Return of Organization Exempt From Income Tax

Department of the Treasury

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter Social Security numbers on this form as it may be made public.

Open to Public

OMB No. 1545-0047

			about Form 990 and its	instructions	s is at www.ir	s.gov/torm9			ection		
A F	or th	e 202 <mark>0 calendar year, or tax year begi</mark>	nning 10/	01,2020	, and endin			06/30 ,20 ₂			
R o	heck if a	C Name of organization				D Em	ployer identi	ification numbe	•		
	_ `	CAPITAL FOR GOOD USA									
	Addre	e Doing Business As			Room/suite		27-0915757				
	Name	change Number and street (or P.O. box if mail is		ephone numb							
	Initia	return 1536 E. LANCASTER AVE				(61)	0) 254-	- 0000			
	Term		and ZIP or foreign postal code								
	Amer	TAODI, TA 19301				_	oss receipts S		50,338.		
	pend		KAREN ROBINSO			`´ sı	this a group reubordinates?	H .	es X No		
_	_	1536 E. LANCASTER AVE					re all subordinate		es No		
<u> </u>		empt status: X 501(c)(3) 501(c) () ◀ (insert no.)	4947(a)(1)	or 527			list. (see instruction	s)		
_		te: WWW.CAPITALFORGOOD.ORG			1		roup exemption		DA		
		of organization: X Corporation Trust	Association Other		L Year of	formation: 20	109 M Sta	ate of legal domic	cile: PA		
Р	art I	Summary		TO AT I	י מידי א די זימי		AND CITE	TEEDING A	AID.		
•	1	Briefly describe the organization's mission of ADVANCE HEALTH, EDUCATION,						FERING AI			
ü		VULNERABLE AND MARGINALIZE									
erne	2										
Governance	3	Check this box if the organization of Number of voting members of the governing	•	•			1	1	3.		
	4	Number of voting members of the governing Number of independent voting members of							3.		
Activities &	5	Total number of individuals employed in cale							0.		
<u>₹</u>	6	Total number of volunteers (estimate if neces					• • • —		5.		
Act	_	Total unrelated business revenue from Part V	**						0		
		Net unrelated business taxable income from							0		
		The difference business taxable mostile from	1 01111 000 1, 11110 04				r Year	Curren	t Year		
_	8	Contributions and grants (Part VIII, line 1h)				11,5	65,953.	. 25,3	52,623		
nue	9	Program service revenue (Part VIII, line 2g)		COP	Y FOR		00,000		0		
Revenue	10	Investment income (Part VIII, column (A), line	es 3. 4. and 7d)	PUBLIC IN	ISPECTION		92,304		97,715		
Ř	11	Other revenue (Part VIII, column (A), lines 5				0		0			
	12	Total revenue - add lines 8 through 11 (mus			11,7	758,257.	. 25,4	50,338			
_	13	Grants and similar amounts paid (Part IX, col				3,7	738,752.	. 3,2	93,175		
	14	Benefits paid to or for members (Part IX, colu					0		0		
s	15	Salaries, other compensation, employee ben					0		O		
Expenses	16a	Professional fundraising fees (Part IX, column					0		0		
xpe	b	Total fundraising expenses (Part IX, column (
Ш	17	Other expenses (Part IX, column (A), lines 11				3,6	39,613.	. 2,7	96,072		
		Total expenses. Add lines 13-17 (must equa				7,3	378,365.	. 6,0	89,247		
	19	Revenue less expenses. Subtract line 18 from	m line 12			4,3	379,892.	. 19,3	61,091		
ces		·				Beginning of	Current Yea	r End of	Year		
Net Assets or Fund Balances	20	Total assets (Part X, line 16)				24,3	351,842.	. 43,0	24,073		
Asd	21	Total liabilities (Part X, line 26)				3	376 , 828.	. 2	39,655		
F S	22	Net assets or fund balances. Subtract line 2°	1 from line 20	<u> </u>		23,9	75,014.	. 42,7	84,418		
Pa	rt II	Signature Block									
Un	der pe	nalties of perjury, I declare that I have examined the ct, and complete. Declaration of preparer (other that	nis return, including accompa	nying schedu	les and statem	nents, and to the	ne best of my	y knowledge and	d belief, it is		
- truc	5, 60116	ct, and complete. Declaration of preparer (other than	in onicer) is based on an imon	ination of with	cii preparei na	s arry knowledg	<u> </u>				
c:							02/16/	2022			
Sig		Signature of officer					Date				
He	e	KAREN ROBINSON		TREASU	JRER						
		Type or print name and title	T=					I ===:			
Paid	1	Print/Type preparer's name	Preparer's signature		Date		heck if	PTIN			
	parer	BRAD CARUSO	BRAD CARUSO		02/22	/2022 se	elf-employed	P012491	34		
	Only	y Firm's name ► WITHUMSMITH+BROWN, PC Firm's EIN ► 22-2027092									
		Firm's address ONE TOWER CENTER BLVD 1				Phone	no. 73	32-828-16	L4		
May	the I	RS discuss this return with the preparer show	vn above? (see instructions)				X Yes	No		

For Paperwork Reduction Act Notice, see the separate instructions.

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			vice Accomplishments as a response or note to any line in this	s Part III	X					
1	Briefly describe the organization's mission: ATTACHMENT 1									
2			significant program services during th							
3	If "Yes," describe the Did the organizat	iese new services ion cease condu	on Schedule O. cting, or make significant changes	in how it conducts, any prograr	m					
4	If "Yes," describe the Describe the organ	ese changes on S nization's progran	chedule O. n service accomplishments for each 1(c)(4) organizations are required to	of its three largest program servi	ces, as measured by					
			y, for each program service reported.	,						
4a	(Code:ATTACHMENT		6,027,078. including grants of \$	3,293,175.) (Revenue \$	0)					
4b	(Code:	_) (Expenses \$	including grants of \$) (Revenue \$)					
4c	(Code:	_) (Expenses \$	including grants of \$) (Revenue \$)					
4d	Other program ser (Expenses \$	•		venue \$						
4e	Total program serv			,						

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Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	
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 public office? If "Yes," complete Schedule C, Part I	3		Х
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		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	_		
•	assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
O				
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If	_		Х
_	"Yes," complete Schedule D, Part I.	6		Λ
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		3.5
_	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 Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a		X
b	Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
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	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	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 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
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 foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Х	
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		Х
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		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	<u> </u>		_
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	10		
13		10		Х
20 ~	If "Yes," complete Schedule G, Part III	19		X
		20a		21
	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	_4	Х	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		

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Par	Checklist of Required Schedules (continued)		V	Na
00	Did the approximation property areas then OF 000 of greate or other positions to be for deposition in dividuals and		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	22		Х
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		
23				
	organization's current and former officers, directors, trustees, key employees, and highest compensated	22		Х
24-	employees? If "Yes," complete Schedule J.	23		
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b	245		Х
L	through 24d and complete Schedule K. If "No," go to line 25a			
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C		240		
اہ	to defease any tax-exempt bonds?			
		24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25-		Х
	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?	0.51-		Х
20	If "Yes," complete 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			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	20		Х
27	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, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
		27		Х
20	persons? If "Yes," complete Schedule L, Part III	27		21
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
_	Part IV instructions, for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
а		202		Х
L	"Yes," complete Schedule L, Part IV	28a 28b		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	200		21
C		200		Х
20	"Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c		X
29		29		- 21
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	20		Х
24	conservation 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		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	22		Х
22	complete Schedule N, Part II.	32		- 21
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? <i>If</i> "Yes," <i>complete Schedule R, Part I</i>	22		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	33		- 21
34	or IV, and Part V, line 1	34	Х	
25.2	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	JJa		
b	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	335		
30	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
٠.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	<u> </u>		
	19? Note: All Form 990 filers are required to complete Schedule O.	38	Х	
Part				
· ar	Check if Schedule O contains a response or note to any line in this Part V			
	Shook is conducted to contain a recoposition of note to dirty line in the rate variation and variation and variations		Yes	No
1 a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
·	reportable gaming (gambling) winnings to prize winners?	1c	Х	
	- ۱ ۱ ۱ ۱ ۱ ۱ ۱ ۱ ۱ ۱ ۱ ۱ ۱ ۱ ۱ ۱ ۱ ۱ ۱	<u> </u>		

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Par	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 0.			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		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).			
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
va	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
b	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	0.0		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
а	and services provided to the payor?	7a		Х
h	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	7.5		
C		7c		
	required to file Form 8282?	70		
	ros, maisais inc names of common section and adming the year in the common section and administration administration and administration administration administration and administration admi	7e		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7f		
_	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	8		
•	sponsoring organization have excess business holdings at any time during the year?	0		
	Sponsoring organizations maintaining donor advised funds.	00		
	Did the sponsoring organization make any taxable distributions under section 4966?	9a 9b		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	90		
	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)	42-		
	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			
	Section 501(c)(29) qualified nonprofit health insurance issuers.	425		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
_	Note: 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			
	Enter the amount of reserves on hand	4.4		X
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		
	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	,		v
	excess parachute payment(s) during the year?	15		X
	If "Yes," see instructions and file Form 4720, Schedule N.	40		v
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			

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Part VI

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

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

Sect	ion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 3			
	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 O.			
b	Enter the number of voting members included on line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	Х	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			Х
Cooti	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9 Code	. 1	Λ
Secu	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	Yes	No
		10a		X
	Did the organization have local chapters, branches, or affiliates?	IVa		-
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	10b		
110	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	11a	X	
11a				
b 12a	Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
b	rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
·	describe in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		X
	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Secti	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ►CA, NY, PA, VA, WA,			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-	Γ (Sec	tion 5	01(c)
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of	of inte	rest p	olicy,
	and financial 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 books and record KAREN ROBINSON 1536 E. LANCASTER AVENUE PAOLI, PA 19301	as 🕨		

Form **990** (2020)

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, 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 instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week	Position (do not check more than one box, unless person is both an officer and a director/trustee)				is both	an	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and related organizations
(1)KAREN ROBINSON DIRECTOR, TREASURER, SECRETARY	1.50	X		x				0.	0.	0
(2) JOANN FLETT - TERM 2/26/2021	.50	Λ.		1				0.	0.	0
BOARD CHAIR	.25	X		х				0.	0.	0
(3)RAVI BALA	1.00									
DIRECTOR, CHAIR, PRESIDENT	0.	Х		Х				0.	0.	0
(4) LESLIE SWOPE - TERM 2/26/2021 BOARD MEMBER	.50	Х						0.	0.	0
(5) JACUELYN NESBITT	.50									
DIRECTOR	.25	Х						0.	0.	0
(6)										
(7)										
(8)										
(9)										
(10)										
<u>(11)</u>										
(12)										
(13)										
(14)		-								

Form **990** (2020)

	1 990 (2020)	1/-	=	1 -			1 1	121					age o
Ρa	rt VII Section A. Officers, Directors, Tru		y En	ipic			and F	ııgı					
	(A)	(B)				C)			(D)	(E)		(F)	
	Name and title	Average hours per	(do r	not cl		ition more	than o	ne	Reportable compensation	Reportable compensation from		timated ount of	
		week (list any	,				is both		from	related		other	
		hours for					or/trust		the	organizations		ensatio	n
		related organizations	Individual trustee or director	Institutional truste	Officer	Key employee	emp High	Former	organization	(W-2/1099-MISC)		om the anizatior	,
		below dotted	rect	tutio	ĕ	emp	est i	Ter	(W-2/1099-MISC)			related	
		line)	or tr	nal		loye	com				orga	nization	s
			ıste	trus		Ö	pen				l		
				ее			Highest compensated employee				l		
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	0.1.001								0.	0.			0.
	Sub-total								0.	0.			0.
	Total from continuation sheets to Part VII, S	-							0.	0.			0.
	Total (add lines 1b and 1c) Total number of individuals (including but not						a) who) ro		1 1			
2	reportable compensation from the organization		0 .		u ai	DOVE	e) WIII	Jie	ceived more man	\$ 100,000 OI			
												Yes	No
2	Did the organization list any former office	or directo	r or	tri	ıcto	<u>م</u> ا	·0\/ 0	mn	lovoo or highos	componented		103	110
3	employee on line 1a? If "Yes," complete Sched										3		X
4	For any individual listed on line 1a, is the organization and related organizations gro												
	individual										4		Х
5	Did any person listed on line 1a receive or												
•	for services rendered to the organization? <i>If "You have been all the area for the organization and the area for the organization and t</i>										5		Х
Se	ction B. Independent Contractors							•				I	
1	Complete this table for your five highest com	pensated i	ndepe	ende	ent	cont	racto	rs t	hat received more	than \$100,000 c	of		
	compensation from the organization. Report of												
	vear.												

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 3		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 3

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Part VIII Statement of Revenue

Par	t VIII	Check if Schedule O contains a respon	se or note to ar	v line in this Part V	/III		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts		Federated campaigns 1a Membership dues 1b Fundraising events 1c Related organizations					
ibutions, G ther Simil	e f g	All other contributions, gifts, grants, and similar amounts not included above . Noncash contributions included in	25,352,623.				
Contr and C		lines 1a-1f		25,352,623.			
	- "	Total. Add lilles 1a-11	Business Code	23,332,023.			
Program Service Revenue	2a b c	MISCELLANEOUS					
o B	е						<u> </u>
_	f g	All other program service revenue		0.			
	3	Investment income (including dividends, other similar amounts)	interest, and	97,715.			97,715.
	4	Income from investment of tax-exempt bond		0.			
	5	Royalties		0.			
		(i) Real	(ii) Personal				
	6a b	Gross rents 6a Less: rental expenses 6b					
	C	Rental income or (loss) 6c					
	d	Net rental income or (loss)		0.			
	7a	Gross amount from (i) Securities sales of assets	(ii) Other				
evenue	b	ther than inventory 7a Less: cost or other basis and sales expenses 7b					
Seve	С						
er F	d	Net gain or (loss)	<u></u>	0.			
Other R	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 8a	0.				
	b	Less: direct expenses	0.				
	С	Net income or (loss) from fundraising events.		0.			
	9a	Gross income from gaming activities. See Part IV, line 19 9a	0.				
	b	Less: direct expenses	0.	0.			
	10a	Gross sales of inventory, less returns and allowances	0.	0.			
	b c	Less: cost of goods sold 10b Net income or (loss) from sales of inventory	0.	0.			
<u> </u>		moone of (1000) from bales of inventory.	Business Code	0.			
Miscellaneous Revenue	11a						
lane enu	b						
Sev.	С						
Mis	d	All other revenue	<u>k</u>				
		Total Add lines 11a-11d		0.			07.715
JSA	12	Total revenue. See instructions		25,450,338.			97,715.

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Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a response or note to any line in this Part IX								
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses				
1	Grants and other assistance to domestic organizations		·	-	·				
	and domestic governments. See Part IV, line 21	35,000.	35,000.						
2	Grants and other assistance to domestic								
	individuals. See Part IV, line 22	0.							
3	Grants and other assistance to foreign								
	organizations, foreign governments, and								
	foreign individuals. See Part IV, lines 15 and 16	3,258,175.	3,258,175.						
4	Benefits paid to or for members	0.							
5	Compensation of current officers, directors,								
	trustees, and key employees	0.							
6	Compensation not included above to disqualified								
	persons (as defined under section 4958(f)(1)) and								
	persons described in section 4958(c)(3)(B)	0.							
7	Other salaries and wages	0.							
8	Pension plan accruals and contributions (include	_							
	section 401(k) and 403(b) employer contributions)	0.							
9	Other employee benefits	0.							
	Payroll taxes	0.							
	Fees for services (nonemployees):	0.							
	Management	25,291.		25,291.					
	Legal	16,995.		16,995.					
	Accounting	0.		107333.					
	Lobbying	0.							
	Professional fundraising services. See Part IV, line 17 Investment management fees	2,708.		2,708.					
	Other. (If line 11g amount exceeds 10% of line 25, column	,		,					
9	(A) amount, list line 11g expenses on Schedule O.) ATCH 4	2,402,369.	2,402,369.						
12	Advertising and promotion	1,850.	1,850.						
13	Office expenses	118,002.	115,878.	2,124.					
14	Information technology	22,775.	22,775.						
15	Royalties	0.							
16	Occupancy	0.							
	Travel	130,726.	130,726.						
	Payments of travel or entertainment expenses								
	for any federal, state, or local public officials	0.							
19	Conferences, conventions, and meetings	60,305.	60,305.						
20	Interest	0.							
21	Payments to affiliates	0.							
22	Depreciation, depletion, and amortization	0. 15,051.		15 051					
	Insurance	15,051.		15,051.					
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 O.)								
_									
_									
b C									
d									
	All other expenses								
	Total functional expenses. Add lines 1 through 24e	6,089,247.	6,027,078.	62,169.					
	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here	-							
	following SOP 98-2 (ASC 958-720)	0.							

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Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this P	art X		х
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	3,414,390.	1	4,953,988.
	2	Savings and temporary cash investments	13,660,065.	2	18,000,215.
	3	Pledges and grants receivable, net	7,190,673.	3	6,951,789.
	4	Accounts receivable, net	0.	4	0.
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons	0.	5	0.
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).	0.	6	0.
ts	7	Notes and loans receivable, net	0.	7	0.
Assets	8	Inventories for sale or use	0.	8	0.
As	9	Prepaid expenses and deferred charges ATCH .5	86,714.	9	124,957.
	_	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b	0.	10c	0.
	11	Investments - publicly traded securities	0.	11	12,993,124.
	12	Investments - other securities. See Part IV, line 11	0.	12	0.
	13	Investments - program-related. See Part IV, line 11.	0.	13	0.
	14	Intangible assets	0.	14	0.
	15	Other assets. See Part IV, line 11	0.	15	0.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	24,351,842.	16	43,024,073.
	17	Accounts payable and accrued expenses	274,962.	17	159,261.
	18	Grants payable	101,866.	18	80,394.
	19	Deferred revenue	0.	19	0.
	20	Tax-exempt bond liabilities.	0.	20	0.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.	0.	21	0.
ý	22	Loans and other payables to any current or former officer, director,			
ij		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons	0.	22	0.
Ë	23	Secured mortgages and notes payable to unrelated third parties	0.	23	0.
	24	Unsecured notes and loans payable to unrelated third parties	0.	24	0.
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	0.	25	0.
	26	Total liabilities. Add lines 17 through 25	376,828.	26	239,655.
ces		Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.			
lan	27	Net assets without donor restrictions	617,925.	27	832,774.
Ва	28	Net assets with donor restrictions.	23,357,089.	28	41,951,644.
Fund Balances		Organizations that do not follow FASB ASC 958, check here ▶	, ,		, ,
ō	20	and complete lines 29 through 33.		0.0	
Assets or	29	Capital stock or trust principal, or current funds		29	
SSe	30	Paid-in or capital surplus, or land, building, or equipment fund.		30	
Ę	31	Retained earnings, endowment, accumulated income, or other funds	22 075 014	31	10 701 110
Z					
_	33	Total liabilities and het assets/fund balances	24,331,042.	33	
Net	32 33	Total net assets or fund balances	23,975,014. 24,351,842.	32 33	42,784,418. 43,024,073. Form 990 (2020)

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150,338 089,24 361,091 075,014	7. 1. 4.
089,24° 861,091 975,014	7. 1. 4.
361,091 975,014 111,731	1. 4.
975,014 11,73	4.
11,73	
	3.
	0.
	0.
	0.
139,95	4.
784,418	8.
	_
Yes N	No_
.	3.7
	X
y	
71	_
x	
:	Х
,	439,95 784,41 Yes N

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

CAPITAL FOR GOOD USA

Employer identification number 27-0915757

Par	ťΙ	Reason for Public Cha	rity Status. (All o	organizations must (complet	te this p	art.) See instructions	S			
Γhe	orga	anization is not a private fou	ndation because it	is: (For lines 1 through	gh 12, ch	eck only	one box.)				
1		A church, convention of chu	urches, or associa	tion of churches descr	ribed in s	ection 1	70(b)(1)(A)(i).				
2		A school described in section	on 170(b)(1)(A)(ii)	. (Attach Schedule E	(Form 99	90 or 990)-EZ).)				
3		A hospital or a cooperative	hospital service o	rganization described	n sectio	n 170(b)	(1)(A)(iii).				
4		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the									
		hospital's name, city, and st	ate:								
5		An organization operated f	for the benefit of	a college or universit	y owned	d or ope	erated by a governme	ental unit described in			
		section 170(b)(1)(A)(iv). (C	complete Part II.)								
6		A federal, state, or local go	vernment or gove	rnmental unit describe	d in sect	ion 170((b)(1)(A)(v).				
7	X	An organization that norma	ally receives a sub	stantial part of its su	pport fro	om a go	vernmental unit or fro	om the general public			
		described in section 170(b)	(1)(A)(vi). (Compl	ete Part II.)							
8		A community trust describe	ed in section 170(b	o)(1)(A)(vi). (Complete	Part II.)						
9		An agricultural research org	An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college								
		or university or a non-land-	grant college of ag	griculture (see instruct	ions). Ei	nter the	name, city, and state o	f the college or			
		university:		,	ŕ		. •	•			
10		An organization that norma receipts from activities rela support from gross investm acquired by the organizatio	ted to its exempt frent income and un	unctions, subject to c nrelated business tax	ertain ex able inco	ceptions me (les	s; and (2) no more thar s section 511 tax) from	n 331/3 % of its			
1		An organization organized a	and operated exclu	usively to test for publi	c safety.	See sec	ction 509(a)(4).				
2		An organization organized a	and operated exclu	usively for the benefit	of, to pe	erform th	ne functions of, or to o	carry out the purposes			
		of one or more publicly su	pported organizati	ons described in sect	ion 509	(a)(1) oi	section 509(a)(2). S	See section 509(a)(3).			
		Check the box in lines 12a t	hrough 12d that d	escribes the type of si	upporting	g organiz	zation and complete li	nes 12e, 12f, and 12g.			
а		$\overline{}$ Type I. A supporting orga	anization operated	, supervised, or contr	olled by	its supp	orted organization(s),	typically by giving			
		the supported organization	· · · · · · · · · · · · · · · · · · ·	=	-						
		supporting organization.	• •	• • • •							
b		Type II. A supporting org	•			with its	supported organizati	on(s), by having			
		control or management of	•								
		organization(s). You must		=		•		0 11			
С		Type III functionally integ	•		ted in co	onnectio	n with, and functional	lly integrated with.			
		its supported organization						, , ,			
d		Type III non-functionally		•				ted organization(s)			
		that is not functionally inte			-			- ' '			
		requirement (see instructi	-		-		•				
е		$\overline{}$ Check this box if the orga		-				I, Type III			
		functionally integrated, or									
f	En	ter the number of supported									
g	Pro	ovide the following information	on about the suppo	orted organization(s).							
		ame of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	listed in yo	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)			
					162	No					
A)											
B)											
C)											
D)											
E)											
Γota	1										

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

Schedule A (Form 990 or 990-EZ) 2020

Page 2 Schedule A (Form 990 or 990-EZ) 2020

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Calendar year (or fiscal year beginning in) (a) 2016 (b) 2017 (c) 2018 (d) 2019 (e) 202 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 1,302,450. 3,826,266. 5,366,989. 11,565,953. 25,352 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 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) 6 Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 1,302,450. 3,826,266. 5,366,989. 11,565,953. 25,352 4 TOTO,667. 92,304. 97							
Total, Add lines 1 through 3	0 (f) Total						
organization's benefit and either paid to or expended on its behalf	,623. 47,414,281.						
furnished by a governmental unit to the organization without charge	0.						
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)	0.						
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)	,623. 47,414,281.						
6 Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2016 (b) 2017 (c) 2018 (d) 2019 (e) 202 7 Amounts from line 4	11 (40 274						
Section B. Total Support Calendar year (or fiscal year beginning in) ► (a) 2016 (b) 2017 (c) 2018 (d) 2019 (e) 202 7 Amounts from line 4	11,642,274. 35,772,007.						
Calendar year (or fiscal year beginning in) ► (a) 2016 (b) 2017 (c) 2018 (d) 2019 (e) 202 7 Amounts from line 4	35,772,007.						
7 Amounts from line 4	0 (f) Total						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources							
activities, whether or not the business	,715. 376,393.						
	0.						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	0.						
11 Total support. Add lines 7 through 10	47,790,674.						
12 Gross receipts from related activities, etc. (see instructions)	100,000.						
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a second organization, check this box and stop here							
Section C. Computation of Public Support Percentage							
Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f))	74.85%						
Public support percentage from 2019 Schedule A, Part II, line 14	63.50 %						
16a 331/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 331/3% or me							
box and stop here . The organization qualifies as a publicly supported organization							
b 331/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% of this box and stop here. The organization qualifies as a publicly supported organization							
7a 10%-facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported							
 b 10%-facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publi organization. 	17a, and line here. Explain icly supported						
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this instructions							

Schedule A (Form 990 or 990-EZ) 2020 Page 3

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

(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.)

Sec	tion A. Public Support			· 1	<u>'</u>	,	
Caler	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3						
. u	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
Sec	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6						
10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on.						
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.)						
14	First 5 years. If the Form 990 is for	-			•		
	organization, check this box and stop here.						<u> ▶ </u>
	tion C. Computation of Public Supp			(f))		. .	
15	Public support percentage for 2020 (line 8,					15	<u>%</u>
16	Public support percentage from 2019 Sche					16	<u></u> %
	tion D. Computation of Investment			40 1 ""			
17	Investment income percentage for 2020 (lin					17	%
18	Investment income percentage from 2019 S					18	%
19 a	331/3% support tests - 2020. If the org	-					
_	17 is not more than 331/3%, check this						
b	331/3% support tests - 2019. If the orga				•		
	line 18 is not more than 331/3%, check		•	•	. ,		
20	Private foundation. If the organization d	iia not check a	a box on line 1	4, 19a, or 19b,	check this box	and see instruc	tions

Schedule A (Form 990 or 990-EZ) 2020 Page **4**

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on 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 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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 in 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 in 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.**
- 10 a 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.
 - 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.)

		Yes	No
g y			
s	1		
d	2		
er	3a		
d e			
	3b		
3)	3с		
lf	4a		
n <i>n</i>			
	4b		
n <i>d</i> 3)			
,,	4c		
ν Ν η;			
n	5a		
у	5b		
	5c		
o d ır			
_	6		
r y	_		
?	7		
e s	8		
	9a		
h	9b		
it	9c		
n d	4.5		
0	10a		
	10b		

Schedule A (Form 990 or 990-EZ) 2020 Page 5

Part	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	44-		
Secti	detail in Part VI. on B. Type I Supporting Organizations	11c		
Occii	on B. Type roupporting organizations		Yes	No
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? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations		V	NI-
_			res	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors 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		
Secti	on D. All Type III Supporting Organizations			
1	Did the expeniention provide to each of its competed expenientions, by the local day of the fifth month of the		Yes	No
'	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 in 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		
Secti	on 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 ins	tructi	ons).	
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (se	e instr		s). No
2	Activities Test. Answer lines 2a and 2b below.		163	NO
а	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.	2a		
b	Did the activities described in 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.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	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.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>	3b		

Schedule A (Form 990 or 990-EZ) 2020 Page **6**

Pa	art V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nization	s	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust on	Nov. 20, 1970 (explain	in in Part VI). See
	instructions. All other Type III non-functionally integrated supporting organi	zations r	nust complete Sectio	ns A through E.
Se	ection A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Se	ection B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
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):	1e		
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		
Se	ection C - Distributable Amount			Current Year
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-functional		ited Type III supporting	organization
-	(see instructions).			

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020

Page 7

Page 7

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

	7 1 7 7 7 7 7 7 7 7 7 7	<u> </u>			
Sect	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish ea	xempt purposes		1	
2	Amounts paid to perform activity that directly furthers exer	ed			
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpo	zations	3		
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - p	provide 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 organization is resp	onsive		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2020	ıs	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020				
	(reasonable cause required - explain in Part VI). See				
	instructions.				
3	Excess distributions carryover, if any, to 2020				
a	From 2015				
b	From 2016				
С	From 2017				
d	From 2018				
е	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from				
	Section D, line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				

Schedule A (Form 990 or 990-EZ) 2020

5

Remainder. Subtract lines 4a and 4b from line 4.

Part VI. See instructions.

Breakdown of line 7:

Excess from 2016 . . .

Excess from 2017 . . .

Excess from 2018 . . .

Excess from 2019 . . .

Excess from 2020 . . .

and 4c.

Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in **Part VI.** See instructions.

Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in

Excess distributions carryover to 2021. Add lines 3j

Schedule A (Form 990 or 990-EZ) 2020 Page **8**

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 II - ORGANIZATIONS RECEIVING ANY UNUSUAL GRANTS FOR 2017

NAME OF CONTRIBUTOR	DATE	AMOUNT	EXPLANATION
ANONYMOUS	09/30/2018	3,000,000.	UNUSUAL IN SIZE & NATURE
GATES FOUNDATION	09/30/2018	748,544.	UNUSUAL IN SIZE & NATURE
NOVO FOUNDATION	09/30/2018	5,000,000.	UNUSUAL IN SIZE & NATURE
THE FORD FOUNDATION	09/30/2018	2,000,000.	UNUSUAL IN SIZE & NATURE
TOTAL		10,748,544.	

ATTACHMENT 2

COMBDIES A	חת גת	тт		ODCANT CARTONC	DECETITIO	7. 7. T. T. Z	TINTITOTIAT	CD 7 NTTC	EOD	2018
SCHEDULE A	, PART	$\perp \perp$	_	ORGANIZATIONS	RECEIVING	ANY	UNUSUAL	GRANTS	FOR	2010

NAME OF CONTRIBUTOR	DATE	AMOUNT	EXPLANATION
FOUNDATION JUST SOCIETY	09/30/2019	1,000,000.	UNUSUAL IN SIZE & NATURE
PACKARD FOUNDATION	09/30/2019	1,000,000.	UNUSUAL IN SIZE & NATURE
KENDIDA FUND	09/30/2019	1,000,000.	UNUSUAL IN SIZE & NATURE
CHILDRENS INVESTMENT	09/30/2019	5,000,000.	UNUSUAL IN SIZE & NATURE
TOTAL		8,000,000.	

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service
Name of the organization

Schedule of Contributors

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

2020

Employer identification number

CAPITAL FOR GOOD USA 27-0915757 Organization type (check one): Filers of: Section: X Form 990 or 990-EZ 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust not 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** 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** [X] 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 or 990-EZ), 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 Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), 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, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization CAPITAL FOR GOOD USA

Employer identification number 27-0915757

Part I	Contributors	(see instructions).	Use duplicate co	ppies of Part I if ac	ditional space is needed.
--------	--------------	---------------------	------------------	-----------------------	---------------------------

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1	N/A	\$592,875.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2	N/A	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
3	N/A	\$1,000,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
4	N/A	\$\$.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
5	N/A	\$1,165,900.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
6	N/A	\$1,250,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization CAPITAL FOR GOOD USA

Employer identification number 27-0915757

Part I	Contributors (see instructions). Use duplicate copies	of Part I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	N/A	\$\$	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
			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
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization CAPITAL FOR GOOD USA

Employer identification number 27-0915757

Part II	Noncash Property	(see instructions)	Use duplicate copie	s of Part II if additiona	I space is needed
	140110a3111 10pcity	1000 111011 401101107.	. Obc adplicate copic	o oi i ait ii ii aaaiiioiia	i opace is riceaca.

(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) 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
		\$	

Page 4 Schedule B (Form 990, 990-EZ, or 990-PF) (2020) Name of organization CAPITAL FOR GOOD USA **Employer identification number** 27-0915757 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and

No. om	duplicate copies of Part III if addit	-			
om rt I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
-					
		(e) Transfer of gift			
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee		
No.	(h) Duynoss of sife	(a) Has of wife	(d) Description of how gift is held		
t I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
$- \mid - \mid$					
	Transferes's name address and	(e) Transfer of gift	Polationship of transferor to transferor		
_	Transferee's name, address, ar	IG ZIP + 4	Relationship of transferor to transferee		
lo. m t l	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
$-\mid -\mid$					
		(e) Transfer of gift			
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee		
lo. m t I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
$-\mid$					
	Transferee's name, address, ar		sfer of gift Relationship of transferor to transferee		

SCHEDULE D (Form 990)

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

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 **Open to Public** Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

CAF	ITAL FOR GOOD USA	27-0915757
Pa	organizations Maintaining Donor Advised Funds or Other Similar Funds or Funds or Other Funds or	Accounts.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in	n donor advised
	funds are the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant fur	
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for an	
	conferring impermissible private benefit?	
Pa	rt II Conservation Easements.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
	Preservation of land for public use (for example, recreation or education) Preservation o	of a historically important land area
	Protection of natural habitat Preservation o	of a certified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in t	the form of a conservation
	easement on the last day of the tax year.	Held at the End of the Tax Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
С	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a	
	historic structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or termin	nated by the organization during the
	tax year 🕨	
4	Number of states where property subject to conservation easement is located ▶	
5	Does the organization have a written policy regarding the periodic monitoring, inspection	on, handling of
	violations, and enforcement of the conservation easements it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing c	conservation easements during the year
	>	
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing con-	nservation easements during the year
	> \$	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section	n 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?	Yes No
9	In Part XIII, describe how the organization reports conservation easements in its revenue and	
	balance sheet, and include, if applicable, the text of the footnote to the organization's financia	al statements that describes the
_	organization's accounting for conservation easements.	0: " 4
Pa	Organizations Maintaining Collections of Art, Historical Treasures, or Other	Similar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue of art, historical treasures, or other similar assets held for public exhibition, education, or	statement and balance sheet works
	service, provide in Part XIII the text of the footnote to its financial statements that describes the	ese items.
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue sta	atement and balance sheet works of
	art, historical treasures, or other similar assets held for public exhibition, education, or research	arch in furtherance of public service,
	provide the following amounts relating to these items:	> 0
	(i) Revenue included on Form 990, Part VIII, line 1	
_	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar as	ssets for financial gain, provide the
_	following amounts required to be reported under FASB ASC 958 relating to these items:	> 0
a h	Revenue included on Form 990, Part VIII, line 1	
b	7.030.0 moluudu ii i Oliii 330, i ait A	· · · · · · · · · · · · · · · · · · ·

Schedule D (Form 990) 2020 Page **2**

Pa	rt III Organizations Maintaini	ng Collections of	Art, Histor	rical Tre	asures	, or Other	Similar Assets (continued)	rage =
3	Using the organization's acquisition	on, accession, and	other record	ds, check	any of	the follow	ing that make sigi	nificant use	of its
	collection items (check all that app	ly):		_					
а	Public exhibition		d	Loan	or excha	nge prograi	n		
b	Scholarly research		е	Other					
С	Preservation for future gene	rations							
4	Provide a description of the organ	nization's collections	s and expla	in how t	hey furt	her the or	ganization's exemp	t purpose ir	n Part
	XIII.								
5	During the year, did the organization								
	assets to be sold to raise funds rath		ained as pa	rt of the o	organiza	tion's collec	ction?	Yes	No
Pa	rt IV Escrow and Custodial A								
	Complete if the organiza	ation answered "Ye	es" on Forr	n 990, F	Part IV, I	ine 9, or re	eported an amou	nt on Form	
	990, Part X, line 21.								
1 a	Is the organization an agent, trus								_
	included on Form 990, Part X?							Yes	No
b	If "Yes," explain the arrangement i	n Part XIII and com	plete the foll	owing tab	ole:				
							Amount		
С	Beginning balance				—	1c			
d	Additions during the year				—	1d			
е	Distributions during the year					1e			
f	Ending balance					1f			
	Did the organization include an am							Yes	_ No
	If "Yes," explain the arrangement i	n Part XIII. Check h	ere if the ex	planation	has bee	n provided	on Part XIII		
Pa	rt V Endowment Funds. Complete if the organiza	ation answered "V	oe" on Forr	m 000 E	Part I\/ I	ino 10			
	Complete if the organiza	(a) Current year	(b) Prior			years back	(d) Three years back	(e) Four year	
		(a) Current year	(b) F1101	yeai	(6) 1 100	years back	(u) Tillee years back	(e) Four year	S Dack
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	- (th		/l' 4 -		/->> l1-1			
2 a	Provide the estimated percentage Board designated or quasi-endown		end balance	e (line 1g,	column	(a)) neid as	:		
	Permanent endowment ▶								
c	Term endowment ▶	/0 %							
·	The percentages on lines 2a, 2b, a	- ′ -	100%.						
3a	Are there endowment funds not in	•		tion that	are held	and admir	istered for the		
	organization by:							Yes	No
	(i) Unrelated organizations							3a(i)	
	(ii) Related organizations							3a(ii)	
b	If "Yes" on line 3a(ii), are the relate							3b	
4	Describe in Part XIII the intended u	uses of the organiza	ation's endov	wment fur	nds.				
Pa	rt VI Land, Buildings, and Equ Complete if the organize					line 44 1	2 5 600 5	(V ' !' '	
	Description of property	ation answered "Y	es" on For rother basis		r other bas			art X, line 1 I) Book value	0
	Description of property		stment)		ther)		eciation	i) book value	
1 a	Land								
b	Buildings								
С	Leasehold improvements								
d	Equipment								
	Other								
Tota	I. Add lines 1a through 1e. (Column	(d) must equal For	m 990, Part .	X, columi	n (B), line	e 10c.)	▶		

Schedule D (Form 990) 2020

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Part VII	Investments - Other Securities.			
	Complete if the organization answered	I "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 valuati Cost or end-of-year marke	
(1) Financia	al derivatives			
(2) Closely	held equity interests			
(3) Other _				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	n (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments - Program Related.	l "Voo" on Form 000	Dort IV line 11a Coe Form 000	Dort V. line 12
	Complete if the organization answered			
	(a) Description of investment	(b) Book value	(c) Method of valuati Cost or end-of-year marke	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
<u>(9)</u>				
	n (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets. Complete if the organization answered	l "Yes" on Form 990	, Part IV, line 11d. See Form 990,	Part X, line 15.
	(a) De	scription		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
<u>(7)</u>				
(8)				
(9)	(1) (5 000 B (1) (6)	45)		
	umn (b) must equal Form 990, Part X, col. (B) I	ine 15.)	· · · · · · · · · · · · · · · · · · ·	
Part X	Other Liabilities. Complete if the organization answered line 25.	I "Yes" on Form 990	, Part IV, line 11e or 11f. See Forr	m 990, Part X,
1.		tion of liability		(b) Book value
	al income taxes			(b) Doon value
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	nn (b) must equal Form 990, Part X, col. (B) line 25.)			
	or uncertain tax positions. In Part XIII, provide the		·	at 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

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Part	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.	
1	Total revenue, gains, and other support per audited financial statements	1	25,311,797.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	-135,833.
3	Subtract line 2e from line 1	3	25,447,630.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 2,708.		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	2,708.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	25,450,338.
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		6 005 004
1	Total expenses and losses per audited financial statements	1	6,087,084.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments	-	
С	Other losses		
d	Other (Describe in Part XIII.)	_	ГИГ
е	Add lines 2a through 2d	2e	545.
3	Subtract line 2e from line 1	3	6,086,539.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)	4-	2,708.
c	Add lines 4a and 4b	4c 5	6,089,247.
5 Port	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	<u> </u>	0,000,247.
	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform PAGE 5	nation	

Part XIII Supplemental Information (continued)

SCHEDULE D, PART X, LINE 2

CAPITAL FOR GOOD USA IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. ACCORDINGLY, NO PROVISION OR LIABILITY FOR INCOME TAXES HAS BEEN RECORDED IN THE CONSOLIDATED FINANCIAL STATEMENTS. THE ORGANIZATION HAS NO UNRECOGNIZED TAX BENEFITS AT JUNE 30, 2021 AND SEPTEMBER 30, 2020. THE ORGANIZATION HAS NO INCOME TAX RELATED PENALTIES OR INTEREST FOR THE PERIOD REPORTED IN THESE CONSOLIDATED FINANCIAL STATEMENTS.

U.S. GAAP REQUIRES MANAGEMENT TO EVALUATE TAX POSITIONS TAKEN BY THE

ORGANIZATION AND RECOGNIZE A TAX LIABILITY (OR ASSET) IF THE ORGANIZATION

HAS TAKEN AN UNCERTAIN POSITION THAT MORE LIKELY THAN NOT WOULD NOT BE

SUSTAINED UPON EXAMINATION BY THE INTERNAL REVENUE SERVICE. MANAGEMENT

HAS ANALYZED THE TAX POSITIONS TAKEN BY THE ORGANIZATION, AND HAS

CONCLUDED THAT AS OF JUNE 30, 2021 AND SEPTEMBER 30, 2020, THERE WERE NO

UNCERTAIN POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD REQUIRE

RECOGNITION OF A LIABILITY (OR ASSET) OR DISCLOSURE IN THE FINANCIAL

STATEMENTS. THE ORGANIZATION HAD NO UNRECOGNIZED BENEFITS AT JUNE 30,

2021 AND SEPTEMBER 30, 2020 AND HAS INCURRED NO INTEREST OR PENALTIES

RELATED TO INCOME TAXES FOR THE PERIODS PRESENTED IN THE FINANCIAL

STATEMENTS.

SCHEDULE D, PART XI LINE 2E

THE ORGANIZATION INCURRED FOREIGN CURRENCY TRANSACTION LOSS OF \$24,100 INCLUDED IN REVENUE ON THE AUDITED FINANCIAL STATEMENTS AND PART XI LINE 9 ON FORM 990.

Schedule D (Form 990) 2020

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Part XIII Supplemental Information (continued)

SCHEDULE D, PART XII, LINE 4B

Schedule D (Form 990) 2020

CFG IMPACT IS A NOT FOR PROFIT INCLUDED IN THE COMBINED FINANCIAL

STATEMENTS AND NOT ON THE CAPITAL FOR GOOD USA TAX RETURN. EXPENSES WERE

\$545 FOR THE YEAR ENDING JUNE 30, 2021 AND WERE NOT INCLUDED ON FORM 990.

Schedule D (Form 990) 2020

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. ► Attach to Form 990.

OMB No. 1545-0047 **Open to Public** Inspection

Department of the Treasury Internal Revenue Service Name of the organization

► Go to www.irs.gov/Form990 for instructions and the latest information.

Employer identification number

CAP	ITAL FOR GOOD USA				27-09157	57
Part	General Information o Form 990, Part IV, line 14		Outside the	United States. Comple	ete if the organization a	answered "Yes" or
1	For grantmakers. Does the org	ganization mai	ntain records	to substantiate the amou	unt of its grants and	
	other assistance, the grantees'	eligibility for t	he grants or	assistance, and the selec	ction criteria used to	
	award the grants or assistance?					X Yes No
2	For grantmakers. Describe in I	Part V the ord	anization's nro	ocedures for monitoring t	the use of its grants an	d other assistance
	outside the United States.	art v the org	amzadom pre	occurred for mornioring t	ine use of its grants an	a other assistance
3	Activities per Region. (The follow	ving Part I line	3 table can be	a dunlicated if additional en	ace is needed)	
<u>J</u>	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of	(f) Total expenditures for and investments in the region
			in the region	located in the region)		
(1)	CENTRAL AMERICA/CARIBBEAN	0.	0.	GRANTMAKING		433,609.
(2)	SOUTH ASIA	0.	0.	GRANTMAKING		883,339.
(3)	SUB-SAHARAN AFRICA	0.	0.	GRANTMAKING		1,949,802.
(3)	BOD DIMMININ IN RECT	0.	0.	ORINIPARCING		1,515,002.
(4)	SUB-SAHARAN AFRICA	0.	0.	PROGRAM SERVICES	GFF AND FAH PROGRAM	1,172,128.
(5)	CENTRAL AMERICA/CARIBBEAN	0.	0.	PROGRAM SERVICES	GFF PROGRAM	94,383.
(6)	SOUTH ASIA	0.	0.	PROGRAM SERVICES	GFF PROGRAM	90,154.
(7)						
(8)						
(9)						
(10)						
(11)						
(12)						
(13)						
(14)						
(15)						
(16)						
(17)						
3a	Subtotal					4,623,415.
b	Total from continuation sheets to Part I					

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

c Totals (add lines 3a and 3b)

Schedule F (Form 990) 2020

4,623,415.

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Page 2 Schedule F (Form 990) 2020

Part II	Grants and Other Assis							red "Yes" on	Form 990,
	Part IV, line 15, for any r	ecipient who rece	ived more than \$5,000. I	Part II can be	duplicated if additi	onal space is	needed.		
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
				EDUCATION					
(1)			SUB-SAHARAN AFRICA	GRANTS	166,597.	WIRE			FMV
(2)			SUB-SAHARAN AFRICA	GFF GRANTS	67,243.	WIRE			FMV
(3)			SUB-SAHARAN AFRICA	GFF GRANTS	59,174.	WIRE			FMV
(4)			CENT. AMERICA/CARIBBEAN	GFF GRANTS	56,379.	WIRE			FMV
(5)			SUB-SAHARAN AFRICA	GFF GRANTS	56,233.	WIRE			FMV
(6)			CENT. AMERICA/CARIBBEAN	GFF GRANTS	51,238.	WIRE			FMV
(7)			SUB-SAHARAN AFRICA	GFF GRANTS	50,382.	WIRE			FMV
(8)			SUB-SAHARAN AFRICA	GFF GRANTS	49,892.	WIRE			FMV
(9)			CENT. AMERICA/CARIBBEAN	GFF GRANTS	45,783.	WIRE			FMV
(10)			SUB-SAHARAN AFRICA	GFF GRANTS	44,405.	WIRE			FMV
(11)			SOUTH ASIA	GFF GRANTS	38,972.	WIRE			FMV
(12)			CENT. AMERICA/CARIBBEAN	GFF GRANTS	38,930.	WIRE			FMV
(13)			SUB-SAHARAN AFRICA	GFF GRANTS	38,754.	WIRE			FMV
(14)			SUB-SAHARAN AFRICA	GFF GRANTS	37,800.	WIRE			FMV
(15)			SUB-SAHARAN AFRICA	GFF GRANTS	37,780.	WIRE			FMV

2	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax
	exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter
3	Enter total number of other organizations or entities

GFF GRANTS

37,100.

WIRE

SUB-SAHARAN AFRICA

Schedule F (Form 990) 2020

FMV

CAPITAL FOR GOOD USA 27-0915757

Page 2 Schedule F (Form 990) 2020

Part II	Grants and Other Assist Part IV, line 15, for any re							ed "Yes" on	Form 990,
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SOUTH ASIA	GFF GRANTS	35,464.	WIRE			FMV
(2)			SOUTH ASIA	GFF GRANTS	35,144.	WIRE			FMV
(3)			SUB-SAHARAN AFRICA	GFF GRANTS	35,073.	WIRE			FMV
(4)			SUB-SAHARAN AFRICA	GFF GRANTS	35,000.	WIRE			FMV
(5)			SUB-SAHARAN AFRICA	GFF GRANTS	34,930.	WIRE			FMV
(6)			SUB-SAHARAN AFRICA	GFF GRANTS	34,845.	WIRE			FMV
(7)			SOUTH ASIA	GFF GRANTS	34,440.	WIRE			FMV
(8)			SUB-SAHARAN AFRICA	GFF GRANTS	34,270.	WIRE			FMV
(9)			SOUTH ASIA	GFF GRANTS	34,154.	WIRE			FMV
(10)			SUB-SAHARAN AFRICA	GFF GRANTS	32,535.	WIRE			FMV
(11)			SUB-SAHARAN AFRICA	GFF GRANTS	32,000.	WIRE			FMV
(12)			SUB-SAHARAN AFRICA	GFF GRANTS	31,817.	WIRE			FMV
(13)			SUB-SAHARAN AFRICA	GFF GRANTS	30,049.	WIRE			FMV
(14)			SOUTH ASIA	GFF GRANTS	29,720.	WIRE			FMV
(15)			SOUTH ASIA	GFF GRANTS	29,050.	WIRE			FMV

2	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax
	exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter
3	Enter total number of other organizations or entities

GFF GRANTS

28,840.

WIRE

SOUTH ASIA

Schedule F (Form 990) 2020

FMV

CAPITAL FOR GOOD USA 27-0915757

Page 2 Schedule F (Form 990) 2020

Part II	Grants and Other Assis Part IV, line 15, for any r							ered "Yes" on	Form 990
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SUB-SAHARAN AFRICA	GFF GRANTS	27,548.	WIRE			FMV
(2)			SUB-SAHARAN AFRICA	GFF GRANTS	27,360.	WIRE			FMV
(3)			SUB-SAHARAN AFRICA	GFF GRANTS	26,761.	WIRE			FMV
(4)			SUB-SAHARAN AFRICA	GFF GRANTS	25,760.	WIRE			FMV
(5)			SOUTH ASIA	GFF GRANTS	25,550.	WIRE			FMV
(6)			SOUTH ASIA	GFF GRANTS	25,550.	WIRE			FMV
(7)			SOUTH ASIA	GFF GRANTS	25,550.	WIRE			FMV
(8)			SUB-SAHARAN AFRICA	GFF GRANTS	25,026.	WIRE			FMV
(9)			SUB-SAHARAN AFRICA	GFF GRANTS	24,378.	WIRE			FMV
(10)			SOUTH ASIA	GFF GRANTS	23,904.	WIRE			FMV
(11)			SOUTH ASIA	GFF GRANTS	23,666.	WIRE			FMV
(12)			SUB-SAHARAN AFRICA	GFF GRANTS	23,142.	WIRE			FMV
(13)			CENT. AMERICA/CARIBBEAN	GFF GRANTS	23,100.	WIRE			FMV
(14)			SUB-SAHARAN AFRICA	GFF GRANTS	23,100.	WIRE			FMV
(15)			SUB-SAHARAN AFRICA	GFF GRANTS	22,972.	WIRE			FMV

2	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax
	exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter
3	Enter total number of other organizations or entities

GFF GRANTS

22,670.

WIRE

SOUTH ASIA

Schedule F (Form 990) 2020

FMV

CAPITAL FOR GOOD USA 27-0915757

Schedule F (Form 990) 2020

Part II	Grants and Other Assistant Part IV, line 15, for any		ations or Entities Outsi ived more than \$5,000. F					red "Yes" on	Form 990,
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SUB-SAHARAN AFRICA	GFF GRANTS	22,458.	WIRE			FMV
(2)			SUB-SAHARAN AFRICA	GFF GRANTS	21,525.	WIRE			FMV
(3)			SUB-SAHARAN AFRICA	GFF GRANTS	21,502.	WIRE			FMV
(4)			SUB-SAHARAN AFRICA	GFF GRANTS	21,357.	WIRE			FMV
(5)			SUB-SAHARAN AFRICA	GFF GRANTS	21,000.	WIRE			FMV
(6)			SUB-SAHARAN AFRICA	GFF GRANTS	20,590.	WIRE			FMV
(7)			CENT. AMERICA/CARIBBEAN	GFF GRANTS	19,850.	WIRE			FMV
(8)			SUB-SAHARAN AFRICA	GFF GRANTS	19,732.	WIRE			FMV
(9)			SOUTH ASIA	GFF GRANTS	19,462.	WIRE			FMV
(10)			SUB-SAHARAN AFRICA	GFF GRANTS	18,340.	WIRE			FMV
(11)			SOUTH ASIA	GFF GRANTS	18,286.	WIRE			FMV
(12)			SOUTH ASIA	GFF GRANTS	18,225.	WIRE			FMV
(13)			SOUTH ASIA	GFF GRANTS	18,211.	WIRE			FMV

2	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax
	exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter
	Enter total number of other organizations or entities. ▶

GFF GRANTS

GFF GRANTS

GFF GRANTS

18,104.

18,000.

17,885.

WIRE

WIRE

WIRE

SUB-SAHARAN AFRICA

SUB-SAHARAN AFRICA

SOUTH ASIA

Schedule F (Form 990) 2020

FMV

FMV

FMV

(14)

(15)

Schedule F (Form 990) 2020

Part II	Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.									
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)	
(1)			SOUTH ASIA	GFF GRANTS	17,849.	WIRE			FMV	
(2)			SUB-SAHARAN AFRICA	GFF GRANTS	17,755.	WIRE			FMV	
(3)			SOUTH ASIA	GFF GRANTS	17,694.	WIRE			FMV	
(4)			SOUTH ASIA	GFF GRANTS	17,500.	WIRE			FMV	
(5)			SUB-SAHARAN AFRICA	GFF GRANTS	17,200.	WIRE			FMV	
(6)			SUB-SAHARAN AFRICA	GFF GRANTS	17,154.	WIRE			FMV	
(7)			SUB-SAHARAN AFRICA	GFF GRANTS	16,900.	WIRE			FMV	
(8)			CENT. AMERICA/CARIBBEAN	GFF GRANTS	16,669.	WIRE			FMV	

GFF GRANTS

GFF GRANTS

GFF GRANTS

GFF GRANTS

GFF GRANTS

SUB-SAHARAN AFRICA

SUB-SAHARAN AFRICA

SUB-SAHARAN AFRICA

SUB-SAHARAN AFRICA

SOUTH ASIA

16,446.

16,425.

16,111.

15,884.

15,820.

WIRE

WIRE

WIRE

WIRE

WIRE

14)	SOUTH ASIA	GFF GRANTS	15,600.	WIRE		FMV
15)	CENT. AMERICA/CARIBBEAN	GFF GRANTS	15,450.	WIRE		FMV
16)	SUB-SAHARAN AFRICA	GFF GRANTS	15,266.	WIRE		FMV

2	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax
	exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter
3	Enter total number of other organizations or entities.

Schedule F (Form 990) 2020

FMV

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FMV

FMV

FMV

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(13)

Schedule F (Form 990) 2020

Part II	Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.								
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SUB-SAHARAN AFRICA	GFF GRANTS	15,250.	WIRE			FMV
(2)			SUB-SAHARAN AFRICA	GFF GRANTS	15,067.	WIRE			FMV
(3)			CENT. AMERICA/CARIBBEAN	GFF GRANTS	15,050.	WIRE			FMV
(4)			SOUTH ASIA	GFF GRANTS	15,050.	WIRE			FMV
(5)			SUB-SAHARAN AFRICA	GFF GRANTS	15,000.	WIRE			FMV
(6)			SUB-SAHARAN AFRICA	GFF GRANTS	15,000.	WIRE			FMV
(7)			SUB-SAHARAN AFRICA	GFF GRANTS	14,463.	WIRE			FMV
(8)			CENT. AMERICA/CARIBBEAN	GFF GRANTS	14,280.	WIRE			FMV
(9)			SUB-SAHARAN AFRICA	GFF GRANTS	14,000.	WIRE			FMV
(10)			CENT. AMERICA/CARIBBEAN	GFF GRANTS	13,999.	WIRE			FMV
(11)			SUB-SAHARAN AFRICA	GFF GRANTS	13,650.	WIRE			FMV
(12)			SOUTH ASIA	GFF GRANTS	13,474.	WIRE			FMV
(13)			SUB-SAHARAN AFRICA	GFF GRANTS	13,458.	WIRE			FMV
(14)			SOUTH ASIA	GFF GRANTS	13,332.	WIRE			FMV
(15)			SOUTH ASIA	GFF GRANTS	12,995.	WIRE			FMV

2	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax
	exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter
3	Enter total number of other organizations or entities

GFF GRANTS

12,893. WIRE

SOUTH ASIA

Schedule F (Form 990) 2020

FMV

(16)

Page 2 Schedule F (Form 990) 2020

Part II	Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.									
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)	
(1)			SUB-SAHARAN AFRICA	GFF GRANTS	12,643.	WIRE			FMV	
(2)			SUB-SAHARAN AFRICA	GFF GRANTS	12,643.	WIRE			FMV	
(3)			SUB-SAHARAN AFRICA	GFF GRANTS	12,500.	WIRE			FMV	
(4)			SUB-SAHARAN AFRICA	GFF GRANTS	12,415.	WIRE			FMV	
(5)			SUB-SAHARAN AFRICA	GFF GRANTS	12,257.	WIRE			FMV	
(6)			SOUTH ASIA	GFF GRANTS	12,075.	WIRE			FMV	
(7)			SUB-SAHARAN AFRICA	GFF GRANTS	11,788.	WIRE			FMV	
(8)			SOUTH ASIA	GFF GRANTS	11,550.	WIRE			FMV	
(9)			SOUTH ASIA	GFF GRANTS	11,550.	WIRE			FMV	
(10)			SOUTH ASIA	GFF GRANTS	11,480.	WIRE			FMV	
(11)			SUB-SAHARAN AFRICA	GFF GRANTS	11,400.	WIRE			FMV	
(12)			SUB-SAHARAN AFRICA	GFF GRANTS	11,068.	WIRE			FMV	
(13)			CENT. AMERICA/CARIBBEAN	GFF GRANTS	11,066.	WIRE			FMV	
(14)			CENT. AMERICA/CARIBBEAN	GFF GRANTS	10,662.	WIRE			FMV	
(15)			SUB-SAHARAN AFRICA	GFF GRANTS	10,500.	WIRE			FMV	

2	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax
	exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter
3	Enter total number of other organizations or entities

GFF GRANTS

10,500.

WIRE

SUB-SAHARAN AFRICA

Schedule F (Form 990) 2020

FMV

(16)

Page 2 Schedule F (Form 990) 2020

Part II		Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990 Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.										
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)			
(1)			SOUTH ASIA	GFF GRANTS	10,472.	WIRE			FMV			
(2)			CENT. AMERICA/CARIBBEAN	GFF GRANTS	10,465.	WIRE			FMV			
(3)			SUB-SAHARAN AFRICA	GFF GRANTS	10,446.	WIRE			FMV			
(4)			SUB-SAHARAN AFRICA	GFF GRANTS	10,430.	WIRE			FMV			
(5)			SUB-SAHARAN AFRICA	GFF GRANTS	10,376.	WIRE			FMV			
(6)			SUB-SAHARAN AFRICA	GFF GRANTS	9,992.	WIRE			FMV			
(7)			SOUTH ASIA	GFF GRANTS	9,970.	WIRE			FMV			
(8)			CENT. AMERICA/CARIBBEAN	GFF GRANTS	9,766.	WIRE			FMV			
(9)			SUB-SAHARAN AFRICA	GFF GRANTS	9,743.	WIRE			FMV			
(10)			SUB-SAHARAN AFRICA	GFF GRANTS	9,710.	WIRE			FMV			
(11)			SOUTH ASIA	GFF GRANTS	9,351.	WIRE			FMV			
(12)			SUB-SAHARAN AFRICA	GFF GRANTS	9,174.	WIRE			FMV			
(13)			SUB-SAHARAN AFRICA	GFF GRANTS	9,125.	WIRE			FMV			
(14)			SOUTH ASIA	GFF GRANTS	9,122.	WIRE			FMV			
(15)			SOUTH ASIA	GFF GRANTS	9,087.	WIRE			FMV			

2	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax
	exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter
	Enter total number of other organizations or entities.

CENT. AMERICA/CARIBBEAN

GFF GRANTS

9,000.

WIRE

Schedule F (Form 990) 2020

FMV

(16)

Page 2 Schedule F (Form 990) 2020

			ived more than \$5,000. I		· ·					
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)	
(1)			SOUTH ASIA	GFF GRANTS	8,887.	WIRE			FMV	
(2)			CENT. AMERICA/CARIBBEAN	GFF GRANTS	8,497.	WIRE			FMV	
(3)			SOUTH ASIA	GFF GRANTS	8,153.	WIRE			FMV	
(4)			SUB-SAHARAN AFRICA	GFF GRANTS	8,143.	WIRE			FMV	
(5)			SOUTH ASIA	GFF GRANTS	7,800.	WIRE			FMV	
(6)			SUB-SAHARAN AFRICA	GFF GRANTS	7,770.	WIRE			FMV	
(7)			SOUTH ASIA	GFF GRANTS	7,545.	WIRE			FMV	
(8)			SOUTH ASIA	GFF GRANTS	7,533.	WIRE			FMV	
(9)			SOUTH ASIA	GFF GRANTS	7,420.	WIRE			FMV	
(10)			SOUTH ASIA	GFF GRANTS	7,364.	WIRE			FMV	
(11)			SOUTH ASIA	GFF GRANTS	7,239.	WIRE			FMV	
(12)			SOUTH ASIA	GFF GRANTS	7,225.	WIRE			FMV	
(13)			SOUTH ASIA	GFF GRANTS	7,174.	WIRE			FMV	
(14)			SUB-SAHARAN AFRICA	GFF GRANTS	7,141.	WIRE			FMV	
(15)			SUB-SAHARAN AFRICA	GFF GRANTS	7,104.	WIRE			FMV	
(16)			SUB-SAHARAN AFRICA	GFF GRANTS	6,948.	WIRE			FMV	

2	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax
	exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter
3	Enter total number of other organizations or entities

Schedule F (Form 990) 2020

Schedule F (Form 990) 2020

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SUB-SAHARAN AFRICA	GFF GRANTS	6,948.	WIRE			FMV
(2)			CENT. AMERICA/CARIBBEAN	GFF GRANTS	6,618.	WIRE			FMV
(3)			SOUTH ASIA	GFF GRANTS	6,596.	WIRE			FMV
(4)			SOUTH ASIA	GFF GRANTS	6,400.	WIRE			FMV
(5)			SUB-SAHARAN AFRICA	GFF GRANTS	6,300.	WIRE			FMV
(6)			SOUTH ASIA	GFF GRANTS	6,245.	WIRE			FMV
(7)			SUB-SAHARAN AFRICA	GFF GRANTS	6,119.	WIRE			FMV
(8)			SOUTH ASIA	GFF GRANTS	6,004.	WIRE			FMV
(9)			CENT. AMERICA/CARIBBEAN	GFF GRANTS	5,940.	WIRE			FMV
(10)			CENT. AMERICA/CARIBBEAN	GFF GRANTS	5,850.	WIRE			FMV
(11)			SOUTH ASIA	GFF GRANTS	5,808.	WIRE			FMV
(12)			SUB-SAHARAN AFRICA	GFF GRANTS	5,635.	WIRE			FMV
(13)			SOUTH ASIA	GFF GRANTS	5,579.	WIRE			FMV
(14)			CENT. AMERICA/CARIBBEAN	GFF GRANTS	5,165.	WIRE			FMV
(15)									
(16)									

Schedule F (Form 990) 2020

Schedule F (Form 990) 2020

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
_ (2)							
_(3)							
_ (4)							
(5)							
(6)							
(7)							
(8)							
(9)							
<u>(10)</u>							
(11)							
<u>(12)</u>							
<u>(13)</u>							
<u>(14)</u>							
<u>(</u> 15)							
<u>(</u> 16)							
<u>(17)</u>							
<u>(</u> 18)							

Schedule F (Form 990) 2020 Page **4**Part IV Foreign Forms

Part	Foreign Forms	
1	Nas the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926) Yes X	
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990) Yes X	
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621) Yes No	
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990) Yes No	

Schedule F (Form 990) 2020

Schedule F (Form 990) 2020 Page **5**

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

MONITORING OF FUNDS

THE CHARITY UNDERTAKES A REVIEW OF PROPOSED GRANTS AND PENDING A POSITIVE INITIAL REVIEW, THE PROPOSAL MOVES INTO A DUE DILIGENCE PROCESS DESIGNED TO PROVIDE THE GRANT MANAGER WITH A COMPREHENSIVE UNDERSTANDING OF THE ORGANIZATION-INCLUDING FINANCIAL HISTORY AND EXPERIENCE-AND THE PROJECT-INCLUDING OVERALL GOALS, SPECIFIC OUTPUTS, AND THE MEASURABLE IMPACT OF THE PROJECT ON THE INTENDED SECTOR. AFTER A PROJECT IS APPROVED, THE CHARITY CONDUCTS ONGOING MONITORING AND EVALUATION OF THE PROGRESS, WHICH INCLUDES REVIEWING NARRATIVE REPORTS AND HOLDING REGULAR CHECK-IN CALLS AND CAN ALSO INCLUDE PERIODIC SIT VISITS AND COMPLIANCE CHECKS. THE CHARITY DETERMINES THE SPECIFIC MONITORING AND EVALUATION PLAN FOR EACH PROJECT BASED ON THE EXPERIENCE OF THE GRANTEE, COMPLEXITY AND INNOVATIVENESS OF THE PROJECT, AND PROJECT TIMELINE. THROUGHOUT THE PROJECT, THE CHARITY WORKS CLOSELY WITH EACH GRANTEE ORGANIZATION TO ENSURE SUCCESS AND BUILD CAPACITY WHERE NECESSARY.

SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

2020

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form990 for the latest information.

Name of the organization						Employer identificati	on number
CAPITAL FOR GOOD USA						27-091575	.7
Part I General Information on Grants	and Assistance	е				'	,
 Does the organization maintain records the selection criteria used to award the g Describe in Part IV the organization's pro 	rants or assistand	e?					X Yes No
Part IV, line 21, for any recipier	-	-					es" on Form 990,
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) MARIPOSA FOUNDATION INC.							
1100 CLINTON SQ. ROCHESTER, NY 14604	27-0726866		35,000.		FMV		GFF GRANTS
_(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
2 Enter total number of section 501(c)(3) a	 and government o	ı organizations lis	ted in the line 1 tal	le			1.
3 Enter total number of other organizations	•	•					

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

Schedule I (Form 990) 2020

Schedule I (Form 990) (2020)

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

GRANTS AND OTHER ASSISTANCE TO ORGANIZATIONS

FOR ALL GRANTS TO 501(C)(3) ORGANIZATIONS, CAPITAL FOR GOOD WILL REQUEST GENERAL REPORTING FROM THE ORGANIZATION. FOR ORGANIZATIONS THAT DO NOT MEET THIS STATUS, CAPITAL FOR GOOD WILL CARRY OUT PROGRAM EXPENDITURE RESPONSIBILITY PROCEDURES BASED ON SIGNED GRANT AGREEMENTS WITH THE ORGANIZATION INCLUDING PROJECT BUDGET AND BENCHMARKS.

Schedule I (Form 990) (2020)

SCHEDULE O (Form 990 or 990-EZ)

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 990-EZ.

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Employer identification number 27-0915757

CAPITAL FOR GOOD USA

CORE FORM 990 RESPONSES

FORM 990, PART VI, SECTION A, LINE 4

THE ORGANIZATION AMENDED ITS ARTICLES OF INCORPORATION AND MADE GLOBAL IMPACT THE SOLE CORPORATE MEMBER EFFECTIVE JULY 1, 2021.

THE ORGANIZATION AMENDED ITS BYLAWS AND CHANGED ITS YEAR END FROM SEPTEMBER 30 TO JUNE 30.

FORM 990, PART VI SECTION B, LINE 11A

THE FORM 990 IS PREPARED IN CONJUNCTION WITH THE EXTERNAL AUDITORS OF THE ORGANIZATION. WHEN COMPLETE IT IS SENT ELECTRONICALLY TO THE BOARD OF DIRECTORS FOR REVIEW BEFORE IT IS FINALIZED AND FILED WITH THE IRS.

FORM 990, PART VI SECTION B, LINE 12A

THE ORGANIZATION HAS A COMPREHENSIVE CONFLICT OF INTEREST POLICY THAT

INCLUDES A DEFINITION OF WHAT CONFLICT OF INTEREST MEANS, PROCESSES TO

NOTIFY RELEVANT PARTIES, PROCEDURES TO RECUSE CONFLICTED INDIVIDUALS, AND

ACTION NEEDED TO DOCUMENT THE STEPS THAT WERE TAKEN. EACH BOARD MEMBER IS

REQUIRED TO COMPLETE AN ANNUAL CONFLICT OF INTEREST STATEMENT. THE SIGNED

STATEMENTS ARE REVIEWED BY THE BOARD AND RETAINED ON FILE.

FORM 990, PART VI SECTION C, LINE 19

CAPITAL FOR GOOD USA MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

Schedule O (Form 990 or 990-EZ) 2020 Page 2

Name of the organization

CAPITAL FOR GOOD USA

Employer identification number

27-0915757

FORM 990, PART XI, LINE 9

DURING FISCAL YEAR 2021, THE ORGANIZATION MODIFIED ONE OF ITS FISCAL SPONSOR ARRANGEMENTS AND TRANSFERRED THE DOLLARS TO THE FISCAL SPONSOR IN THE AMOUNT OF \$415,854.

DURING FISCAL YEAR 2021, THE ORGANIZATION HAD FOREIGN CURRENCY TRANSACTION LOSSES OF \$24,100.

ATTACHMENT 1

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

CAPITAL FOR GOOD'S MISSION SERVES TO ALLEVIATE POVERTY AND SUFFERING AND ADVANCE HEALTH, EDUCATION, PROSPERITY AND THE WELL-BEING OF THE POOR, VULNERABLE AND MARGINALIZED PEOPLE IN THE UNITED STATES AND AROUND THE WORLD. CAPITAL FOR GOOD USA AND CFG IMPACT OFFERS DONOR'S INNOVATIVE, FLEXIBLE AND EFFICIENT WAYS TO CONTRIBUTE TO LIFE CHANGING PROJECTS. THIS METHODOLOGY ENABLES DONOR'S THE OPTION TO FUND INDIVIDUALLY OR COLLABORATIVELY TO LEVERAGE FUNDS AND IMPACT. WE ACHIEVE THIS MISSION BY PARTNERING WITH THE MOST CAPABLE ORGANIZATIONS, ESPECIALLY COMMUNITY BASED ONES WHO ARE LOCATED OUTSIDE OF THE US, IN ORDER TO ACHIEVE THE BEST RESULTS FOR ALL STAKEHOLDERS.

ATTACHMENT 2

FORM 990, PART III - PROGRAM SERVICE, LINE 4A

CAPITAL FOR GOOD USA AND CFG IMPACT OFFERS DONOR'S INNOVATIVE,

FLEXIBLE, AND EFFICIENT WAYS TO CONTRIBUTE TO LIFE CHANGING

PROJECTS. THIS METHODOLOGY ENABLES DONOR'S THE OPTION TO FUND

ATTACHMENT 2 (CONT'D)

INDIVIDUALLY OR COLLABORATIVELY TO LEVERAGE FUNDS AND IMPACT. ACHIEVE THIS MISSION BY PARTNERING WITH THE MOST CAPABLE ORGANIZATIONS, ESPECIALLY COMMUNITY-BASED ONES WHO ARE LOCATED WITHIN THE U.S. AND INTERNATIONALLY, TO ACHIEVE THE BEST RESULTS FOR ALL STAKEHOLDERS. DURING THIS PAST SHORTENED FISCAL YEAR, CFG HELPED TRANSITION A FISCAL SPONSOR CLIENT, FINANCING ALLIANCE FOR HEALTH, INTO ITS OWN 501 C 3 OPERATIONS AFTER SUCCESSFULLY SUPPORTING ITS BUILD UP FOR 3 YEARS. WE HAVE CONTINUED TO SUPPORT EDUCATION WORK IN ETHIOPIA CALLED SPEED SCHOOL. SPEED SCHOOL IS AN ACCELERATED EDUCATION PROGRAM THAT BRINGS OUT-OF-SCHOOL CHILDREN AGED 9 TO 14 BACK INTO FORMAL EDUCATION. DELIVERING THE FIRST THREE YEARS OF PRIMARY SCHOOLING IN TEN MONTHS, THE PROGRAM REGULARLY SENDS OVER 90% OF THE ENROLLED CHILDREN ON TO GOVERNMENT PRIMARY SCHOOL, WHERE THEY ROUTINELY EXCEL. SPEED SCHOOL SUCCEEDS BY ADDRESSING A RANGE OF FACTORS SUCH AS QUALITY OF INSTRUCTION, RELEVANCE OF THE CURRICULUM, PARENTAL ENGAGEMENT, AND FINANCIAL HURDLES, AMONG OTHERS. FOR MORE DETAILED INFORMATION ABOUT THIS PROGRAM GO TO OUR PROGRAM IMPLEMENTATION PARTNER'S WEBSITE: HTTPS://WWW.GENEVAGLOBAL.COM/EDUCATION-HOME.

THE GIRLS FIRST FUND (GFF) - WE ARE A DONOR COLLABORATIVE

SUPPORTED BY LEADING PHILANTHROPIC ORGANIZATIONS AND INDIVIDUAL

PHILANTHROPISTS WHO HAVE COME TOGETHER TO CHAMPION COMMUNITY-LED

EFFORTS SO THAT ALL GIRLS CAN LIVE FREE FROM CHILD MARRIAGE AND

CREATE THEIR OWN FUTURE. THE GIRLS FIRST FUND HAS A GOAL OF

ATTACHMENT 2 (CONT'D)

CATALYZING CBOS TO END CHILD MARRIAGE WHILE INCREASING GENDER
EQUALITY IN COMMUNITIES BY 2030. TO ACHIEVE THIS GOAL, GIRLS FIRST
FUND IS PURSUING THREE PRIMARY OBJECTIVES TO ENSURE THAT THERE IS:

1) INCREASED DONOR COMMITMENT; II) CBOS ARE SUPPORTED; AND III)
GRANTMAKING IS EFFECTIVE.

GIRLS FIRST FUND COMPLETED ITS SECOND YEAR OF GRANTING SUPPORTING 177 COMMUNITY-DRIVEN GRANTEE PARTNERS ACROSS SIX
COUNTRIES AND CONTINUING TO PROVIDE MENTORING AND ACCOMPANIMENT,
CONNECTING, AND INFLUENCING SUPPORT. 85% OF GFF'S GRANTEE PARTNERS
ARE WOMEN-LED ORGANIZATIONS AND 66% ARE COMMUNITY-BASED
ORGANIZATIONS. GFF ALSO BEGAN IMPLEMENTING ITS MONITORING,
EVALUATION, AND LEARNING (MEL) STRATEGY, WHICH INVOLVED
INTEGRATING MEL APPROACHES AND DATA COLLECTION INTO OUR
GRANTMAKING PROCESSES AND IDENTIFYING AND WORKING ALONGSIDE AN
EXTERNAL EVALUATION PARTNER. WE WORKED TO GATHER INSIGHTS FROM
GRANTEE PARTNERS, FUNDERS, INTERNAL TEAM MEMBERS, AND OTHER ACTORS
IN THE ECOSYSTEM TO ARTICULATE OUR EXPANSION STRATEGY.

DESPITE THE PANDEMIC OUR PROGRAMS HAVE CONTINUED TO OPERATE

THROUGH HARD WORK AND INNOVATIVE IDEAS THAT ARE CREATED THROUGH

THE STRONG COLLABORATIONS BUILT BY OUR IMPLEMENTING PARTNERS,

GOVERNMENT ORGANIZATIONS, DONORS, AND THE PROGRAMMING STAFF. THEIR

RESILIENCY DURING THIS PAST YEAR HAS RESULTED IN CONTINUED

PROGRESS FOR ALL THE CFG PROGRAMMATIC INITIATIVES.

Schedule O (Form 990 or 990-EZ) 2020 Page **2**

Name of the organization

CAPITAL FOR GOOD USA

CAPITAL FOR GOOD USA

Employer identification number
27-0915757

ATTACHMENT 3

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS DESCRIPTION OF SERVICES COMPENSATION

GENEVA GLOBAL, INC. PROJECT MANAGEMENT 2,906,829.

1536 E. LANCASTER AVENUE

PAOLI, PA 19301

ANGELA GICHAGA PROJECT CONSULTING 218,430.

LANDMARK PLAZA

NAIROBI KENYA 00100

MCKINSEY & COMPANY PROJECT CONSULTING 390,000.

2929 ARCH STREET #1400 PHILADELPHIA, PA 19104

ATTACHMENT 4

FORM 990, PART IX - OTHER FEES

(A) (B) (C) (D)
TOTAL PROGRAM MANAGEMENT FUNDRAISING

DESCRIPTION FEES SERVICE EXP. AND GENERAL EXPENSES

PROGRAM MANAGEMENT SERVICES 1,344,580. 1,344,580.

CONSULTING SERVICES 1,057,789. 1,057,789.

TOTALS 2,402,369. 2,402,369.

ATTACHMENT 5

FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES

BEGINNING ENDING
DESCRIPTION BOOK VALUE BOOK VALUE

PREPAID EXPENSES 86,714. 124,957.

TOTALS 86,714. 124,957.

Schedule O (Form 990 or 990-EZ) 2020 Page **2**

Name of the organization

CAPITAL FOR GOOD USA

Employer identification number

27-0915757

ATTACHMENT 6

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

BEGINNING ENDING COST

BOOK VALUE BOOK VALUE OR FMV

MUTUAL FUNDS

BEGINNING ENDING COST

BOOK VALUE 12,993,124. FMV

TOTALS 12,993,124.

ATTACHMENT 7

FORM 990, PART X - DEFERRED REVENUE

DESCRIPTION

DEFERRED REVENUE

TOTALS

SCHEDULE R (Form 990)

Department of the Treasury

Internal Revenue Service

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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

CAPITAL FOR GOOD USA

Employer identification number 27-0915757

raiti	identification of Distegarded Entitles. Complete if the organization	answered res on	Tomin 990, Fait i	v, III I C 33.		
	(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						

Part II 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 organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section 5 contri	12(b)(13) olled
						Yes	No
(1) CFG IMPACT 46-0549699							
1536 PAOLI, PA 19301	SUPPORT	PA	12	501(C)(3)	CFG	X	
(2) CAPITAL FOR GOOD 47-5485529							
1536 E LANCASTER AVENUE PAOLI, PA 19301	SUPPORT	PA	7	501(C)(3)	CFG		X
(3)							
(4)							
(5)							
(6)							
(7)							

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

Schedule R (Form 990) 2020

Schedule R (Form 990) 2020 Page **2**

Part III	Identification of Relation because it had one or	ted Organizations more related orga	Taxabl e anization	e as a Partnersl is treated as a p	hip. Complete if the artnership during the	e organization a e tax year.	nswered "Yes"	on Form	990, Part IV,	line 34,			
	(a) (b) (c) (d) _ (e) (f) (g) (h) (i) (j)												

٨	(a) lame, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of- year assets	Disprop	h) portionate ations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	managing partner?		(k) Percentage ownership
			oounity)		,			Yes	No		Yes	No	
<u>(1)</u>													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													

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.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes No
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								

Schedule R (Form 990) 2020

Sched	ule R (Form 990) 2020					Page 3
Par	Transactions With Related Organizations. Complete if the organization answered "Y	es" on Form 990, Pa	rt IV, line 34, 35b, or 36.			
Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes No
1	During the tax year, did the organization engage in any of the following transactions with one or more	related organizations li	sted in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a	X
b	Gift, grant, or capital contribution to related organization(s)				1b	X
С	Gift, grant, or capital contribution from related organization(s)				1c	X
d	Loans or loan guarantees to or for related organization(s)				1d	X
е	Loans or loan guarantees by related organization(s)				1e	X
f	Dividends from related organization(s)				1f	Х
g	Sale of assets to related organization(s)				1g	X
h	Purchase of assets from related organization(s)				1h	X
i	Exchange of assets with related organization(s)				1i	X
j	Lease of facilities, equipment, or other assets to related organization(s)				1j	X
k	Lease of facilities, equipment, or other assets from related organization(s)				1k	Х
ı	Performance of services or membership or fundraising solicitations for related organization(s)				11	X
	Performance of services or membership or fundraising solicitations by related organization(s)				1m	X
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	X
0	Sharing of paid employees with related organization(s)				10	X
р	Reimbursement paid to related organization(s) for expenses				1p	X
q	Reimbursement paid by related organization(s) for expenses				1q	X
						v
r	Other transfer of cash or property to related organization(s)				1r	X
<u>s</u>	Other transfer of cash or property from related organization(s)	this line, including cov	ared relationships and trans-	action thre	1s	
		(b)	(c)		(d)	· <u> </u>
	(a) Name of related organization	Transaction type (a-s)	Amount involved	Method amou	of deter unt invo	
(1)						
(2)						
(3)						
(4)						
(+)						

Schedule R (Form 990) 2020

(5)

Schedule R (Form 990) 2020

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) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under	redominant income (related, excluded from tax under sections 512 - 514) (Are all sec		nt ed, uded der (e) (e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership	
			sections 512 - 514)	Yes	No			Yes	No	,	Yes	No				
(1)																
(2)																
(3)																
(4)																
(5)																
(6)																
(8)																
(9)																
(10)																
(11)																
(12)																
(13)																
(14)																
(15)																
(40)																
(16)																

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Part VII Supplemental Information

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