimate) (See instructions.)     (d) Date received       (a) No. form pescription of noncash property given     (c) FMV (or estimate) (See instructions.)     (d) Date received	art II	<b>Noncash Property</b> (see instructions). Use duplicate copies of Provide the Provide terms of	art II if additional space is needed.	
(a)       (b)       (c)       (d)         (b)       Description of noncash property given       (c)       (d)         (a)       (b)       (c)       (d)         (a)       (c)       (c)       (d)         (a)       (b)       (c)       (c)       (d)         (a)       (b)       (c)       (d)       (d)         (a)       Description of noncash property given       (c)       (d)       (d)         (a)       Description of noncash property given       (c)       (d)       (d)         (a)       Description of noncash property given       (c)       (d)       (d)         (a)       Description of noncash property given       (c)       (d)       (d)         (b)       Description of noncash property given       (c)       (d)       (d)         (b)       Description of noncash property given       (c)       (d)       (d)         (a)       Description of noncash property given       (c)       (d)       (d)       (d)         (a)       Description of noncash property given       (c)       (d)       (d)       (d)         (a)       Description of noncash property given       (c)       (c)       (d)       (d)	No. from		FMV (or estimate)	
(a)       (b)       (c)       (d)         No.       Description of noncash property given       (c)       (d)         (a)       (b)       S       (c)         (a)       (b)       (c)       (d)         Description of noncash property given       (c)       (d)         (a)       (b)       (c)       (d)         Description of noncash property given       (c)       (d)         (a)       (b)       FMV (or estimate)       (d)         (a)       (b)       FMV (or estimate)       (d)         (a)       (b)       FMV (or estimate)       (d)         (a)       (b)       (c)       (d)       Date received         (a)       (b)       (c)       FMV (or estimate)       (d)         (a)       (b)       (c)       FMV (or estimate)       (d)         (a)       (b)       S       (c)       (d)         (b)       Description of noncash property given       S				
No. rom art 1     (b) Description of noncash property given     FWV (or estimate) (See instructions.)     (d) Date received       (a) No. (b) rom Description of noncash property given     s			\$	
(a)       (b)       (c)       (d)         rom       Description of noncash property given       (c)       (d)         art1       (See instructions.)       Date received         (a)       (b)       (c)       (d)         (a)       (b)       (c)       (d)         (a)       (b)       (c)       (d)         (a)       (b)       (c)       (d)         Description of noncash property given       (c)       (d)         (a)       (b)       (c)       (d)         Description of noncash property given       (c)       FMV (or estimate)       (d)         (a)       (b)       (c)       FMV (or estimate)       (d)       Date received         (a)       (b)       (b)       (c)       FMV (or estimate)       (d)       Date received         (a)       (b)       (b)       (c)       FMV (or estimate)       (d)       Date received         (a)       (b)       (b)       (c)       FMV (or estimate)       (d)       Date received         (a)       (b)       (b)       (c)       FMV (or estimate)       (d)       Date received         (a)       (b)       (b)       (c)       FMV (or estimate)	No. rom		FMV (or estimate)	
(a)       (b)       (c)       (d)         rom       Description of noncash property given       (c)       (d)         art1       (See instructions.)       Date received         (a)       (b)       (c)       (d)         (a)       (b)       (c)       (d)         (a)       (b)       (c)       (d)         (a)       (b)       (c)       (d)         Description of noncash property given       (c)       (d)         (a)       (b)       (c)       (d)         Description of noncash property given       (c)       FMV (or estimate)       (d)         (a)       (b)       (c)       FMV (or estimate)       (d)       Date received         (a)       (b)       (b)       (c)       FMV (or estimate)       (d)       Date received         (a)       (b)       (b)       (c)       FMV (or estimate)       (d)       Date received         (a)       (b)       (b)       (c)       FMV (or estimate)       (d)       Date received         (a)       (b)       (b)       (c)       FMV (or estimate)       (d)       Date received         (a)       (b)       (b)       (c)       FMV (or estimate)				
No. trom art I     (b) Description of noncash property given     (c) FMV (or estimate) (See instructions.)     (d) Date received       (a) No. trom Part I     (b) Description of noncash property given     s     (c) FMV (or estimate) (See instructions.)     (d) Date received       (a) No. trom Part I     (b) Description of noncash property given     (c) FMV (or estimate) (See instructions.)     (d) Date received       (a) No. trom Part I     (b) Description of noncash property given     (c) FMV (or estimate) (See instructions.)     (d) Date received       (a) No. trom Part I     (b) Description of noncash property given     (c) FMV (or estimate) (See instructions.)     (d) Date received       (a) No. trom Part I     (b) Description of noncash property given     (c) FMV (or estimate) (See instructions.)     (d) Date received       (a) No. trom Part I     (b) Description of noncash property given     (c) FMV (or estimate) (See instructions.)     (d) Date received			\$	
(a) No. Port       (b) Description of noncash property given       (c) FMV (or estimate) (See instructions.)       (d) Date received         (a) No. from       (b) Description of noncash property given       (c) FMV (or estimate) (See instructions.)       (d) Date received         (a) No. from       (b) Description of noncash property given       (c) FMV (or estimate) (See instructions.)       (d) Date received         (a) No. from       (b) Description of noncash property given       (c) FMV (or estimate) (See instructions.)       (d) Date received         (a) No. from       (b) Description of noncash property given       (c) FMV (or estimate) (See instructions.)       (d) Date received	No. from		FMV (or estimate)	
(a) No. bart 1       (b) Description of noncash property given       (c) FMV (or estimate) (See instructions.)       (d) Date received         (a) No. (b) from Description of noncash property given       \$				
No. from Part I     (b) Description of noncash property given     (c) FMV (or estimate) (See instructions.)     (d) Date received       (a) No. from Part I     (b) Description of noncash property given     (c) FMV (or estimate) (See instructions.)     (d) Date received       (a) No. from Part I     (b) Description of noncash property given     (c) FMV (or estimate) (See instructions.)     (d) Date received       (a) No. from Part I     (b) Description of noncash property given     (c) FMV (or estimate) (See instructions.)     (d) Date received       (a) No. from Part I     (b) Description of noncash property given     (c) FMV (or estimate) (See instructions.)     (d) Date received			*	
(a)       (b)       (c)       (d)         Part I       Description of noncash property given       (see instructions.)       (d)         Date received       (see instructions.)       (d)         (a)       (b)       (see instructions.)       (d)         (a)       (b)       (c)       (c)       (c)         (a)       (b)       (c)       (d)       (d)         (a)       (b)       (c)       (d)       (d)         Description of noncash property given       (c)       (d)       (d)         Date received       (see instructions.)       (c)       (c)         (a)       (b)       (c)       (d)       (d)         Date received       (see instructions.)       (c)       (c)         (a)       (b)       (see instructions.)       (c)       (c)         (b)       (b)       (c)       (c)       (c)       (c)         (b)       (c)       (c)       (c)       (c)       (c)         (b)       (c)       (c)       (c)       (c)       (c)         (b)       (c)       (c)       (c)       (c)       (c)         (c)       (c)       (c)       (c)	(a) No. from Part I		FMV (or estimate)	
(a)       (b)       (c)       (d)         Part I       Description of noncash property given       (see instructions.)       (d)         Date received       (see instructions.)       (d)         (a)       (b)       (see instructions.)       (d)         (a)       (b)       (c)       (c)       (c)         (a)       (b)       (c)       (d)       (d)         (a)       (b)       (c)       (d)       (d)         Description of noncash property given       (c)       (d)       (d)         Date received       (see instructions.)       (c)       (c)         (a)       (b)       (c)       (d)       (d)         Date received       (see instructions.)       (c)       (c)         (a)       (b)       (see instructions.)       (c)       (c)         (b)       (b)       (c)       (c)       (c)       (c)         (b)       (b)       (c)       (c)       (c)       (c)       (c)         (b)       (c)       (c)       (c)       (c)       (c)       (c)       (c)         (b)       (c)       (c)       (c)       (c)       (c)       (c)				
No. from Part I     (b) Description of noncash property given     (c) FMV (or estimate) (See instructions.)     (d) Date received       (a) No. from Part I     (b) (b) Description of noncash property given     (c) FMV (or estimate) (See instructions.)     (d) Date received       (a) No. from Part I     (b) Description of noncash property given     (c) FMV (or estimate) (See instructions.)     (d) Date received			\$	
(a)       (b)       (c)       (d)         From       Description of noncash property given       (c)       FMV (or estimate)         Part I       (See instructions.)       (d)	(a) No. from Part I		FMV (or estimate)	
(a)       (b)       (c)       (d)         From       Description of noncash property given       (c)       FMV (or estimate)         Part I       (See instructions.)       (d)				
No.     (b)     (c)     (d)       from     Description of noncash property given     (See instructions.)     Date received			\$	
	(a) No. from Part I		FMV (or estimate)	
<u> </u>				

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223453 11-15-22

Schedule B (Form 990) (2022)

### 17021010 759370 70073.0100

2022.04030 CDC SMALL BUSINESS FINANC 70073.01

Schedule B (Form 990) (2022)

Schedule I	B (Form 990) (2022)		Page <b>4</b>				
Name of o	organization		Employer identification number				
CDC SMAT	LL BUSINESS FINANCE CORPORATION		95-3512045				
Part III	Exclusively religious, charitable, etc., contribution	ns to organizations described in section	on 501(c)(7), (8), or (10) that total more than \$1,000 for the year				
	from any one contributor. Complete columns (a) t completing Part III, enter the total of exclusively religious, ch	hrough (e) and the following line entry. I	For organizations				
	Use duplicate copies of Part III if additional sp	bace is needed.	for the year. (Enter this into: once.)				
(a) No. from			(d) Decembring of how with in hold				
Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
			_				
			_				
			_				
		(e) Transfer of gift					
	Transferee's name, address, and	d ZIP + 4	Relationship of transferor to transferee				
		[					
(a) No. from	(b) Durn oog of rift		(d) Description of how sift is hold				
Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
			_				
			_				
			-				
	(e) Transfer of gift						
·	Transferee's name, address, and	d ZIP + 4	Relationship of transferor to transferee				
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
Part I							
	(e) Transfer of gift						
			Deletionskip of two of average to two of averages				
-	Transferee's name, address, and		Relationship of transferor to transferee				
(a) No							
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
Part I							
		/ <b></b>					
		(e) Transfer of gift					
	Transferee's name, address, and	d <b>ZI</b> P + 4	Relationship of transferor to transferee				
		[					

Schedule B (Form 990) (2022)

17021010 759370 70073.0100

	HEDULE D n 990)	Complete if the orga	al Financial Statements nization answered "Yes" on Form 990, 1, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.		OMB No. 1545-0047
	ment of the Treasury	A	ttach to Form 990.		Open to Public Inspection
	I Revenue Service e of the organizati		0 for instructions and the latest information.	Emp	ployer identification number
	-	CDC SMALL BUSINESS FINANCE			95-3512045
Pa		ations Maintaining Donor Advise on answered "Yes" on Form 990, Part IV, lin	d Funds or Other Similar Funds or Ad	cour	its. Complete if the
	organizatio	orranswered res on Form 990, Part IV, in		(b) Fun	ids and other accounts
1	Total number at e	nd of year			
2		of contributions to (during year)			
3		of grants from (during year)			
4	Aggregate value a	at end of year			
5	-		writing that the assets held in donor advised fun		
•			exclusive legal control?		Yes No
6	•	•	dvisors in writing that grant funds can be used or r donor advisor, or for any other purpose confere		
	impermissible priv			0	Yes No
Pa		vation Easements. Complete if the or	ganization answered "Yes" on Form 990, Part IV	, line 7.	
1		servation easements held by the organization			
	Preservation	n of land for public use (for example, recrea	tion or education) Preservation of a hist	orically	important land area
	—	of natural habitat	Preservation of a cert	ified his	storic structure
•		n of open space			tion concerns on the last
2	day of the tax yea		fied conservation contribution in the form of a co	nserva	Held at the End of the Tax Year
а				2a	
b				2b	
с	Number of conser		ucture included in (a)	2c	
d	Number of conser	rvation easements included in (c) acquired a	after July 25,2006, and not on a		
				2d	
3		rvation easements modified, transferred, rel	eased, extinguished, or terminated by the organ	ization	during the tax
4	year	where property subject to conservation eas	sement is located		
5		ation have a written policy regarding the per			
	violations, and en	forcement of the conservation easements it	holds?		Yes No
6			handling of violations, and enforcing conservation		
7	Amount of expense	ses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservation ea	sement	ts during the year
8	Does each conser		e satisfy the requirements of section 170(h)(4)(B)	(i)	
5	and section 170(h				Yes No
9	-		on easements in its revenue and expense staten		
	balance sheet, an	d include, if applicable, the text of the footr	note to the organization's financial statements th	at desc	cribes the
Da		counting for conservation easements.	Art, Historical Treasures, or Other S	imila	r Accoto
Fai		if the organization answered "Yes" on Form		mma	1 433613.
			8, not to report in its revenue statement and bal	ance sł	neet works
	•	· •	blic exhibition, education, or research in furtheral		
		· ·	ncial statements that describes these items.		
b	If the organization	elected, as permitted under FASB ASC 95	8, to report in its revenue statement and balance	e sheet	works of
			exhibition, education, or research in furtherance	e of put	blic service,
	-	ing amounts relating to these items:			٨
					ድ ድ
2	.,		asures, or other similar assets for financial gain,		λ φ
-		unts required to be reported under FASB A		p. 0 v i u c	-
а	-				\$
b					\$

#### $\mbox{LHA}\,$ For Paperwork Reduction Act Notice, see the Instructions for Form 990. 232051 09-01-22 28

Schedule D (Form 990) 2022

2022.04	1030 C	CDC	SMALL	BUSINESS	FINANC	70073.	01

Sche		BUSINESS FINANCI					95-351		Pa	age <b>2</b>
Par	t III Organizations Maintaining C	ollections of Ar	t, Historical Ti	reasures, o	r Other	Similar	Assets	contii	nued)	
3	Using the organization's acquisition, accession	on, and other record	s, check any of the	e following that	t make sig	nificant u	ise of its			
	collection items (check all that apply):									
а	Public exhibition	c	I 📃 Loan or ex	xchange progra	am					
b	Scholarly research	e	e 🗌 Other							
с	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explain	n how they further	the organizatio	on's exemp	ot purpos	se in Part	XIII.		
5	During the year, did the organization solicit o	r receive donations of	of art, historical tre	asures, or othe	er similar a	ssets				
	to be sold to raise funds rather than to be ma							Yes		No
Par	t IV Escrow and Custodial Arran		ete if the organizat	tion answered	"Yes" on F	orm 990	, Part IV, I	ine 9, or		
	reported an amount on Form 990, Pa	rt X, line 21.								
1a	Is the organization an agent, trustee, custodi	an or other intermed	iary for contributio	ons or other as	sets not in	cluded		_		_
	on Form 990, Part X?						L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing table:							
								Amoun	t	
С	Beginning balance					1c				
d	Additions during the year					1d				
е	Distributions during the year					1e				
	Ending balance					1f				
	Did the organization include an amount on F					/?	L	Yes		No
	If "Yes," explain the arrangement in Part XIII.									
Par	<b>t V</b> Endowment Funds. Complete i							()5		
		(a) Current year	(b) Prior year	(c) Two yea	rs back (e	a) Inree y	ears back	(e) Fou	years	раск
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curr		e (line 1g, column	(a)) held as:						
а	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
С		%								
	The percentages on lines 2a, 2b, and 2c sho									
За	Are there endowment funds not in the posse	ssion of the organiza	ation that are held	and administer	red for the			ĺ	Yes	No
	organization by:								res	No
	(i) Unrelated organizations							3a(i)		
	(ii) Related organizations			•				3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza			?				3b		L
4 Dar	t VI Land, Buildings, and Equipm		wment funds.							
I ai	Complete if the organization answere		) Part IV line 11a	Soo Form 000	Dort V liv	no 10				
								()		
	Description of property	(a) Cost or o basis (investr	• • •	ost or other is (other)		cumulate reciation	a	( <b>d)</b> Boo	k valu	е
	Lond			. ,	uepi	colation		n	,300,	000
	Land			2,300,000.		3 / 9/	747			
	Buildings			6,953,093.		3,484,		3	,468, 1	
	Leasehold improvements			79,438.		2 859		1		603.
	Equipment			4,007,791.		2,859,		1	,148, 148,	
	Other			11,501.		,	571.	ç		930.
Iota	I. Add lines 1a through 1e. <i>(Column (d) must e</i>	qual Form 990, Part	<u>X, column (B), line</u>	<u>10c.)</u>				0	,922,	JOT.

Schedule D (Form 990) 2022

232052 09-01-22

Schedule D (Form 990) 2022 CDC SMALL BUSINESS FINANCE CORP	ORATION
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#### Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990. Part X. col. (B) line 12.)		

#### Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

#### Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
otal. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities.	
Part X Other Liabilities.	

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DEFERRED DEPOSITS	1,101,325.
(3) DUE TO CIP	292,846.
(4) TENANTS RESERVE REFUNDABLE DEPOSITS	12,620.
(5) LEASE LIABILITY	831,093.
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	2,237,884.

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

Schedule D (Form 990) 2022

232053 09-01-22

Schedule D (Form 990) 2022 CDC SMALL BUSINESS FINANCE CON	RPORATION	95-3512045 Page
Part XI Reconciliation of Revenue per Audited Financial	Statements With Revenu	
Complete if the organization answered "Yes" on Form 990, Parl	t IV, line 12a.	-
1 Total revenue, gains, and other support per audited financial statement	ts	1
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments	2a	
<b>b</b> Donated services and use of facilities		
c Recoveries of prior year grants	2c	
d Other (Describe in Part XIII.)	2d	
e Add lines 2a through 2d		2e
3 Subtract line 2e from line 1		3
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
<b>b</b> Other (Describe in Part XIII.)	4b	
c Add lines <b>4a</b> and <b>4b</b>		4c
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. li		
Part XII Reconciliation of Expenses per Audited Financia	al Statements With Expen	ses per Return.
Complete if the organization answered "Yes" on Form 990, Part	t IV, line 12a.	
1 Total expenses and losses per audited financial statements		
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a Donated services and use of facilities	2a	
b Prior year adjustments	2b	
c Other losses		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d		2e
3 Subtract line 2e from line 1		
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
<b>b</b> Other (Describe in Part XIII.)	4b	
c Add lines 4a and 4b		
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I.	line 18.)	
Part XIII Supplemental Information.	-	
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	a and 4; Part IV, lines 1b and 2b; F	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 prov	vide any additional information.	
PART X, LINE 2:		
THE ORGANIZATION ELECTED TO CHANGE ITS EXEMPT STATUS FRO	OM SECTION	
501(C)(4) TO 501(C)(3) ON NOVEMBER 24, 2020. THE ORGANIZ	ATION IS GENERALLY	
EXEMPT FROM FEDERAL INCOME TAXES UNDER THE PROVISIONS OF	SECTION 501(C)(3)	
OF THE INTERNAL REVENUE CODE AND SECTION 23701(F) OF THE	CALTFORNTA	
REVENUE AND TAXATION CODE. CDC HAS A WHOLLY OWNED INTERES	ST IN SAN DIEGO	
REGION SMALL BUSINESS DEVELOPMENT ORGANIZATION, AN ORGAN	IZATION EXEMPT	
FROM INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL	L REVENUE CODE AND	

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SECTION 23701(F) OF THE CALIFORNIA REVENUE AND TAXATION CODE. CDC ALSO HAS

A CONTROLLING INTEREST IN BANKERS, CDC VENTURES, AND CDC DIRECT CAPITAL,

WHICH ARE WHOLLY OWNED FOR PROFIT CORPORATIONS.

THE ORGANIZATION HAS NO UNRECOGNIZED TAX BENEFITS AT DECEMBER 31, 2022.

232054 09-01-22

17021010 759370 70073.0100

Schedule D (Form 990) 2022 CDC SMALL BUSINESS FINANCE CORPORATION	95-3512045	Page 5
Part XIII Supplemental Information (continued)		
BANKERS, CDC DIRECT CAPITAL, AND CDC VENTURES DID NOT HAVE ANY TAXABLE		
INCOME DURING THE YEAR, AND ACCORDINGLY, NO PROVISION FOR INCOME TAXES HAS		
BEEN MADE. FEDERAL AND STATE INCOME TAX RETURNS FOR FISCAL YEARS 2021,		
2020, AND 2019 REMAIN OPEN. MANAGEMENT CONTINUALLY EVALUATES EXPIRING		
STATUTES OF LIMITATIONS, AUDITS, PROPOSED SETTLEMENTS, CHANGES IN TAX LAW		
AND NEW AUTHORITATIVE RULINGS. MANAGEMENT HAS ANALYZED THE TAX POSITIONS		
TAKEN BY THE ORGANIZATION AND HAS CONCLUDED THAT, AS OF DECEMBER 31, 2022,		
THERE ARE NO UNCERTAIN TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT		
WOULD REQUIRE RECOGNITION OF A LIABILITY (OR ASSET) OR DISCLOSURE IN THE		
CONSOLIDATED FINANCIAL STATEMENT.		

Schedule D (Form 990) 2022

232055 09-01-22

SC	HEDULE J	Compensation Information	1	OMB No.	1545-004	47	
(Fo	rm 990)	- For certain Officers, Directors, Trustees, Key Employees, and Highest		20	20	)	
		Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		20	<u> </u>	-	
Depa	tment of the Treasury	Attach to Form 990.		Open to			
Intern	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe			
Nam	e of the organization		Employer ide		on nui	mber	
		CDC SMALL BUSINESS FINANCE CORPORATION	95-35	12045			
Pa		s Regarding Compensation				T	
4.			000		Yes	No	
а		ate box(es) if the organization provided any of the following to or for a person listed on Form	990,				
		line 1a. Complete Part III to provide any relevant information regarding these items.	naluaa				
	First-class or c						
	Image: Travel for companions       Payments for business use of personal residence         Image: Travel for companions       Health or social club dues or initiation fees						
		spending account Personal services (such as maid, chauffel					
			ii, cheij				
h	If any of the boxes	on line 1a are checked, did the organization follow a written policy regarding payment or					
b	•	rovision of all of the expenses described above? If "No," complete Part III to explain		1b			
2							
-	-	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2			
3	Indicate which, if ar	y, of the following the organization used to establish the compensation of the organization's	i i				
		ctor. Check all that apply. Do not check any boxes for methods used by a related organizati					
		ation of the CEO/Executive Director, but explain in Part III.					
	X Compensation						
	·	ompensation consultant					
	X Form 990 of o		ommittee				
4	During the year, did	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing					
	organization or a re	lated organization:					
а	Receive a severanc	e payment or change-of-control payment?		. 4a		x	
b	Participate in or rec	eive payment from a supplemental nonqualified retirement plan?		. 4b		х	
с	Participate in or rec	eive payment from an equity-based compensation arrangement?		. 4c		х	
	If "Yes" to any of lin	es 4a-c, list the persons and provide the applicable amounts for each item in Part III.					
	Only section 501(c	)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.					
5	For persons listed of	n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	'n				
	contingent on the re						
а	The organization?			5a		X	
	Any related organiz	ation?				X	
		r 5b, describe in Part III.					
6	-	n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	'n				
	contingent on the n	•					
						X	
b	Any related organiz			6b		X	
_		r 6b, describe in Part III.					
7		n Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			37		
~		es 5 and 6? If "Yes," describe in Part III		. 7	X		
8	-	reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	ie			v	
~				. 8		X	
9		d the organization also follow the rebuttable presumption procedure described in					
	Regulations section			9			
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.	Schedu	le J (Forr	n 990)	) 2022	

232111 10-18-22

Schedule J (Form 990) 2022

95-3512045

#### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of W	-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) DEAN ALOE		135,541.	640,528.	0.	14,600.	24,448.	815,117.	0.
VICE PRESIDENT, SENIOR COMMERCIAL LE		Ο.	0.	0.	0.	0.	0.	0.
(2) ELLIS CARR	(i)	Ο.	0.	0.	0.	0.	0.	0.
PRESIDENT & CEO	(ii)	693,114.	0.	0.	36,067.	0.	729,181.	0.
(3) ARMEN MADATYAN	(i)	178,541.	338,353.	0.	11,350.	20,528.	548,772.	0.
SENIOR VICE PRESIDENT, BUSINESS DEVE	(ii)	Ο.	0.	0.	0.	0.	0.	0.
(4) CHRIS BANE	(i)	91,435.	378,886.	0.	10,863.	34,449.	515,633.	0.
VICE PRESIDENT, SENIOR COMMERCIAL LE	(ii)	Ο.	0.	0.	0.	0.	0.	0.
(5) KIM BUTTEMER	(i)	437,990.	18,857.	0.	2,083.	0.	458,930.	0.
CHIEF OPERATIONS OFFICER - OUTGOING	(ii)	Ο.	0.	0.	0.	0.	0.	0.
(6) NATALIE GUNN	(i)	Ο.	0.	0.	0.	0.	0.	0.
	(ii)	396,827.	0.	0.	29,987.	1,630.	428,444.	0.
(7) BRIAN MCEVOY	(i)	Ο.	0.	0.	0.	0.	0.	0.
GENERAL COUNSEL	(ii)	316,032.	0.	0.	28,065.	49,868.	393,965.	0.
(8) MICHAEL SARTHOU	(i)	102,456.	198,363.	0.	16,100.	34,449.	351,368.	0.
VICE PRESIDENT, SENIOR COMMERCIAL LE	(ii)	Ο.	0.	0.	0.	0.	0.	0.
(9) KIM DORSETT	(i)	Ο.	0.	0.	0.	Ο.	0.	0.
	(ii)	276,554.	0.	0.	24,800.	49,868.	351,222.	0.
(10) KURT CHILCOTT	(i)	Ο.	0.	0.	0.	0.	0.	0.
	(ii)	Ο.	0.	322,500.	0.	0.	322,500.	0.
(11) MERRI ADAMS	(i)	101,685.	198,363.	0.	14,600.	0.	314,648.	0.
VICE PRESIDENT, SENIOR COMMERCIAL LE	(ii)	Ο.	0.	0.	0.	0.	0.	0.
(12) JARET DINARD INGS	(i)	Ο.	0.	0.	0.	0.	0.	0.
	(ii)	240,861.	0.	0.	28,725.	38,065.	307,651.	0.
(13) ROBERT VILLARREAL	(i)	264,937.	14,580.	0.	17,000.	8,318.	304,835.	0.
CHIEF EXTERNAL AFFAIRS OFFICER	(ii)	Ο.	0.	0.	0.	0.	0.	0.
(14) MATTHEW WEHLAND	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	247,773.	0.	0.	24,299.	16,435.	288,507.	0.
(15) LAKISHA GANT	(i)	214,166.	43,920.	0.	3,486.	14,972.	276,544.	0.
	(ii)	Ο.	0.	0.	0.	0.	0.	0.
(16) ERIN HEBERT	(i)	203,220.	39,798.	0.	14,600.	14,334.	271,952.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.

Schedule J (Form 990) 2022

Schedule J (Form 990) 2022

#### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of W	/-2 and/or 1099-MIS compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(17) MICHAEL OWEN	(i)	240,473.	0.	0.	1,100.	0.	241,573.	٥.
CHIEF CREDIT OFFICER EMERITUS	(ii)	0.	0.	0.	0.	0.	0.	0.
(18) SHELLI HAYMAN	(i)	180,965.	26,145.	0.	11,350.	14,972.	233,432.	0.
VP OF PRODUCTION SMART GROWTH BUSINE	(ii)	0.	0.	0.	0.	0.	0.	0.
(19) ANTHONY BARENGO	(i)	166,182.	34,500.	0.	10,804.	8,318.	219,804.	0.
SVP OF CREDIT	(ii)	0.	0.	0.	0.	0.	0.	٥.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2022

Schedule J (Form 990) 2022

Part III Supplemental Information

PART I, LINE 7:

THE ORGANIZATION SETS OVERARCHING CORPORATE STRATEGIC PERFORMANCE GOALS AND

CDC SMALL BUSINESS FINANCE CORPORATION

KEY METRICS FOR THE YEAR THAT ARE APPROVED BY THE BOARD OF DIRECTORS.

INDIVIDUALS THEN DEVELOP INDIVIDUAL PERFORMANCE GOALS AS APPLICABLE,

LEVERAGING AND TYING INTO THE CORPORATE GOALS. THE BOARD OF DIRECTORS

APPROVES A TOTAL BONUS POOL TO BE ALLOCATED AMONGST EMPLOYEES AT THE

DISCRETION OF MANAGEMENT IN CONCERT WITH EVALUATIONS OF PERFORMANCE PER

EMPLOYEE PERFORMANCE GOALS.

Page 3

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service Name of the organization

# Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



Employer identification number 95-3512045

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

TO CHAMPION THE GROWTH OF DIVERSE SMALL COMPANIES IN OUR COMMUNITIES BY

CDC SMALL BUSINESS FINANCE CORPORATION

DRAWING ON OUR UNPARALLELED EXPERTISE IN DELIVERING UNIQUE CAPITAL

SOLUTIONS. WE EXCEED THE EXPECTATIONS OF OUR PARTNERS THROUGH

TEAMWORK, INTEGRITY, AND CREATIVITY. WE MAKE A DIFFERENCE IN THE

COMMUNITIES WE SERVE THROUGH UNWAVERING ADVOCACY AND REINVESTMENT.

FORM 990, PART III, LINE 1

TO CHAMPION THE GROWTH OF DIVERSE SMALL COMPANIES IN OUR COMMUNITIES BY

DRAWING ON OUR UNPARALLELED EXPERTISE IN DELIVERING UNIQUE CAPITAL

SOLUTIONS. WE EXCEED THE EXPECTATIONS OF OUR PARTNERS THROUGH

TEAMWORK, INTEGRITY, AND CREATIVITY. WE MAKE A DIFFERENCE IN THE

COMMUNITIES WE SERVE THROUGH UNWAVERING ADVOCACY AND REINVESTMENT.

FORM 990, PART VI, SECTION A, LINE 1A:

THE ORGANIZATION HAS AN EXECUTIVE COMMITTEE.

FORM 990, PART VI, SECTION B, LINE 11B:

THE CHAIR OF THE AUDIT COMMITTEE REVIEWS THE FORM 990 WITH CDC SMALL

BUSINESS FINANCE'S CHIEF FINANCIAL OFFICER, CONTROLLER AND TAX PREPARER

BEFORE IT IS SUBMITTED TO THE AUDIT COMMITTEE. THE AUDIT COMMITTEE THEN

INDEPENDENTLY REVIEWS 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.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 232211 10-28-22

Schedule O (Form 990) 2022

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Name of the organization

FORM 990, PART VI, SECTION B, LINE 12C:

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 AUDIT

COMMITTEE, IF NECESSARY. MINUTES REFLECTING ALL MEETINGS HELD AND ACTIONS

TAKEN BY THE AUDIT COMMITTEE, INCLUDING WITH RESPECT TO CONFLICTS MATTERS,

ARE INCLUDED IN THE CORPORATE RECORD BOOK.

FORM 990, PART VI, SECTION B, LINE 15:

THE BOARD OF DIRECTORS HAS DELEGATED THE RESPONSIBILITY FOR REVIEWING AND

MAKING RECOMMENDATIONS WITH RESPECT TO EXECUTIVE COMPENSATION TO ITS

EXECUTIVE COMMITTEE (THE "EXECUTIVE COMMITTEE"), PURSUANT TO THE BOARD AND

COMMITTEE RETAINED AUTHORITY AND DELEGATION OF AUTHORITY TO MANAGEMENT AND

THE EXECUTIVE COMMITTEE CHARTER. THE EXECUTIVE COMMITTEE REVIEWS THE

COMPENSATION OF THE EXECUTIVE OFFICERS OF CDC SMALL BUSINESS FINANCE; THE

EXECUTIVE COMMITTEE THEN REPORTS ITS PROCESS, FINDINGS, AND RECOMMENDATIONS

TO THE BOARD OF DIRECTORS FOR INDEPENDENT REVIEW AND APPROVAL BY THE BOARD

OF DIRECTORS. THE PROCESS INCLUDES MAKING THE PROCESS OF COLLECTING AND

REVIEWING MARKET DATA FOR THE PRESIDENT AND CHIEF EXECUTIVE OFFICER AND THE

REST OF THE EXECUTIVE MANAGEMENT TEAM; PERIODICALLY ENGAGING INDEPENDENT

CONSULTANTS TO PERFORM INDEPENDENT MARKET ANALYSIS; EVALUATING THE

PERFORMANCE OF THE PRESIDENT AND CHIEF EXECUTIVE OFFICER; AND RECOMMENDING

ANNUAL EXECUTIVE-LEVEL COMPENSATION AND INCENTIVES (IF ANY) TO THE BOARD OF

DIRECTORS.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST

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232212 10-28-22

Schedule O (Form 990) 2022

Name of the organization CDC SMALL BUSINESS FINANCE CORPORAT:	Employer identification numb           ION         95-3512045
POLICY, AND FINANCIAL STATEMENTS AVAILABLE UPON REQUEST 3	AT THE CORPORATE
OFFICE.	
FORM 990, PART VII, SECTION A	
KURT CHILCOTT IS PROVIDED COMPENSATION FOR CONSULTING SE	
TO CDC AND CIP.	
	Schedule O (Form 990) 20
	.04030 CDC SMALL BUSINESS FINANC 700

Schedule O (Form 990) 2022

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## **Related Organizations and Unrelated Partnerships**

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

Attach to Form 990.

SCHEDULE R (Form 990)

#### Name of the organization Employer identification number CDC SMALL BUSINESS FINANCE CORPORATION 95-3512045

#### Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

<b>(a)</b> Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	<b>(f)</b> Direct controlling entity

#### Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt Part II organizations during the tax year.

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity		<b>g)</b> 512(b)(13) rolled ity?
				501(c)(3))		Yes	No
SAN DIEGO REGION SMALL BUSINESS DEVELOPMENT	PROVIDE ECONOMIC				CDC SMALL		
- 33-0845173, 2448 HISTORIC DECATUR RD #200,	DEVELOPMENT TO SMALL				BUSINESS FINANCE		
SAN DIEGO, CA 92106	BUSINESS IN SAN DIEGO	CALIFORNIA	501(C)(3)	LINE 7	CORP	х	
CAPITAL IMPACT PARTNERS - 52-1290127							
1400 CRYSTAL DRIVE #500	COMMUNITY LENDING AND						
ARLINGTON , VA 22202	DEVELOPMENT	DISTRICT OF COLUMBIA	501(C)(3)	LINE 7	N/A		х
	-						
	-						
	_						
	-						

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

Schedule R (Form 990) 2022

OMB No. 1545-0047

22 **Open to Public** 

Inspection

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(I	h)	(i)	(	j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile	Direct controlling	Predominant income	Share of total	Share of	Disproportionate allocations?		Code V-UBI	Gene	eral or	Percentage ownership
of related organization		(state or foreign	entity	(related, unrelated, excluded from tax under sections 512-514)	income	end-of-year assets			Code V-UBI amount in box 20 of Schedule	ount in box partne		ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	No	
										-		
										-		

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign	<b>(d)</b> Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	(h) Percentage ownership	512( conti ent	(i) ction (b)(13) trolled tity?
		country)						Yes	No
CDC VENTURES - 33-0918531			CDC SMALL						
2448 HISTORIC DECATUR RD #200			BUSINESS						
SAN DIEGO, CA 92106	SOFTWARE	CA	FINANCE CORP	C CORP			100%	х	
CDC DIRECT CAPITAL - 20-1904046			CDC SMALL						
2448 HISTORIC DECATUR RD #200			BUSINESS						
SAN DIEGO, CA 92106	COMMERCIAL FINANCE	CA	FINANCE CORP	C CORP			100%	x	
BANKERS SMALL BUSINESS COMMUNITY DEVELOPMENT			CDC SMALL						
CORPORATION OF CALIFORNIA - 33-, 2448			BUSINESS						
HISTORIC DECATUR RD #200, SAN DIEGO, CA	FINANCE	CA	FINANCE CORP	C CORP			100%	x	
	-								
	-								

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

ote: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	s I
During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		
<b>b</b> Gift, grant, or capital contribution to related organization(s)			
c Gift, grant, or capital contribution from related organization(s)			
d Loans or loan guarantees to or for related organization(s)		X	
e Loans or loan guarantees by related organization(s)	<u>1e</u>		Ŧ
Dividends from related organization(s)	1f		
g Sale of assets to related organization(s)			
n Purchase of assets from related organization(s)			
Exchange of assets with related organization(s)	1i		
Lease of facilities, equipment, or other assets to related organization(s)			_
Lease of facilities, equipment, or other assets from related organization(s)	<u>1k</u>		
Performance of services or membership or fundraising solicitations for related organization(s)			
n Performance of services or membership or fundraising solicitations by related organization(s)	1m		
Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			
Sharing of paid employees with related organization(s)			_
Reimbursement paid to related organization(s) for expenses	<u>1p</u>	x	
Reimbursement paid by related organization(s) for expenses		_	+
Other transfer of cash or property to related organization(s)	<u>1r</u>		
s Other transfer of cash or property from related organization(s)	1s		

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

<b>(a)</b> Name of related organization	<b>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount involved	(d) Method of determining amount involved
(1) CDC VENTURES	Р	2,850,000.	CASH
(2) CDC DIRECT CAPITAL	P	1,400,000.	CASH
(3) CDC VENTURES	D	1,397,753.	CASH
(4) CDC DIRECT CAPITAL	D	614,034.	CASH
(5)			
(6)			

#### Schedule R (Form 990) 2022 CDC SMALL BUSINESS FINANCE CORPORATION

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a)	(b)	(c)	(d)	(6	e)	(f)	(g)	(۲	ו)	(i)	(j)	(k	()
Name, address, and EIN	Primary activity	Legal domicile	Predominant income	(e Are partne	all rs sec.				opor-	Code V-UBI	Genera	or Percer	<i>.</i> ntage
of entity		(state or foreign	Predominant income (related, unrelated, excluded from tax under sections 512-514)	partne 501( org	c)(3) s.?	total	end-of-year	Dispr tior allocat	nate tions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	manag partne	<sub>r?</sub> owne	rship
		country)	sections 512-514)	Yes		income	assets	Yes	No	(Form 1065)	Yes	10	
												_	

Schedule R (Form 990) 2022

#### Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

PART IV, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS CORP OR TRUST:

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

BANKERS SMALL BUSINESS COMMUNITY DEVELOPMENT CORPORATION OF

CALIFORNIA

EIN: 33-0517722

2448 HISTORIC DECATUR RD #200

SAN DIEGO, CA 92106

Schedule R (Form 990) 2022

232165 09-14-22